

2011

# JHU School of Medicine Exit Process Report



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## Executive Summary

This report updates work that was begun in 2009 with data from subsequent years and also provides several suggestions for using the data reported here to improve the retention of the JHUSOM faculty.

### Background

In 2009 JHUSOM Vice Dean Janice Clements charged the Assistant Dean for Faculty Development with the design and implementation of an Exit Process. Assistant Dean Lisa Heiser formed the Exit Process Work Group which met actively through fall 2006 and spring 2007. The work group benchmarked with several academic medical centers and developed a three-part exit process for the JHU School of Medicine consisting of an online exit survey, in-person exit interviews, and follow-up phone interviews. The first two parts of this process, the online survey and exit interviews, were piloted from June 2007 to June 2008. This report, which was updated by Interim Assistant Dean Linda Dillon Jones, adds data from 2009 - 2011 and summarizes changes across the last 5 years.

### Exit Process and Response

June 26, 2007 to June 30, 2008 –

Of the 82 faculty whose names were obtained from departments in the 370 day period from June 26, 2007 to June 30, 2008, 30 responded resulting in a response rate of 37%. This percentage compares to response rates of 25-50% based on benchmarking data from the AAMC Group on Faculty Affairs. Over 80% of the on-line exit survey respondents were instructors and assistant professors and 62% of the respondents were male. In-person interviews were conducted with 13 exiting faculty members. About one-fourth of those were conducted at the request of a department director or other leader, the remainder at the request of the exiting faculty member.

2009-2011-

Of the 85 faculty whose names were obtained from departments in the three years since June 30, 2008, 20 responded resulting in a response rate of 23.5%. The length of the survey may have discouraged some respondents from completing the survey and it is being shortened for future use. Over 80% of the on-line exit survey respondents were instructors and assistant professors and 45% of the respondents were male.

### Results

Faculty voluntarily resigned because of problems with worklife balance, non-competitive compensation, and lack of opportunities for professional growth and advancement including leadership opportunities. Worklife balance and money were of concern primarily to younger, early-career faculty with family needs, and opportunities to grow and lead were of greater concern to senior faculty who needed new outlets and left voluntarily to find them. Faculty given terminal contracts experienced more job-related challenges including problems with receiving recognition, respect, & rewards; being supported for and achieving success; managing job demands and role overload; and coping with stress, especially stress coming from pressures to generate funds from grants and clinical revenues.

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## Conclusions

The report concludes with several recommendations for retaining valued faculty who might consider voluntarily leaving in the future and for identifying and supporting faculty who are at risk. Factors to consider include:

1. Promote and support cultural changes within departments and the School of Medicine to improve faculty work-life balance
2. Develop departmental and School of Medicine strategies to competitively compensate faculty, and
3. Discover new pathways for faculty professional growth and advancement, including expanding leadership roles and opportunities
4. Improve recognition, respect and affirmation of faculty by leaders
5. Provide outstanding mentorship
6. Provide more wide-spread and effective career development support such as clear feedback, career development guidance and skill-building
7. Clarify priorities for faculty in their roles to assist them in dealing with multiple professional demands and provide clear direction and feedback to promote early success in one or two manageable key roles
8. Improve communications and relationships with leaders and mentors
9. Clarify the expectations to produce income from grants and clinical revenues during recruitment and support faculty in balancing these pressures
10. Expand available financial and supporting resources for faculty especially at start-up.

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## Introduction

The following contains faculty exit data over the last 5 years from the JHU School of Medicine Exit Process. The exit process currently includes an online exit survey and where appropriate in-person exit interviews. Results from the implementation of the pilot survey and interviews are provided along with recommendations on steps that can be taken to improve faculty retention.

## Background

Vice Dean Janice Clements charged Ms. Lisa Heiser, the Assistant Dean for Faculty Development and Equity, to develop an exit process for the faculty. The report she wrote in 2009 has been updated here by Interim Assistant Dean Dr. Linda Dillon Jones. The initial charge stemmed from the JHUSOM Joint Oversight Committee's responsibility to implement the recommendation from the 2005 Report of the Committee on Faculty Development and Gender to establish a system for interviewing departing faculty. Assistant Dean Heiser requested the support of an advisory body to help develop an exit interviewing procedure for faculty. Calls for volunteers were put out to the Joint Oversight Committee and the Women's Leadership Council in spring 2006 and a working group was formed. The process they developed continued in use through the 2011 data which has been added to the original 2009 report.

## Development of the Exit Process

The Exit Interviewing Working Group benchmarked the exit interviewing processes of other medical schools. Ms. Heiser queried the Faculty Affairs list serve of the Association of American Medical Colleges to learn about practices at other academic medical centers and to obtain examples of exit surveys and interview protocols used by other institutions. Documents and processes were collected from several institutions including:

Duke University School of Medicine  
Jefferson University School of Medicine  
Mercer University School of Medicine  
Penn State College of Medicine  
University of California San Diego School of Medicine  
University of Illinois Carver College of Medicine  
University of New Mexico School of Medicine  
University of Texas MD Anderson Cancer Center  
University of Virginia School of Medicine  
Virginia Commonwealth University School of Medicine

The group also collected documents from within Johns Hopkins including the online survey used for exiting staff and the faculty exit survey used by the Bloomberg School of Public Health. Examples of responses from various medical schools follow:

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### **Sharon Hostler, MD, Senior Associate Dean, University of Virginia**

"At the University of Virginia, we try to do exit interviews with everyone. I receive the lists monthly, BUT more importantly I try to get involved whenever I hear that a valued faculty member is out interviewing....just to trouble-shoot, prepare a retention package or intervene or maybe just wish them well. I conduct the interview as if I were recruiting them back which we all may be doing with the expectation that the Gen Xers will move ten times in their careers. My format is both developmental and appreciative: What brought you to the UVA? What were your expectations? What were the peak experiences? Why and how? What are the exciting opportunities offered at the school/industry/foundation where you are headed? I listen and listen. So often the antecedent event relates to something years ago which disrupted trust and not the "current crisis". Then I ask them what else we need to know that would be helpful to the Dean's office to retain faculty. I write short e-mails of appreciation to chairs and faculty cited as "appreciated." I bundle the problems and trends for regular feedback to the Dean. And yearly, I look for trends and give a short report to Provost and try to find a way for discussion with the New Faculty."

### **Kevin Grigsby, DSW, Vice Dean for Faculty and Administrative Affairs, Penn State College of Medicine**

"Penn State has a process of conducting exit interviews university-wide. In our process, a faculty "peer" conducts the interview face-to-face. One of our basic scientists interviews departing basic science faculty. Likewise, one of our clinicians interviews departing clinicians. The data the process yields is not of much value as persons departing have reasons that are not usually related to PSU. Typically, they leave for good reasons - advancement into endowed positions or leadership roles, relocation with a spouse, entry into private practice. I think the theory is that they will be forthcoming with "problems" as they depart that they might not otherwise share. We've tried to create a culture of open communication so that persons can speak openly of problems so we can work on them while persons are here. If a person is leaving because of an unresolved problem, we consider it a failure. However, we usually have known about the problem long before the departure of the faculty member."

