

A **Competency-Based** Approach

to

Recruiting, Developing, and Giving Feedback

to

Department Chairs

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 - Academic Medicine, Vol. 90, No. 4 / April **2015**

Current Issue



November 2023 - Volume 98 - Issue 11

Editor-in-Chief: Laura Weiss Roberts, MD, MA

Stanford University

ISSN: 1040-2446

Online ISSN: 1938-808X

Frequency: 12 issues per year

Ranking: 1/44 in Education, Scientific Disciplines; 6/109 in Health Care

Sciences & Services

Impact Factor: 7.4

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Department Chairs

- **Academic health centers (AHCs)** are under **unprecedented pressure**, making strong leadership during these **challenging** times critical.
- **Department chairs** have tremendous **influence** in their AHCs, yet data indicate that—**despite** outstanding academic credentials—they are often **underprepared** to take on these important leadership roles.

❖ **unprecedented challenges.**

- Decreasing state and federal funding
- changing health care delivery systems and payment structures
- educational expansion due to labor shortages

Department Chairs

- ❖ academic department chairs are expected to be **competent in multiple aspects of the enterprise** including:
 - winning contracts
 - enhancing revenue
 - reducing costs
 - recruiting and managing a diverse workforce
 - dealing with consumer satisfaction and marketing
- Recruiting and developing **top talent** into the **critical leadership role** of department chair is one of the most important ways to **shape the future** of academic medicine.

Department Chairs

- ❖ Despite the crucial need to recruit competent leaders into these roles, studies show that **multiple challenges** are inherent to the process.
 - haphazard administrative practices
 - difficulty identifying leadership competencies to assess in candidates
 - challenges in assessing candidates' institutional fit
 - lack of diversity in the pool
 - misalignment between the goals of the dean and of the hospital CEO (chief executive officers).
 - variable training and effectiveness of search committees
 - loss of information and best practices from search to search
 - a regulatory rather than proactive approach to recruiting diverse candidates
 - A lack of strategic approaches for recruiting dual-career couples.
- ❖ At the same time, the **search process** for department chairs can be protracted; some searches last a full year or more.
 - This long process often creates **additional stressors** (e.g., faculty uncertainty about the future, difficulty recruiting resident/fellows) within the unit.

Department Chairs

- These shortcomings have persisted for **multiple reasons**.
- Although the academic medicine enterprise has **increased in** complexity and grown tremendously over the past 20 years, many of the institutional practices that are still in place and were **effective in the past** have **not kept stride**.
- Medical schools have **traditionally** been structured around **highly independent** departments and **rigidly defined** ranks and hierarchies.
- Regrettably, this traditional structure leads to **silos**, **barriers** against **centralization**, and limited **sharing** of effective processes both internally and **externally**.

Department Chairs

- Further, chair candidates are often still **judged** primarily on the strength of their academic credentials on the basis of the **assumption** that the skills that lead to being a well-funded, tenured, high-ranking faculty member will **translate into** being an effective department chair.
- The literature indicates that these challenges can **lead to** a precarious outcome: department chairs who are selected because of their reputation within their discipline, rather than their leadership skills.
- Further, **after starting their new role**, chairs often receive little formalized training or feedback, and many **struggle** to transition smoothly into their new leadership role.

Department Chairs

- typically come to their positions:
- **without** any leadership training
- **without** prior executive experience
- **without** a clear understanding of the ambiguity and complexity of their roles
- **without** recognition of the metamorphic changes that occur as one transforms from an academic to an academic leader
- **without** an awareness of the cost to their academic and personal lives

Department Chairs

- Although experts have recommended **more comprehensive strategies** for **chair development and evaluation** for a number of years, few resources exist to help institutions develop such strategies.
- A few organizations offer **discipline-based development programs** for new chairs.
- Specifically, the Council of University Chairs in Obstetrics and Gynecology has a “School for New Chairs,” and the Association of Medical School Pediatric Department Chairs hosts a “New Chairs” meeting.
- Additionally, “**toolkits**” have become more widely available, yet **institutional support** is still greatly needed.
- The need is particularly apparent given the **diminishing tenures and higher turnover rates** of academic medicine department chairs over the past 25 years.
- Not surprisingly, these troubling turnover rates coincide with multiple reports of significant **burnout** in chairs, especially for those who have served for fewer than 5 years.
- Thus, attending to the professional development needs of chairs may be critical to enhancing not only their **effectiveness** as leaders but also their **longevity** as chairs.

