

Challenge

A 24-resident program faces critical talent and leadership gaps: high faculty turnover, inability to fill a key specialty role, and no Associate Program Director to share leadership duties. The Program Director is overextended, contributing to below-average board exam pass rates and inconsistent mentorship. These deficiencies threaten accreditation compliance, strain faculty-to-resident ratios, undermine program cohesion, and ultimately risk resident success and patient-care quality.

Approach Overview

Use the leadership vacancy and turnover issues as a diagnostic trigger to uncover root causes in structure, performance, and market positioning. TMS Associates delivers an integrated sequence—Advisory, Recruitment (if indicated), and Retention & Development—each step directly tied to specific risks. The goal is to stabilize leadership capacity, strengthen faculty performance, and embed sustainable development, thereby improving resident outcomes and protecting patient-care continuity.

Advisory Phase: Diagnose Underlying Issues and Define Role Structure

- **Needs Assessment & Impact Analysis:** Collaborate with GME leadership and HR to map current faculty roles, workload distribution, mentorship practices, and performance metrics (board pass rates, satisfaction scores). Quantify how turnover and the absence of an Associate Program Director have impaired oversight and resident guidance.
- **Role Design & Governance:** Define an Associate Program Director role with clear responsibilities (oversight of specialty rotations, mentorship coordination, compliance monitoring). Tie each responsibility to accreditation requirements (supervision standards, faculty-to-resident ratios) to ensure

enforceable oversight and reduce overload on the Program Director.

- **Market & Compensation Benchmarking:** Analyze peer programs' structures, compensation ranges, and role scopes for Associate Program Director and specialty faculty positions. Determine competitive positioning and whether internal candidates meet benchmarks or external recruitment is necessary.
- **Turnover Root-Cause Analysis:** Review exit feedback, engagement survey data, and workload indicators to identify drivers of faculty turnover (e.g., unclear career paths, insufficient support, misaligned expectations). Use these insights to inform later retention strategies.
- **Implementation Roadmap:** Outline milestones for role approval, stakeholder communication (faculty forums, resident briefings, accrediting bodies), interim coverage arrangements (e.g., temporary mentors or co-leads), and risk mitigation steps. Ensure documentation and approvals precede leadership transition to protect accreditation.

Recruitment Phase: Targeted Search Only If Diagnostics Indicate Gap

- **Internal Pipeline Assessment:** Evaluate existing faculty against defined competencies and interest for the Associate Program Director role. If viable, prioritize internal development; if gaps persist, proceed with external search with clear rationale linked to resident outcomes and accreditation risk.
- **Compelling Role Profile:** Partner with Talent Acquisition to craft a profile emphasizing how the Associate Program Director position addresses critical mentorship and specialty coverage needs. Highlight program strengths, growth opportunities, and collaborative culture to appeal to candidates motivated by impact on resident success and patient-care quality.
- **Strategic Sourcing & Screening:** Use targeted channels (professional networks, specialty associations) and data-driven screening to identify candidates with proven experience in mentorship models, faculty development, and improving

board exam outcomes. Leverage benchmarking insights to focus on fit.

- **Structured Selection Aligned to Risks:** Convene co-interview panels—including Program Director (if available), GME leadership, resident representative(s), and HR—to evaluate candidates on leadership capacity, mentoring philosophy, and ability to address board pass rate challenges. Use standardized scorecards referencing advisory findings for objective decisions.
- **Parallel Specialty Faculty Search:** If turnover analysis indicates a critical specialty role remains unfilled or underperforming, plan a concurrent or subsequent targeted search. Align criteria with the mentorship and workload frameworks defined earlier to ensure cohesive team performance.

Retention & Development Phase: Embed Support for Sustainable Impact

- **12-Month Support Program:** Collaborate with HR to assign an executive coach or mentor to the new or promoted Associate Program Director. Schedule regular check-ins to address workload management, mentorship strategies, and multi-site coordination if applicable.
- **Leadership & Teaching Workshops:** Convene faculty peer networks to share best practices in mentorship, exam preparation strategies, and clinical teaching. This reduces variability that contributed to below-average pass rates and fosters a unified culture.
- **Structured Mentorship Pathways:** Empower the Associate Program Director to mentor junior faculty, pairing them with experienced educators. Define milestones (improvement in teaching evaluations, resident feedback) and feedback loops to address inconsistent mentorship and establish a pipeline for future leadership roles.
- **Career Advisory & Incentive Alignment:** Develop individualized faculty development plans aligned to academic and clinical interests (e.g., scholarship, leadership tracks). Tie progress and achievements to recognition

or compensation frameworks identified in benchmarking, reducing turnover by clarifying advancement paths.

- **Metric Monitoring & Early Warnings:** Implement dashboards tracking faculty retention rates, resident satisfaction (mentorship quality), board exam pass rates, and workload balance indicators. Define thresholds that trigger proactive interventions (additional coaching, workload adjustments) to protect accreditation and resident outcomes.
- **Ongoing Communication & Review:** Schedule periodic progress reviews with GME leadership and stakeholders to discuss metric trends, address emerging issues promptly, and adjust support mechanisms. Maintain transparent reporting for accreditation evidence and stakeholder confidence.

Outcomes & Impact

- **Accreditation Compliance Maintained:** Advisory-phase governance updates, interim supervision arrangements, and timely filling of leadership roles ensure accreditation standards are met, with no new citations related to supervision or faculty-to-resident ratios.
- **Improved Resident Success:** Structured mentorship and consistent teaching oversight target an increase in board exam pass rates from below-average to at-or-above peer benchmarks within 12–18 months.
- **Stabilized Faculty Team:** Filling the Associate Program Director role and critical specialty positions, combined with career development measures, reduces faculty turnover by an estimated 20–30% annually, preserving institutional knowledge and lowering recurring recruitment costs.
- **Enhanced Program Cohesion:** Resident satisfaction and engagement scores rise (e.g., 15% improvement in mentorship quality), reflecting more consistent guidance and collaborative culture among faculty.

- Leadership Pipeline Established: Mentorship of junior faculty by the Associate Program Director readies internal successors, mitigating future leadership gaps.
- Measurable ROI & Operational Benefits: Reduced vacancy durations, fewer accreditation-remediation expenses, and improved educational outcomes support institutional reputation and patient-care continuity, demonstrating TMS Associates' performance-guaranteed value.

Next Steps

1. Review advisory findings with GME leadership and HR to confirm whether internal succession is feasible; if not, authorize an external search with documented rationale.
2. Finalize Associate Program Director and specialty faculty role profiles using benchmarking insights; secure stakeholder approvals (faculty committee, accreditation liaison).
3. If external search is needed, launch a targeted recruitment campaign immediately while interim mentorship and supervision maintain resident support.
4. Upon selection or promotion, activate the 12-month retention & development program: schedule coaching, workshops, and mentorship milestones.
5. Implement metric-tracking dashboards and schedule regular review meetings (e.g., quarterly) to monitor progress, address challenges early, and adjust strategies as needed.
6. Document and share outcome metrics (turnover reduction, board pass improvements, satisfaction gains, accreditation status) for continuous refinement and case study development.