### **Andrew L. Ries, MD, MPH, Associate Dean for Academic Affairs, University of California, San Diego**

"We offer a confidential exit interview to all separating faculty. I'm required to submit a report to the general campus each year. We use the information in the School of Medicine to track and identify trends. I developed the attached questionnaire to facilitate collection of quantitative data in a database. This is mailed to each separating faculty member with a request to return it by mail (In Confidence to me) and an invitation for an interview. I've found that about 50% complete the questionnaire and 25% agree to an interview."

Trends were identified from the various schools who shared their processes. Larger schools tended to provide a survey to exiting faculty and collect quantitative data as it was generally not feasible to offer individual interviews to all exiting faculty. Schools with smaller numbers of faculty were often able to offer individual interviews to all faculty, and collect qualitative data. Response rates for surveys varied from about 25% for larger schools to 50% for smaller institutions.

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Based on the information collected, the work group decided to develop a three-part process for the JHU School of Medicine, which has one of the larger faculties among US medical schools.

### **Step 1: Online Exit Survey**

Request that all exiting faculty complete an Online Exit Survey.

### **Step 2: In-Person Exit Interviews**

Offer in-person exit interviews to all exiting faculty and invite specific faculty of interest to an exit interview at the request of Deans, Department chairs, or Division Directors. Such faculty might include high-potential faculty considered to be significant losses and exiting women or under-represented minorities whose loss is particularly damaging to institutional goals of retention.

### **Step 3: Follow-up Phone Interviews**

Interview faculty six months to one year after their departure. Identify regretted losses and further perspectives that their new employment and life circumstances might provide.

### *Online Exit Survey*

The Exit Process Work Group developed the online Exit Survey based upon examples from benchmarked schools and with a focus on theory and research on job satisfaction. The online Exit Survey was developed to provide both qualitative and quantitative information. Drawing upon career development, vocational psychology, and management and organizational psychology research, the work group included several original items in the survey that systematically sampled a number of domains from the literature on work satisfaction including the Minnesota studies from the Theory of Work Adjustment (TWA)<sup>i</sup>, Herzberg's Two-Factor Model<sup>ii</sup>, Maslow's Needs Hierarchy<sup>iii</sup>, and McClelland's factor analysis of work-related needs<sup>iv</sup>. Figure 1 illustrates the needs and values associated with Herzberg's Two-factor model and their relationship to Maslow's Needs Hierarchy, two of the theories that provided content domains for item selection. Basing the survey construction on theory and research from the psychological and management literature provided access to results about faculty motivators that would not have been apparent had we relied upon benchmarked surveys alone.

The survey was drafted and then refined with the assistance of Steve Arenberg, Director of Market Research, in the Johns Hopkins Medicine Office of Marketing and Communications. Given the length of the survey, detailed items were incorporated into drop-down boxes for the online version. The final survey consisted of 48 main content questions and 19 demographic questions for a total of 67 questions.

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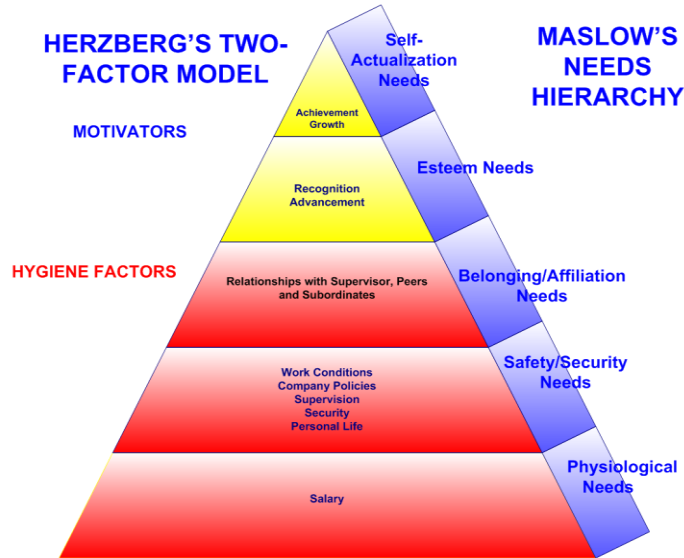


Figure 1. Job Satisfaction Research Used in Exit Survey Construction

Section I, “Primary Factors,” included open-ended questions, designed to determine why faculty left the SOM from their point of view and what the SOM could do to better retain faculty. Section II, “Factors that Influenced Decision to Leave, Unrelated to Your Position,” was designed to identify career-related reasons for leaving, such as opportunities to assume a leadership role, and life factors that affected the decision, such as a preferred geographic location or concerns about family and worklife balance. Section III, “Job Related Challenges or Problems that Influenced Your Decision to Leave” was intended to identify problems specifically associated with the position, such as role overload, the inability to achieve success, or problems with divisional or departmental leadership. Section IV consisted of optional demographic questions. Section I provided for qualitative data and Sections II, III and IV, quantitative data. A copy of the survey is provided in the appendix. The anonymous online Faculty Exit Survey was hosted by vovici.com, and went live in June 2007 and continued in use for all the data gathered in this report.

## *In-Person Exit Interviews*

The In-Person Exit Interview process was similarly developed by benchmarking with other institutions. The in-person exit interview questions were intended to be broad enough to provide a comprehensive overview of a faculty member’s reasons for leaving. The in-person exit interview was designed to both stand alone and complement the findings from the online exit survey. With guidance from workgroup members experienced in conducting qualitative research, the decision was made to use the form as a general guide, but to also allow the interviews to unfold based on what the individual faculty member wanted to share about his or her expectations for the position, subsequent experience at Hopkins, and reasons for leaving. The in-person interviews were designed to be confidential with information being reported out in aggregate. The faculty member could also sign a waiver permitting the interviewer to release

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specific information to designated individuals including the faculty member's Department Director, the Vice Dean for Faculty or the Dean. A copy of the In-Person Exit Interview form is provided in the appendix. The In-Person Exit Interview process also went live in June 2007.

### *Follow-up Phone Interviews*

Follow-up phone interviews to determine "regretted losses" about leaving Hopkins were put on hold due to changes in staffing, but may be reinstated in the future.

## **Exit Process Implementation**

The Office of Faculty Development (OFD) requests names and relevant data pertaining to exiting faculty on a quarterly basis from department directors, department administrators and credentialing specialists. After identifying exiting faculty, the OFD sends a letter to them from Vice Dean Clements with a request to complete the Online Exit Survey and an invitation for an In-Person Exit Interview. The OFD also confirms with the faculty member's department that the faculty member is leaving prior to making contact because a terminal contract can be rescinded within days of a faculty member's final date of employment. A copy of the letter from Vice Dean Clements is attached in the Appendix.

## **Survey Results**

### *Summary of Respondents*

Prior to 2009, the analysis included respondents who took the survey in the 370 day period from June 26, 2007 to June 30, 2008. Of the 82 faculty whose names were obtained from departments, who could be contacted, and who subsequently received invitations to complete the survey, 30 responded resulting in a response rate of 37%. As noted, this percentage compares to response rates of 25-50% based on benchmarking data from the AAMC Group on Faculty Affairs. Tables 1 and 2 provide information on gender and rank from respondents who reported on these variables (N is <30 because not all respondents provided this information). The relatively small N provides initial trend data at this point in time.