Department Chairs

- It is ironic that department chairs are often **ill prepared** to lead because few roles in AHCs have such tremendous influence on the **culture** of an institution.
- Given this potential to effect institutional change, the academic medicine community must **first** select the **right individuals** to lead departments and **then** help them **hone their leadership skills**.
- To that end, we sought to ensure the success of chairs at our institution, the **Indiana University School of Medicine (IUSM)**, and in turn to improve the institution as a whole, by developing a **comprehensive talent management model** for **recruiting, developing, and giving feedback** to department chairs.
- The **purpose** of this Perspective is to share our approach as a potential model for other institutions.

Using Competencies to Drive Change

- **Prior** to launching the initiative to improve our chair recruitment, development, and feedback processes, IUSM faced a number of **challenges** in the recruitment process including (similar to some of those described above):
 - large and highly variable search committees that lacked clarity regarding expectations for members, selection criteria, and even the search process itself.
 - Further, once on the job, chairs rarely interacted with one another and did not receive structured professional development or feedback to help them assess and increase their effectiveness.
 - Without standardization in the recruitment, development, and feedback processes, **each department** often **reinvented** the wheel for each new search.

Using Competencies to Drive Change

- The **ultimate goal** of the initiative was to enhance the institution through recruiting and developing the future-oriented, emotionally intelligent, talented leaders necessary for **success** in the changing and complex environment of the current and future AHC.
- In an effort to improve IUSM's recruitment of and support for department chairs, we **first** reviewed literature in academic medicine as well as in higher education that examined the attributes of successful department chairs and other academic leaders.
- We searched **PubMed** as well as online education databases such as **EBSCO**.
- Given the scant amount of literature on academic chairs, we reviewed articles from the **last 15 years**.
- We reviewed research studies as well as general perspectives and firsthand commentaries about the **roles and responsibilities** of these leaders.
- We also reviewed literature on **emotional intelligence**—that is, the ability to effectively manage oneself and one's relationships with others.
- To arrive at our competencies, our **faculty development group**, which consists of six individuals, discussed the cross-cutting themes from the literature.

Using Competencies to Drive Change

- These conversations, resulting in **initial drafts** of the competencies, took place during our **weekly meetings** over a three-month period.
- Once we established our initial set of themes, we evaluated the extent to which these attributes **matched** those of our most effective department chairs.
- ❖ Thus, our **six competencies** were ultimately informed by both a review of relevant literature and our experiences as faculty developers:
 1. leadership and team development
 2. performance and talent management
 3. vision and strategic planning
 4. emotional intelligence
 5. communication skills
 6. dedication to the tripartite mission

Using Competencies to Drive Change

Mission

It is the mission of Indiana University School of Medicine to advance health in the state of Indiana and beyond by promoting innovation and excellence in education, research and patient care.

Vision

IU School of Medicine will lead the transformation of health care through quality, innovation and education and make Indiana one of the nation's healthiest states.

Core Values

Excellence that is reflected in the innovative conduct and advancement of education, research and patient care.

Respect for individuals who are affiliated with, or come in contact with, Indiana University School of Medicine: staff, students, residents, fellows, faculty, staff, partners, communities, patients and families.

Integrity that embraces the very highest standards of ethical behavior and exemplary moral character.

Diversity that is reflected in actions that appreciate all individuals.

Cooperation that is manifested by collegial communication and collaboration.

Using Competencies to Drive Change

- Because the **initial review** of chair candidates includes a rigorous evaluation of their academic credentials (e.g., research, funding), we **did not** include the academic and/or clinical background of the candidate in our competency model.
- Although **some of the competencies** we identified such as communication and self-awareness **overlap** with the Accreditation Council Graduate Medical Education (ACGME) and CanMEDS Physician Competency Frameworks, the **emphasis** of our model is on leadership skills **versus** clinical skills and medical knowledge.
- It should be noted that rather than focus on a very specific skill (e.g., managing a budget), we developed **broader categories** and then worked to define the **subset of skills** associated with each competency.
- We found the **2007 meta-analysis** completed by Bryman and the **Five Practices** of Exemplary Leadership developed by Kouzes and Posner to be especially helpful.