From 2009 – 2011 of the 85 faculty whose names were obtained from departments in the three years since June 30, 2008, 20 responded resulting in a response rate of 23.5%. The length of the survey may have discouraged some respondents from completing the survey and it is being shortened for future use. Over 80% of the on-line exit survey respondents were instructors and assistant professors and 45% of the respondents were male. This data is also reported in the two tables which follow.

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**Table 1. Gender of Survey Respondents**

Gender	Count / Percent			
	Prior to 2009		2009 - 2011	
Male	18	62.1%	9	45.0 %
Female	11	37.9%	11	55.0%
Total	29		20	

In the first two years of data gathering the majority of respondents were male (62.1%) but in the last three years the majority of respondents were female (55.0%).

**Table 2. Rank When Leaving Hopkins**

Rank	Count / Percent			
	Prior to 2009		2009 - 2011	
Instructor	10	34.5%	5	25%
Assistant Professor	14	48.3%	11	55%
Associate Professor	2	6.9%	3	15%
Professor	3	10.3%	1	5%

In the first two years of data gathering the majority of respondents were Assistant Professors (48.3%) and that held true for the last three years of data as well (55%).

### Section I: Primary Reasons for Leaving

In Section I., exiting faculty were asked to describe the most important reasons that influenced their decision to leave the School of Medicine. Many faculty cited multiple reasons, confirming that the final decision is typically dependent on a combination of factors for those who voluntarily resign. This combination of factors includes both sources of dissatisfaction with the current situation, factors that “push” the person to leave, and the belief that better opportunities lay ahead, factors that “pull” the person to come.

The responses were coded for content. The reasons listed most frequently prior to 2009 along with sample responses are indicated in Table 3a below.

**Table 3a. Prior to 2009**

**Describe the most important reasons that influenced your decision to leave?**

**1. Family Reasons (11)**

*"Personal/family reasons."*

*"Inability to spend time with my family in the evenings and mornings due to meetings."*

**2. Lack of Advancement/Better Opportunity (10)**

*"I left for several reasons...lastly and most importantly something better for my career came along."*

*"Better opportunities for professional growth and advancement elsewhere."*

**3. Terminated (5)**

*"I did NOT decide to leave: rather, I was forced out. My supervisor determined that I would not succeed as an externally funded biomedical scientist and therefore was not promotable."*

**4. Poor Departmental Support (4)**

*"I left for many reasons—lack of divisional and departmental support, poor treatment of colleagues at the divisional and departmental levels."*

*"Lack of support from my division director. I was told that my time on maternity leave counted toward my time clock for promotion."*

**5. Salary (4)**

*"Low salary (I am the breadwinner for my family)."*

*"Salary- Always worried about how to pay for myself which was difficult as I am the primary provider for my family."*

*"Poor salary."*

Family reasons and lack of advancement or the search for better opportunity dominated early data as the reasons behind a decision to leave, and this trend continued over the last three years as well.

**Table 3b. 2009 - 2011**

**Describe the most important reasons that influenced your decision to leave?**

**1. Family Reasons (6)**

*"My husband was offered an excellent job opportunity with start-up package out of state at another medical center. As a good sport, I had to look at potential opportunities for myself and ended up being offered a position that offered me growth opportunities that were not possible at Hopkins, or at least were not being offered. I would not have moved if my husband had been offered a comparable position at Hopkins."*

*"Husband taking a job in San Francisco."*

*"My fiancé got a residency spot in Cleveland."*

*"I recently had a child, and there was no way with my current schedule that I would be able to provide the care my child deserves."*

*"Family issues- wife became ill and unable to work, and we were unable to live on single academic salary."*

**2. Lack of Advancement/Better Opportunity (5)**

*"1) I was offered a faculty position at another university which supplied startup funds and sizable lab space. 2) I needed to establish my independence from my Mentor at JHU."*

*"Professional growth and opportunity unavailable to me through JHUSOM."*

*"Lack of opportunity for career empowerment and advancement. Specifically inability to actually help solve problems rather than just point them out. I truly felt pot-bound. I am going to a place where I have a seat at the table with the ability and resources to effect change."*

**3. Terminated (0)**

**4. Poor Departmental Support (3)**

*"Not enough clinical support or administrative support to allow me to provide the appropriate care my patients deserve."*

*"Lack of vision by divisional/departmental leadership. I am going to an up and coming place that is hungry to move forward and not just rest on their laurels. I will be a part of a leadership team led by a Division Chief with a clear vision who has been empowered by the institution to program build."*

*"Institutional bias that favors buildings over people as manifested by; a) poor compensation; b) minimal support for research and/or clinical initiatives (do it yourself, by yourself and if you are not succeeding "sorry, tough luck" mentality). Hopkins does a terrible job at nurturing young faculty; c) little positive feedback and rare examples of true mentorship. Everyone is so worried about their own position that it is difficult to establish meaningful collaborations or get meaningful feedback. I can only say two people ever really read my grants and gave me meaningful feedback (and neither of those were ever my bosses, who really took little interest in what I was doing); d) institutional financial structure that grossly favors the hospital to the detriment of the SOM."*

**5. Salary (2)**

*"Lack of responsiveness to legitimate issue by Departmental/Divisional leadership. I never got a raise when I was promoted to Associate. My Division chief was terrible at answering emails in general but every time I tried to enquire about it I was told "that doesn't seem right but we will look into it." Two years went by and no one ever gave me an answer. That sent a clear message to me at I was not valued and prompted me to start entertaining outside offers."*

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Exiting faculty were also asked to indicate what they would miss about JHUSOM. Key themes included the value of outstanding colleagues and trainees, interesting patients, the opportunity to collaborate with other outstanding peers in conducting leading-edge research, and the excellence that permeates the Hopkins culture.

Examples of responses included the following:

- *“Interesting patients, intelligent students and residents, and excellent colleagues.”*
- *“What I will miss most is my colleagues and the strong interdepartmental collaborative environment that provided unique and rich research opportunities.”*
- *“The access to top people in every field.”*
- *“Academic tradition, freedom, and excellence.”*
- *“Collegiality among faculty.”*
- *“The residents – they keep you sharp, up-to-date, honest, and young.”*
- *“The breadth of research and opportunities available to young researchers.”*
- *“Culture of excellence. Opportunities for inter-disciplinary collaboration.”*

Faculty were also asked to identify what could have been done to retain them. Responses clustered into four key areas identified in Tables 4a and 4b below.