Using Competencies to Drive Change

- Our **draft competencies** were **widely discussed** among **IUSM's leaders** (including the dean, executive associate deans, research center directors, and chairs) and **further** vetted by **search committee members**.
- We **further** refined the competencies after their **initial use**, incorporating feedback we received from a **committee** that actually applied the competencies to a **search**.
- This initiative took place over the course of **two years** (2009–2011), and we continue to **modify and enhance** our department chair processes using the competencies.
- These competencies **now** form the basis for our department chair recruitment, development, and feedback process.

Table 1

Leadership Competencies Developed at Indiana University School of Medicine (2009–2011) Used to Recruit, Develop, and Give Feedback to Department Chairs

| Leadership competencies | Examples of included skills |
|--|---|
| Leadership and team development ^{1,13,25,28–30,34} | <ul style="list-style-type: none"> Engages in succession planning Creates leadership opportunities for others Serves as a mentor and/or sponsor Sets the tone of an equitable and supportive climate for all |
| Performance and talent management ^{1,13,29,30,34} | <ul style="list-style-type: none"> Encourages faculty development Effectively recruits and supports faculty and learners Provides ongoing feedback Empowers others |
| Vision and strategic planning ^{2,15,23,29,30,35,36} | <ul style="list-style-type: none"> Establishes a shared vision Inspires others toward a common goal Encourages innovation Is fiscally responsible |
| Emotional intelligence ^{1,29,30,34,36} | <ul style="list-style-type: none"> Is self-reflective Serves as a role model Welcomes the views of others Commits to enhancing diversity |
| Communication skills ^{1,25,28,30,34,36} | <ul style="list-style-type: none"> Articulates a vision Negotiates for resources and support Actively listens Engages others in decision making |
| Commitment to the tripartite mission ^{1,15,29} | <ul style="list-style-type: none"> Insists that the department advance all three missions Integrates department goals with stakeholder goals Advances communities of scholars across mission areas Adapts to a changing environment |

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Chair recruitment

Use of the competencies

- Starting at the recruitment stage, we **refer to** the leadership competencies.
- In our **advertisements**, we cue applicants to address some or all aspects of these in their initial letters of interest (e.g., Please include discussion of your leadership experiences and approach).
- **Search committees screen** every chair applicant's letter of interest and CV according to the competencies; that is, committee members **rank** items [high–medium– low] in the letters and CVs via electronic surveys.
- ❖ In addition, we have developed **sample behavioral interview questions**, **mapped to the six competencies**, which we share with everyone scheduled to interview the candidates:
 - ✓ **Emotional Intelligence:** What is the toughest decision you have ever had to make?
 - ✓ **Communication Skills:** Can you tell us about a time you had to communicate an unpopular decision to an individual or group? Please describe your approach and the outcome
- ❖ **Search committee members** and those who meet with candidates are asked to assess candidates on each competency, **again**, through an **electronic survey** that has a structured response scale (high–medium–low) and through open-ended questions.
- ❖ Additionally, the questions we use to query candidates' references also **focus** on the six competency areas.

New recruitment processes

- ❖ In our efforts to **improve the recruitment process**, we have also addressed a number of **organizational and logistical issues** that caused delay and introduced unwanted bias.
- ❖ Although these are **not directly related to** the leadership competencies, we implemented **several changes**, including the following:
 - Developing a transparent process map to outline the structural, regulatory, and process issues involved in searches.
 - Clarifying staff and faculty roles of search committee members and adding an assistant or associate dean from the Office of Faculty Affairs and Professional Development (OFAPD) as a co-chair on each search committee to ensure the integrity of the process.

New recruitment processes

- ❖ In our efforts to **improve the recruitment process**, we have also addressed a number of **organizational and logistical issues** that caused delay and introduced unwanted bias.
- ❖ Although these are **not directly related to** the leadership competencies, we implemented **several changes**, including the following:
 - Creating greater consistency in search committee size and composition. (Specifically, committees now have nine or fewer members, including the chair and co-chair and one to three members from the department—all of whom are selected by the dean as much for their capability to identify leaders as for which stakeholder group they represent. The dean seeks input from the OFAPD as well as from the other executive associate deans.)
 - Standardizing certain practices through communication templates, a committee member code of conduct, and the dean's charge guidelines.
 - Minimizing the potential impact of unconscious bias through the interviewing processes described above and having committee members view the Association of American Medical Colleges–developed module on unconscious bias and/or read the Analysis in Brief on the same topic.

Outcomes so far

- ❖ Thus far (November 2014), we have successfully recruited **six department chairs** using our new standardized, competency-based approach.
- ❖ A review of institutional documents and records for the three searches conducted just **prior** to our intervention indicate that the average number of months per search was 18.33 (range: 16–22 months).
- ❖ A review of three searches conducted **post** intervention (through July 2014) shows that the average number of months has decreased by about 5 months to 13.33 (range: 10–15 months).
- ❖ Thus, we believe that by **standardizing the process** and providing **centralized support**, our searches are now far more **efficient**.
- ❖ On the basis of anecdotal evidence and from extrapolating calendar data from our administrative and professional staff, we previously spent about **260 hours of staff time per search**, including scheduling meetings, developing itineraries, escorting candidates, and compiling evaluation data.
- ❖ Currently, each search takes about **150 hours of staff time**.
- ❖ This **reduction** in expended staff time has decreased both the direct expenses associated with each search and the indirect costs of faculty and staff time and effort.

Chair development

Chair development

- ❖ In addition to attending to the recruitment process, we also launched a **professional development series** to create opportunities for our chairs to **develop knowledge and skills** around the leadership competencies.
- ❖ We **began** by conducting a **workshop** for department chairs that served as both a needs assessment and a kick-off event for the series.
- ❖ This workshop **included** a facilitated discussion of challenges and areas for development in an open and safe format.
- ❖ Not surprisingly, many of the topics the chairs wanted to discuss were areas that directly related to our identified leadership competencies (e.g., team development, communicating a vision, conflict and change management, fundraising, and fiscal management).

Chair development

- ❖ Using both local and national resources, we now host **quarterly, voluntary** workshops over breakfast or dinner for chairs.
- ❖ The format allows for chairs to **share concerns as peers** and to **learn promising practices from each other**, which cultivates among them a greater **sense of community**.
- ❖ Since beginning the series in fall 2011, we have held a total of 10 sessions (see List 1 for session titles).
- ❖ The **feedback** we have received from **deans** has been **positive**; they have described elements of the sessions they hope to apply and have identified key takeaways (see Table 2).

List 1

Examples of Topics (Titles) of Quarterly Meetings for Department Chairs at Indiana University School of Medicine^a

- What Keeps You Up at Night
- Leading Change
- Faculty Vitality
- Valuing Education in a Difficult Funding Climate
- Leading Teams Effectively
- Improving Faculty Search and Screen
- Managing the Talent Pipeline
- Fundraising
- Creating a Positive Work Life Culture
- Avoiding and Managing Legal Issues

^aThe meetings, held during breakfast or dinner, are voluntary and allow department chairs to build community by sharing concerns and best practices.

Table 2

Select Comments From Evaluations of Quarterly Department Chair Meetings (2011–2013) That Relate to the Leadership Competencies Created to Recruit, Develop, and Give Feedback to Department Chairs at Indiana University School of Medicine

| Leadership competency | Representative answers to the question “What will you incorporate from this workshop into your professional work?” |
|-----------------------------------|--|
| Leadership and team development | <ul style="list-style-type: none"> • Gained some insight about considerations in team management • I will put more thought into how to construct committees • Leading change from the bottom up |
| Performance and talent management | <ul style="list-style-type: none"> • I will consider making changes to the review process in my department • Pay greater attention to expectations for mentoring by senior faculty • [Online resources] for search committees will be very helpful for our faculty searches • Pay attention to graceful ends of a career |
| Vision and strategic planning | <ul style="list-style-type: none"> • How to better approach strategic planning initiatives • Greater motivation to make efforts at seeking donations |
| Emotional intelligence | <ul style="list-style-type: none"> • Continue to celebrate success • Good [discussion of] leading by example |
| Communication skills | <ul style="list-style-type: none"> • Try to empower faculty and employees to speak up • More engagement with faculty to define their role in developing the mission • Improve attention to faculty feedback |
| Commitment to the tripartite | <ul style="list-style-type: none"> • The speaker was great! The entire workshop focused on educators was highly relevant to clinical chairs • Suggestions for pushing the educational agenda forward |