**Table 4a. Prior to 2009**

**What could have been done to retain you?**

**Provide improved financial support such as a stable, competitive salary and bridge funding**

*"Compensation was far below other academic centers and very far below community practice."*

*"Offer a competitive salary with incentives based on clinical productivity."*

*"Provide a stable work environment."*

*"Increase financial support to young faculty."*

*"If I had been provided any kind of commitment and support from my division as I came to the K/R transition in my career, or got the sense that what I did mattered to anyone, I might have stayed."*

**Show more efforts to value clinical and teaching work**

*"The administration could have paid more attention to, recognized me and rewarded me for all the teaching, clinical research and unique clinical work that I had been doing in the past 10 years rather than worrying about the amount of dollars and "media glamour" generated by it."*

*"Offer more clinical work or offer to pay me for the clinical work I performed."*

**Provide professional development support and mentorship**

*"Protected time to pursue interests and a clear path to advancement."*

*"Provided greater opportunities for career growth at the leadership level."*

*"Provided greater oversight of mentors to insure that these individuals are providing appropriate support to young trainees."*

*"The question was never asked when I said, 'I want to leave.' Nobody said, 'Why? We want to keep you.' The question is being asked 7 months too late."*

**Make improvements to the clinical and administrative infrastructures**

*"Improved support staff – there are few incentives for employees to excel at their job."*

*"Clinical inefficiency of Hopkins could be improved."*

### Table 4b. 2009 - 2011

#### What could have been done to retain you?

##### **Provide more and better resources**

*"Offer me startup funds and lab space."*

*"In addition to my husband needing a better position, which was not offered to him at Hopkins, I would have liked to have seen the department or multiple departments invest more in my work."*

*"Invest earlier in my clinical and research program when it was evident that I was being successful despite lack of institutional support. My department invested in other faculty members to the exclusion of some such as me."*

*"In addition to a financial investment, other forms of investment would include provision of resources, the absence of obstruction, provision of information transparently, provision of opportunities to have meaningful leadership positions within the department outside of my own research program and, inclusion of my program in the strategic planning for the department, and, at the least, a consistent intellectual or mentoring form of interest in my program and my development."*

*"When I initially asked for clinical support, it could have been given. I eventually had a PA assigned to me who was split between three of the busiest clinicians in oncology including myself. The PA subsequently quit. I also would have appreciated administrative support that wasn't just "helping out" but was actually there to help me full time."*

##### **Make me feel valued**

*"Give me any indication that I was wanted as a Faculty member in the Division."*

*"When I mentioned the likely prospect of my moving and of being offered a promotion, I was advised to provide an offer letter and then the department would counter that. That did not seem proactive."*

*"Also, re my husband--I informed my chair that my husband was looking elsewhere over 1 year before he moved to his new position in 3/09. About 1 week before he was due to move, my chair called to see whether or not I would stay."*

*"Given me a chance to demonstrate that I was more than capable to take on a more senior role that was denied of me because I was too junior for the position."*

*"Offer leadership position here."*

*"1. Given me an opportunity for career growth and empowerment. 2. Shown just a little bit of respect. 3. Given me resources for research initiatives. 4. Given me an opportunity to have a more satisfying clinical experience. 5. Significantly raise my salary."*

##### **Better spousal support**

*"Job for my husband when he finished fellowship training"*

*Fixed my wife's dysfunctional division!*

##### **Better opportunities**

*"Provide the specific opportunity which I sought to pursue in Boston, MA"*

*"Be more equitable in promotion practices."*

##### **Better Salary**

*"probably nothing, but potentially a lot more \$ to make up for the lack of family around to raise children"*

*"In the end little- both the division director and the chair of the department were very gracious about offering a competing package. In the end, moving to an academic center which had options to live close to work with good public schools nearby and a higher salary made the decision to move easy ( in hindsight)."*

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Across the 5 years of data key themes emerge:

- Provide improved financial support such as a stable, competitive salary and bridge funding
- Show more efforts to value clinical and teaching work
- Provide professional development support and mentorship
- Make improvements to the clinical and administrative infrastructures
- Provide more and better resources.
- Make me feel valued
- Better spousal support
- Better opportunities
- Better Salary

The faculty were asked about their immediate professional plans after leaving Hopkins the results of which are reported in Table 5.

<b>Table 5. Immediate Professional Plans</b>		
	<b>Prior to 2009</b>	<b>2009 - 2011</b>
Academic Medical Center	<b>45%</b>	<b>55.0%</b>
Government (NIH, FDA, CDC)	<b>14%</b>	<b>10.0%</b>
Private Practice – Group	<b>14%</b>	<b>5.0%</b>
Private Practice – Individual	<b>10%</b>	<b>0.0%</b>
Community Hospital	<b>7%</b>	<b>5.0%</b>
Industry	<b>3%</b>	<b>10.0%</b>
Other (part-time, no plans)	<b>7%</b>	<b>15.0%</b>

Academic medical centers to which the faculty reported they were going included Emory, New York University, University of Maryland, the University of Michigan, the University of Miami and the University of Pittsburgh. Academic Medical Centers have been the destination for the majority of respondents leaving Hopkins over the last 5 years.

## Section II: Career and Life Factors that Influenced Decision to Leave

Prior to 2009 - In this section, faculty were queried about career and life factors that influenced their decision to leave that went beyond the scope of issues or concerns with their particular position. Main factors are highlighted in Table 6a below for which the combined response for those who both voluntarily resigned and were given terminal contracts was greater than or equal to 50%. Specific reasons associated with the factors are also indicated below the main factors where percentages were greater than or equal to 50% for one or more groups. In the final column of the table, percentages are reported for both those who voluntarily resigned (Vol Res) and those who were given terminal contracts (Term). Personal concerns, compensation, and advancement opportunities elsewhere were significant concerns for both groups. Due to the low numbers of respondents with terminal contracts during the 2009-2011 time period (just 7 respondents over three years) the subsequent data is reported differently in a separate table (6b).

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Table 6a. Career and Life Factors that Influenced Decision to Leave	Percent Yes	
	≥50 Combined	Vol Res / Term
Personal Concerns	67%	71 / 56
Compensation and Benefits	63%	67 / 56
Opportunity to work comparably for higher earnings	74%	71 / 80
Opportunity to work less for higher earnings	47%*	43 / 60
Family/Life Concerns	60%	71 / 33
Difficulty balancing work and family	56%	47 / 100
Wanted more personal/family time	56%	53 / 67
Partner/spouse had a valuable career opportunity	50%	53 / 33
Advancement Opportunities Elsewhere	50%	48 / 56
Had new opportunity in a better/preferred location	53%	60 / 40

\*This number reported even though < 50% threshold, because one group's response was > 50%

Table 6b. Career and Life Factors that Influenced Decision to Leave	Percent Yes
Personal Concerns	76.9%
Compensation and Benefits	46.2%
Opportunity to work comparably for higher earnings	100%
Opportunity to work less for comparable earnings	40%
Opportunity to work less for higher earnings	40%
Opportunity to have a better benefits package	40%
Family/Life Concerns	84.6%
Difficulty balancing work and family	45.5%
Insufficient support for spouse's/partner's career	44.4%
Insufficient childcare services/options	40.0%
Childcare concerns limited career progression	30.0%
Spouse's/partner's career concerns limited my career progression	30.0%
Partner/spouse had a valuable career opportunity	30.0%
Wanted more personal/family time	20.0%
Concerns about Baltimore	20.0%
Elder/ dependent care concerns limited career progression	10.0%
Spouse's/partner's health concerns limited my career progression	9.1%
Advancement Opportunities Elsewhere	76.9%
Opportunity to assume a leadership role	80%
Promotion to higher rank	80%
Had new opportunity in a better/preferred location	60%

Please note: This table was created by adding the percentages for everyone who responded 4 or 5 to indicate their agreement with the statement provided.

In the data for the years prior to 2009, there were significant gender differences in response to two reasons for leaving, with men responding yes more frequently when asked if they were

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leaving for Advancement opportunities (Figure 2) and women responding yes more frequently when asked if they were leaving for family and life concerns (Figure 3).

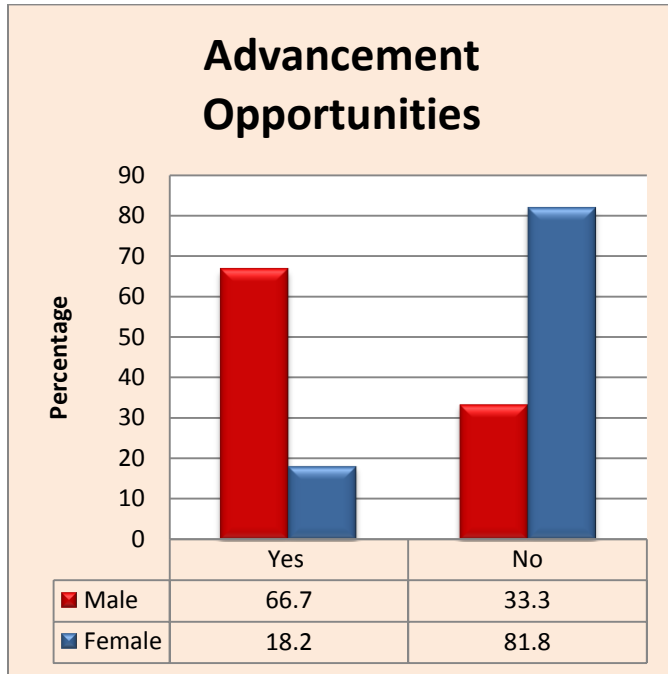


Figure 2. Gender Differences in Advancement Opportunities

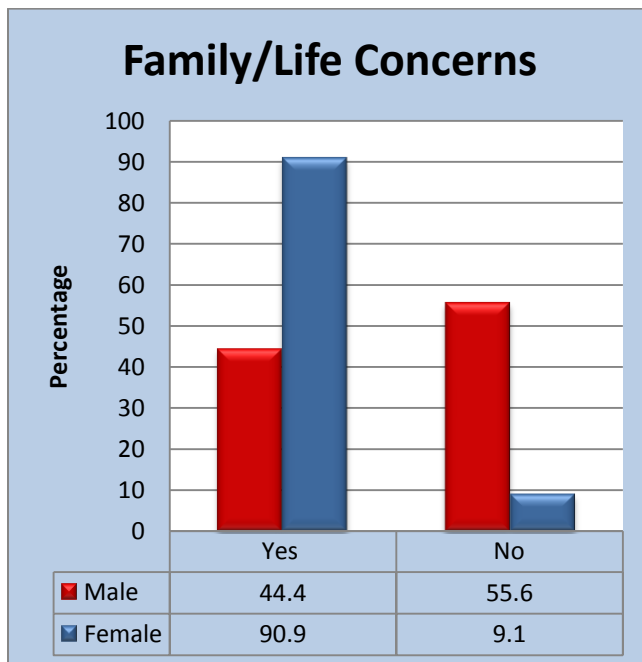


Figure 3. Gender Differences in Family/Life Concerns

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It is of interest to note, that more than 40% of men also indicated family/life concerns were a reason for leaving. Additional comments about career and life-related concerns aside from the specific position centered on child/care and salary issues. The following quotes provide examples:

- *“Childcare in the JHUSOM area stinks, to be blunt. Bright Horizons is great –IF you can get your child in, and if you are in a two-income physician family, allowing you to afford it.”*
- *“We have no family in Baltimore and need some help with both my husband and I as physicians with 2 kids.”*
- *“I needed a better compensation to effort ratio.”*

In addition, respondents in the 2009 – 2011 group made the following comments:

- *“Baltimore is a great place to live.”*
- *“Distance from family and general lack of social support beyond day care programs for children. Spouse was also full time faculty and long term we could not sustain two full time faculty careers for two children without adequate social or financial support.”*
- *“I gave 150% to my patients and work. There was very little left over at the end of the day to give to my family. With the birth of my son, I didn't want that dichotomy to affect his life negatively, so I sought out work options that would allow more balance.”*
- *“Baltimore could be a more culturally dynamic city.”*
- *“I will always be grateful for my training and time spent at Hopkins and will always consider myself part of Hopkins. It saddens me, however, how the institution is changing and how I never got an opportunity to make it a better place.”*
- *“While not primary, the lack of interest in academic collaboration unless it was directly within the area of interest of other faculty across departments and within my department and division made it ( in retrospect) a good decision to leave.”*

### Section III: Job-related Challenges or Problems

In Section III, faculty were asked about a number of factors that may have influenced their decision to leave that were directly related to their jobs. As in Section II above, data are reported for faculty who voluntarily resigned and who were given terminal contracts. Prior to 2009, the primary challenges selected by 50% or more of the respondents combined are highlighted below. Specific reasons associated with those factors that were endorsed by 50% or more of one or both groups are also provided (in red). Trends are consistent across both groups, as reported in Table 7 below. Both groups reported problems with **Level of Job Satisfaction**. However, those who were given terminal contracts reported more challenges with

1. **Promotion, Recognition, Respect and Appreciation;**
2. **Achieving Success in their Positions;**
3. **Managing Job Demands and Role Overload,** and
4. **Stress** – especially stress caused from pressures to **generate funds from grants and clinical revenues.**

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Table 7a. Job-related Challenges or Problems	Percent Yes ≥50 Combined Vol Res / Term	
Level of Job Satisfaction	67%	57 / 87
<i>Lack of opportunities for achievement and growth</i>	70%	67 / 75
Stress from Job	60%	52 / 78
<i>Too much pressures to produce clinical revenue</i>	50%	36 / 72
<i>Too much pressure to generate research grants &amp; funds</i>	50%	27 / 86
Job Demands or Role Overload	57%	43 / 89
<i>Expected to do more work than is reasonable</i>	65%	56 / 75
<i>Too many competing demands</i>	63%	56 / 72
<i>Not enough protected time for research or scholarship</i>	53%	56 / 50
Achieving Success in Your Position	57%	43 / 89
<i>Was not able to make timely progress to be promoted</i>	53%	55 / 50
Lack of Promotion and Recognition	53%	33 / 100
<i>Lack of respect for competencies</i>	81%	86 / 78
<i>Lack of appropriate and equitable rewards</i>	75%	86 / 67
<i>Lack of recognition, appreciation or affirmation</i>	69%	57 / 78
<i>Not nominated for leadership or other important roles</i>	56%	72 / 44
<i>Not supported for promotion in a timely fashion</i>	47*	17/67
Compensation and Benefits	52%	52 / 56
<i>Salary was too low</i>	94%	91 / 100
<i>Salary was not competitive with market</i>	88%	91 / 80
<i>Insufficient salary base and/or bonus</i>	75%	73 / 80
<i>Had to work too hard for salary I earned</i>	63%	64 / 60

All terminated faculty, 100%, indicated they had experienced problems with promotion and recognition. Drilling down, however, the most challenging problems they faced in this area were in garnering respect for their competencies and being recognized, appreciated and affirmed for their contributions. Esteem needs including recognition and affirmation are powerful motivators in the hierarchy of work satisfiers (see Figure 1, page 9). Appreciation is also one of the most potent, yet misunderstood and untapped resources in organizations.<sup>v</sup> Faculty who received terminal contracts indicated that these high-level needs were not being met by their mentors, senior faculty or other leaders. Due to the low numbers of respondents with terminal contracts during the 2009-2011 time period (just 7 individuals over three years) the subsequent data is reported differently in table (7b).