Providing chairs with feedback

- ❖ **Each year**, IUSM conducts a survey of faculty as a way of providing feedback to chairs.
- ❖ **Two types of surveys** are conducted in alternating years.
 - **First, faculty** are able to provide an assessment of their chair's leadership via the Department Chair 360° Leadership Survey.
- The 360° instrument includes two open-ended questions and 20 questions with Likert-type responses that are mapped to the competencies.
- Faculty provide an assessment of their chair through questions such as
 - ✓ "My leader is able to articulate a vision that inspires a sense of purpose in others,"
 - ✓ "My leader is able to change to meet the needs of a changing environment,"
 - ✓ "My leader is able to effectively lead a team."
- **Chairs** also complete a self-assessment answering the same questions during the 360° process.

Providing chairs with feedback

- ❖ In alternating years, **faculty** participate in the Faculty **Vitality** Survey, an instrument IUSM designed to measure faculty satisfaction, productivity, and engagement; faculty members' perceptions of the climate and leadership in their units; and faculty members' views on their own careers and work–life integration.
- ❖ This instrument offers more insight into the experiences of the faculty members themselves, thereby providing a snapshot of the **overall health of the department**.
- ❖ **Both** the Department Chair 360° Leadership Survey and the Faculty Vitality Survey are **approved** by Indiana University's institutional review board and are administered off-site to allow for confidential responses.

Providing chairs with feedback

- ❖ Annually, chairs receive **feedback from one of** the two aforementioned instruments, both of which are aligned with the competencies and reviewed during a **department annual review** (DAR) meeting.
- ❖ Conducted by the dean and the five executive associate deans for clinical affairs, educational affairs, research affairs, faculty affairs and professional development, and finance and administration, DARs include a discussion of **key metrics** from **each mission area**.
- ❖ The two instruments mentioned above are included in the section of the DAR devoted to faculty affairs and professional development.

Providing chairs with feedback

- ❖ **Further**, as a result of these surveys, department chairs receive information in the aggregate about other departments and other chairs' performance on the leadership competencies, so they know where they stand in relation to their peers.
- ❖ **Clinical chairs** are benchmarked against the mean for all other clinical chairs, and likewise, **basic science department chairs** are benchmarked against the mean for other chairs of basic science departments.
- ❖ The dean uses the benchmarking data to **encourage the sharing** of promising practices and approaches across academic departments, and IUSM uses the data to think more strategically about its efforts to **continually improve** department chair processes across the life cycle of that role.

Lessons Learned

- ❖ To **begin**, **support from the dean and other executive leaders** is critical.
- ❖ **Support** is particularly helpful when the AHC moves from using traditional metrics (e.g., number of funded grants, number of peer-reviewed articles) to a focus on leadership competencies.
- ❖ To ensure the buy-in of **all** faculty, current chairs as well as executive leaders **should be involved** in the identification of specific leadership competencies and in the process of determining how they will be used, communicated, and measured.

Lessons Learned

- ❖ **Centralizing and standardizing the search and screen process** requires dedicated **staff and faculty effort**.
- ❖ Although this effort may require the creation of one or more new position(s), the more **efficient, streamlined searches** may create **cost savings**.
- ❖ Further, the cost associated with an **internal search specialist** is considerably less than regularly consulting search firms.

Lessons Learned

- ❖ The **review of chairs** must **align with** the **identified leadership competencies** and should **include** feedback from faculty.
- ❖ **Aligning the review with the competencies** means that, from the point of interview onward, the chair has a **clear set of expectations** for the areas in which he or she must be competent.
- ❖ Further, **annual department reviews**, which address the leadership **competencies as well as all three mission areas**, may inform not only the **professional development goals** of individual chairs but also **professional development programming** for chairs and other leaders in the AHC.