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Table 7b. Job Related Challenges or Problems	Percent Yes
Level of Job Satisfaction	60.0%
<i>Lack of opportunities for achievement and growth</i>	83.3%
Lack of opportunity to “make a difference”	50.0%
Stress from Job	45.0%
<i>Too much pressure to generate research grants &amp; funds</i>	44.4%
<i>Felt irritated, anxious or depressed at work</i>	33.3%
<i>Too much pressures to produce clinical revenue</i>	25.0%
Job Demands or Role Overload	35.0%
<i>Too many competing demands</i>	71.5%
<i>Too much time spent writing grants/seeking funding</i>	71.5%
<i>Not enough protected time for research or scholarship</i>	71.5%
<i>Expected to do more work than is reasonable</i>	57.2%
Achieving Success in Your Position	55.0%
<i>Did not have opportunities to develop skills needed for my job</i>	54.6%
Lack of Promotion and Recognition	60.0%
<i>Lack of recognition, appreciation or affirmation</i>	91.6%
<i>Lack of appropriate and equitable rewards</i>	72.7%
<i>Not supported for promotion in a timely fashion</i>	63.6%
<i>Not nominated for leadership or other important roles</i>	63.6%
<i>Lack of respect for competencies</i>	54.6%
Compensation and Benefits	45.0%
<i>Insufficient salary base and/or bonus</i>	100% 71.4% said very important
<i>Salary was too low</i>	100% 66.7% said very important
<i>Salary was not competitive with market</i>	100% 66.7% said very important
<i>Had to work too hard for the salary I earned</i>	100% 37.5% said very important

Please note: This table was created by adding the percentages for everyone who responded 4 or 5 to indicate the item as important or very important.

For the years subsequent to the 2009 report, lack of opportunity for achievement, along with the pressure to generate grants and funds, leads to the pressure of competing demands. This pressure, when faced with a lack of recognition and a salary which is perceived to be insufficient can produce a willingness to look elsewhere.

### ***Other Noteworthy Job-related Challenges***

A limited number of additional issues emerged that did not reach the 50% threshold for inclusion in the table above, but also merit some discussion and further attention. These challenges are discussed below.

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### Funding and Financial Support

Prior to 2009, funding issues were mentioned by 47% of the faculty combined, although problems with job security or financial support were endorsed by a much higher percentage of faculty who received terminal contracts (89%) compared to those who resigned voluntarily (29%). Sub-items are also provided **for those who responded yes** and for which a sub-item 50% combined response threshold was attained. Please note that the item “too little guaranteed funding” was endorsed by 40% of the exiting faculty combined ( $.47 \times .86 = .40$  or 40%).

The sub-items that received the greatest endorsement by both groups related to a need for greater guaranteed funding and institutional salary and research resources support are reported in Table 8a. The greatest discrepancy between groups was the lack of departmental or school help in acquiring outside funding and poor grant funding prospects, which were greater needs reported by those who received terminal contracts.

Table 8a. Job Security or Financial Support	Percent Yes	
	Combined	Vol Res/ Term
Job Security or Financial Support	47	29 / 89
<i>Too little guaranteed funding</i>	86	100 / 75
<i>Insufficient departmental/institutional salary support</i>	86	100 / 75
<i>Insufficient research resources from institution</i>	85	100 / 72
<i>Lack of departmental/school help in acquiring outside funding</i>	67	40 / 86
<i>Insufficient research resources from NIH</i>	58	60 / 43
<i>Poor grant funding prospects</i>	58	40 / 71

Due to the low numbers of respondents with terminal contracts during the 2009-2011 time period (just 7 individuals over three years) the subsequent data is reported differently in table (8b).

Table 8b. Job Security or Financial Support	Percent Yes
	Job Security or Financial Support
<i>Insufficient departmental/institutional salary support</i>	66.6% 44.% said very important
<i>Too little guaranteed funding</i>	66.6% 22.2% said very important
<i>Insufficient research resources from institution</i>	55.5% 44.4% said very important
<i>Lack of departmental/school help in acquiring outside funding</i>	44.4% 33.3% said very important

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### Leadership

Faculty were also asked if they had experienced problems with Department Directors or Division Chiefs. Again, the combined response rate did not meet the 50% threshold for inclusion in Table 7a above. However for the data included in the 2009 report, 40% of respondents combined indicating they had experienced problems with department directors and 30% combined indicating problems with division chiefs, looking at the data more closely provided interesting insights. Table 9a reveals that a much higher percentage of those who received terminal contracts reported problems with communication and relationship issues with their department directors and division chiefs (78% and 71%, respectively) compared to those who voluntarily resigned (24% and 13%, respectively).

Table 9a. Leadership Problems with Communication and Relationship Issues	Combined Yes%	Vol Res Yes%	Terminal Yes %
Department Director / Division chief	40 / 30	24 / 13	78 / 71
<i>Poor communication</i>	92 / 100	80 / 100	100 / 100
<i>Inadequate sponsorship or connection to networks</i>	83 / 83	80 / 100	86 / 75
<i>Effective teamwork was not developed</i>	83 / 86	80 / 100	86 / 80
<i>Complaints and conflicts were not resolved</i>	75 / 72	80 / 100	71 / 60
<i>Collegial environment was not fostered</i>	75 / 100	80 / 100	71 / 100

Interestingly, of over 25 sub-items that could have been selected, both groups endorsed the same items that clustered around leaders' problems with relational skills including communicating, providing support in building networks, and developing teams including fostering collegial environments and resolving complaints and conflicts.

A similar pattern emerged with regard to leadership support for career development with those receiving terminal contracts disproportionately reporting problems in getting career development support compared to those who voluntarily resigned as seen in Table 10a below.

There were, however, once again consistent patterns for both groups in specific types of career problems as identified by sub-items. Those most strongly endorsed by both groups included inadequate commitment to success, lack of psychological support such as motivation and encouragement, fair and equitable treatment, and lack of professional development planning and skill-building.

For the data included in the 2009 - 2011 report, 40% of respondents indicated they had experienced problems with department directors and 37.5% indicated problems with division chiefs. Table 9b reveals the sources of these concerns.

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Table 9b. Leadership Problems with Communication and Relationship Issues	Combined Yes%
Department Director / <i>Division chief</i>	40 / 37.5
<i>Poor communication</i>	75 /83.3
<i>Inadequate sponsorship or connection to networks</i>	75 /100
<i>Effective teamwork was not developed</i>	62.5/100
<i>Complaints and conflicts were not resolved</i>	50/66.7
<i>Collegial environment was not fostered</i>	62.5/100

Please note: This table was created by adding the percentages for everyone who responded 4 or 5 to indicate their agreement with the statement provided.

In this table we see the individual issues that taken together become a cycle of miscommunication and unmet expectations. People feel underpaid and under resourced, but beyond that they don't feel that they are part of a productive team or that they are being developed as professionals. Anyone of these issues can be tolerated, but all of them together can create an environment of hopelessness that causes people to look elsewhere.

For the data in the 2009 report data was analyzed by voluntary resignation versus termination as reported in table 10a. Table 10b reports the data from 2009 – 2011.

Table 10a. Leadership Problems with Career Development	Combined Yes%	Vol Res Yes%	Term Yes %
Department Director / <i>Division chief</i>	40 / 30	24 / 13	78 / 71
<i>Inadequate commitment to my success including resources</i>	92/57	80/100	100/40
<i>Inadequate at providing motivation &amp; encouragement</i>	83/71	80/100	86/60
<i>Fair and equitable treatment was not demonstrated</i>	75/86	60/100	86/80
<i>Did not provide professional development plan &amp; skills</i>	67/71	60/50	71/80
<i>Annual review did not support my ability to be successful</i>	64/71	25/100	86/60
<i>Lack of constructive or helpful feedback on performance</i>	59/57	60/100	57/40
<i>Expectations for promotion not clearly defined</i>	58/72	40/100	72/60

Table 10b. Leadership Problems with Career Development	Combined Yes%
Department Director / <i>Division chief</i>	40 / 37.5
<i>Inadequate commitment to my success including resources</i>	87.5/100
<i>Inadequate at providing motivation &amp; encouragement</i>	62.5/66.7
<i>Fair and equitable treatment was not demonstrated</i>	75/66.7
<i>Did not provide professional development plan &amp; skills</i>	62.5/83.3
<i>Annual review did not support my ability to be successful</i>	62.5/33.4
<i>Lack of constructive or helpful feedback on performance</i>	87.5/66.6
<i>Expectations for promotion not clearly defined</i>	25/50

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### Mentorship

In the 2009 report, mentorship problems were reported by 30% of the faculty combined as seen in Table 11a below. However, close to half of the faculty who received *terminal contracts* reported mentoring problems. All of those terminal contract faculty who reported problems (100%) indicated they could not find an effective mentor and received insufficient research mentoring from senior faculty colleagues in their department. Seventy-five percent of these individuals also reported insufficient career mentoring from colleagues in their department. Mentoring has been well-established as a key to success in academic medicine.<sup>vi</sup> The survey results revealed that faculty who ultimately received terminal contracts reported many significant problems with poor mentorship.

Table 11a. Mentorship Problems	Percent Yes	
	Combined	Vol Res / Term
Mentoring from Other Faculty at JHSOM	30%	24 / 44
<i>Insufficient research mentoring from senior colleagues in dept</i>	78	60/100
<i>Insufficient career mentoring from senior colleagues in dept.</i>	78	80/75
<i>Could not identify an effective mentor</i>	75	60/100
<i>Insufficient career mentoring from colleagues outside dept</i>	67	80/50

Responses from the 2009 – 2011 data are reported in Table 11b.

Table 11b. Mentorship Problems	Percent Yes Combined
Mentoring from Other Faculty at JHSOM	30%
<i>Insufficient research mentoring from senior colleagues in dept</i>	83.3
<i>Insufficient career mentoring from senior colleagues in dept.</i>	50
<i>Could not identify an effective mentor</i>	66.6
<i>Insufficient career mentoring from colleagues outside dept</i>	83.3

### In Person Exit Interview Results

For the 2009 report interviews were conducted with 13 exiting faculty members. About one-fourth of those were conducted at the request of a department director or other leader, the remainder at the request of the exiting faculty member. Most faculty members interviewed had submitted voluntary resignations. Themes that emerged from the exit interviews and some associated sample comments are included below starting with those themes mentioned most frequently (by more than a few faculty members). In some cases, identifying variables have been altered to maintain the confidentiality of the exiting faculty member.

#### Worklife Balance Issues

- *“My oldest son was in the Johns Hopkins Family Center for the past 2 years and it is truly a wonderful center. However, despite putting my name on the waiting list when I was just 4 months pregnant, a place did not become available until he was 13 months old. Since I needed day care for him starting at 12 weeks of age, I was forced to commute 3-4*

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*hours per day to a less satisfactory daycare facility distant from my home and Johns Hopkins. This created a very substantial strain, and had a significant impact upon my career productivity and satisfaction. I was a “fledgling” faculty member at this time, and this strain derailed much of the career momentum I had started to build later in my fellowship training.”*

- *“Kids during K’s were a problem. Sleeplessness...caring for an infant. I was constantly guilty that I wasn’t doing enough with my child and with my job. During bonding time, I was wracked with guilt. My family life and my career were on a collision course. In the end, I didn’t want to work 60-80 hours per week while not succeeding and taking time away from my kids.”*
- *“My family suffered more than anyone. I have given up so much time. When I’m at home, I’m on the computer working all hours. I’m chronically behind. It has taken a toll.”*

### **Problems with Leaders**

- *“My division director never had any overwhelming concern for promoting the careers of others. He used my data and I was not given credit. There were also problems with the leadership of the internal promotions committee. I didn’t want to be accused of complaining, so I kept quiet.”*
- *“My division chief wanted me to do his research. He micromanaged everything, including overturning my decisions with a fellowship program I ran.”*

### **Poor Mentoring**

- *“My career path was unclear. I could have been a program builder but there was lack of interest from leadership.”*
- *“I received minimal feedback on my grants. I was told, ‘This is weak’ but was given no details on how to improve. I was never given any feedback on any strengths.”*

### **Lack of Collegial Environment**

- *“There may have been a sense of competition with this faculty leader. I was the next female faculty member to be considered for promotion to this level. It seemed that women were harder on other women.”*
- *“There was “zero” team building and there were no collaborations. The post-docs were pitted against one another. My mentor did not support co-authorship. My work was used and I did not get credit in the grant submission.”*
- *“I felt like I was an island. I couldn’t get help from others. There were far more collaborations outside Hopkins than inside.”*

### **Poor Compensation**

- *“The new position will offer more money, but more importantly it will be stable money. I didn’t like worrying about sources of salary support.”*

### **Promotion Path Not Supported**

- *“I will feel much less scattered in my new position. Instead of 15 different roles I will be able to focus. I want to be sure I’m headed toward success. This is what we are used to. I didn’t feel my career path was viable. I thought I had to be in one ‘category’ (e.g., clinical investigator, clinician educator).”*

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- *"I am mainly an educator. I was encouraged to talk to you as an example of the type of clinician educator that Hopkins thinks it wants but somehow cannot retain. I have really struggled and in the end I decided that I could not succeed here in academic medicine, especially not in my department."*

### **Diversity Climate**

- *"If I had good ideas and when I made comments, he (a more visible man) got the credit."*
- *"One of the men in my department said, 'If I were (particular race) or a woman, I could get resources and special privileges too.'"*

### **Lack of Leadership Opportunities**

- *"I had made my interests in leadership known to my department director and other SOM leaders. I was never offered available opportunities. Given my national stature, I have been recruited by other universities for years. It finally became clear if I was going to lead, it was going to have to be somewhere else."*