Next Steps

- ❖ Given the initial success of the competency-based approach to recruiting, developing, and giving feedback to department deans, it would be **useful to cascade efforts to parallel processes at the department level.**
- ❖ At IUSM, we have already begun to **apply** the leadership competencies **through** training department administrators and chairs.
- ❖ Further, we are **challenging** chairs to use a competency approach to recruiting their department faculty, and we intend to generate a competency framework for schoolwide (IUSM) use.
- ❖ A competency framework could also **inform** faculty annual reviews and individual faculty development plans—just as it does for department chairs.
- ❖ **Finally**, the use of leadership competencies for faculty recruitment, development, and reviews is an important area for further research.

Next Steps

- ❖ Indeed, as with any intervention, we must **continue to assess** the effectiveness of our efforts over time.
- ❖ Through **future research**, we plan to evaluate the degree to which our recruitment practices **yield** greater recruitment and retention of **women** and underrepresented minority faculty, in both department leadership roles and at the faculty level.
- ❖ In addition, we **plan to study** whether this leadership-competency-based talent management approach **leads to** greater retention (or longer service) of department chairs, increased personal career satisfaction among chairs, and more favorable faculty perceptions of chair leadership.

In Sum

- ❖ The role of an academic department chair is not becoming any easier; leadership is especially daunting in the **ever-changing** academic medicine environment.
- ❖ Department chairs **must respond to issues such as** clinical market share, patient safety, and quality of care amidst **health care reform** and **changing payer systems**—while at the same time, both striving to advance the research mission in a **highly competitive** funding environment and continuing to provide a high-quality education for diverse learners.
- ❖ Thus, we believe that using a literature-based, standardized talent management approach that focuses intentionally on core leadership competencies to recruit, develop, and give feedback to department chairs is **critical** to the success of AHCs.

In Sum

- ❖ Attending to the manner in which institutional leaders are selected, developed, and given feedback yields tremendous **benefits** to the institution and represents a critical lever for shaping the **culture and diversity** of an AHC.
- ❖ Our program seeks to recruit and equip the **future leaders** of our institution with the necessary **tools for success**.
- ❖ Department chairs need a **conceptual understanding** of their roles, **opportunity for** skill development, and **time for** reflective practice and growth.
- ❖ The use of leadership-competency-based department chair processes promotes a **culture** in which department chairs **feel supported** and are primed to excel.
- ❖ The **full success of this approach** will be realized **only** after chairs have been on the job for a few years, **but** evaluation tools such as the Department Chair 360° Leadership Survey and Faculty Vitality Survey allow timely evaluations of chairs and departments—**as well as** a comparison of chairs' skills and department culture before and after the implementation of leadership-competency-based processes.
- ❖ **Although** better-prepared chairs do not guarantee success, **explicitly hiring** for and developing leadership skills can only encourage department effectiveness and stability.



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Indiana University School of Medicine is guided by an experienced and committed leadership team that is responsible for ensuring the school fulfills its tripartite mission to educate the next generation of physicians, conduct transformative research, and deliver preeminent patient care.

Dean Jay L. Hess, MD, PhD, MHSA

Hess joined Indiana University School of Medicine in 2013 as its 10th dean. He leads the largest medical school in the United States, with nine campuses and approximately 11,000 faculty, staff and learners throughout Indiana. During his tenure, he has overseen a doubling in research funding from the National Institutes of Health, led the school through a comprehensive curriculum reform, and strengthened the relationship with IU Health, the school's primary clinical partner and one of the nation's premier academic medical centers.



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Mary Dankoski

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Faculty Affairs and Professional Development

The vision of Faculty Affairs and Professional Development (FAPD) is to develop a vibrant, healthy, diverse and inclusive community where everyone can thrive and advance the school's mission and cultivate its core values.

Mission

- Establish and sustain a culture that promotes faculty vitality, organizational learning and diversity.
- Train, educate and empower faculty and staff leaders who can promote the development of others and craft a culture of wellness and inclusive excellence.
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