### **Administrative Issues**

- *"I would get very frustrated with the inefficiency and ineffectiveness of the staff. Some staff that had been there for years were poorly organized and poorly prepared. I would say, 'Why can't you tell me how much money I have left in this grant!'"*
- *"When I would go back to the clinic, one of the staff would say to me, 'Oh...are you playing doctor today?'"*

### **Preferred Location**

- *"My reasons for leaving are pretty straightforward....location, location, location. We have wanted to relocate to the Pacific Northwest for a long time. I was recruited there. Although my chair tried really hard to keep me here, and almost did, we were really committed to the move."*

### **Lack of Resources and Effective Grant Administration**

- *"We were encountering a pretty dramatic reduction in skilled help. There are more and more tasks and fewer people to do them. Better resources would allow the researcher to do their job. Junior faculty are overwhelmed with completing the front pages of grants."*

### **Departmental Requirement for Funding**

- *"Even though I was a national leader in education for residents in my field, I had to be funded. I had to find a way to get grant funding for research in order to be a leader in education. So, I left to go into private practice."*

### **Lack of Value of Faculty Member**

- *"In the end, I felt I was dispensable here, and there was a much better opportunity at the new institution. I expected it would be harder to 'rip out the roots,' but they were really shallow."*
- *"I felt like I wasn't being heard or valued. I had a vision of what could happen and felt that there was neither a strategy nor opportunity for collaborations."*

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### **Clinical Work not Valued**

- *“It seems that increasingly teaching is being valued. The same cannot be said for clinical work. You can be excellent and committed to patient care. But, patient care is secondary. This is not what you get recognized for.”*

### **Lack of Support for Entrepreneurs**

- *“I’m leaving because I’m frustrated with the time it takes to hire staff, the lack of start-up funds, and the lack of strategic leadership support for entrepreneurial innovations. I’m planning to establish a private clinic in (wealthy suburban area of Washington DC), which I expect will be quite lucrative. It’s too bad that this could not have been done at Hopkins.”*

The in-person interviews support many of the findings from the online survey. They also provide a more nuanced perspective on some of the issues that led faculty to leave voluntarily or that created difficulty for faculty who were ultimately asked to leave.

For example, some faculty experience significant competitiveness rather than collegiality and support from their division chiefs and mentors. This finding suggests that the JHUSOM should consider more carefully how division chiefs and mentors are selected. Preparing leaders to make the transition from individual contributor to leader and mentor and regularly assessing leader performance by providing some form of 360 degree feedback and appropriate coaching, if needed, might prove invaluable.

In-person interviews also surfaced a further issue that was not captured in the online survey, i.e., the frustration highly entrepreneurial faculty feel due to the university bureaucracy.

It is also possible to identify some issues and trends from the in-person interviews that cannot yet be analyzed from the survey because the “N” is still too small in the pilot group. There has to be an “N” of 10 to analyze by variables such as gender and race. This requirement is intended to protect the identity of faculty survey participants. In-person interviews surfaced some serious problems with unwelcome experiences reported by women and under-represented minorities including invisibility, slights, and even backlash. These are unfortunate findings that must inform and help shape the ongoing efforts of the Diversity (gender and race) and Civility initiatives at Johns Hopkins Medicine.

From the 2009 – 2011 data we have the following additional comments which were offered by respondents:

### **Worklife Balance Issues**

- *“I liked my job at JHH very much, but between my wife wanting a different job, and the opportunity for me to be a section chief at OHSU, we decided to leave. I was put up for promotion during this process and I was rejected. This did not help to retain me.”*

### **Problems with Leaders**

- *“My ability for upward growth and success was significantly hindered by the actions of my division chief and the upper level administration at the school of medicine ignored my plea for change in my division.”*

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### Promotion Path Not Supported

- *“I’ve found a huge gap between my completed achievement for the unit goals through the position responsibilities described and changing and controversial expectations from two different division leaders for whom left and for whom became. In the situation, my sudden illness was not helpful for me to overcome the ongoing challenges in no proper support system to achieve the 100% salary support expectation through only an independent study. I believe JHUSOM should consider promoting a unique culture to learn and work with different scientific background faculty for the future advancement.”*
- *“Overall, a decent place that takes for granted very talented faculty, particularly in the mid-ranks. There seems to be little effort to recognize and celebrate those mid-career potential stars that are the most productive engine for the institution. As a result, we lose a lot of really good people and don't seem to attract equivalent people back, leaving a lot of big holes. Too many searches for dept./division chairs end up filled by internal folks (or no one) after failing to get top-flight external people. A lot of trouble for women faculty w/work-life balance. Other places have gotten a lot more competitive, and JHU doesn't seem to have gotten that message, so there is a net outflow of the most talented Assoc. and recent Professors. I find it interesting that in my last few years at JHU I was offered division/dept. chair/dean positions in numerous institutions, all on a par with JHU (e.g. Harvard, UCSF, Stanford), but clearly had no further leadership prospects at JHU.”*
- *“The head of department should have less power on the professional destiny of faculties. A commission should be in place to scrutinize the head of department decisions on prematurely terminating tenure track contracts and OBJECTIVELY analyze the reasons for contract termination.”*

### Lack of Resources and Effective Grant Administration

- *“Despite challenges and lack of adequate institutional support, I enjoyed working at Hopkins and representing Hopkins in my area of expertise. I will miss the energy, intellectual curiosity and dedication to patient care of many individuals.”*

### Departmental Requirement for Funding/ Publishing

- *“Quality of patient care is very important, yet activities related to this are given little weight when promoting people. The emphasis on original research (as opposed to development of sustainable programs that actually help patients) discourages does little to engage physicians in the creation of a better healthcare delivery system, which is what our patients actually need. Patients don't directly benefit from our publications.”*

### Lack of Value of Faculty Member

- *“My contract was not renewed after department director learned I had begun applying for jobs elsewhere, which I had begun to do after an unfair annual review, in which I was blamed for failures at my primary worksite that were the responsibility of one of the Vice Chairs. During my tenure here, I was forced to supervise an incompetent nurse practitioner who belonged to another department and to see almost exclusively chronic pain patients in my clinics, despite this not being my specialty and despite prior assurances from the so-called leadership of my department that this would stop. I was also forced to cover an attending in another department. Whenever I raised a question, even in the nicest manner, I was labeled "disruptive" by my department. The ethical lapses of my department director appear to be well-known throughout the university,*

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*yet nothing seems to be done about it. Overall, my experience at Hopkins has been awful. I am very eager to transition my career elsewhere."*

### Improving Job Satisfaction

In 1959 Frederick Herzberg famously proposed "The things that make people satisfied and motivated on the job are different in kind from the things that make them dissatisfied." His "two factor theory" proposed a two-pronged approach of motivation and hygiene factors, and we see this dichotomy clearly in the exit survey data. On the one hand, motivation factors such as achievement, recognition, responsibility, interest, and growth, if met, can lead to enhanced job satisfaction. On the other hand, hygiene factors such as salary, security, work conditions, quality of supervision, and interpersonal relations, if neglected, will lead to increased job dissatisfaction. Herzberg posited that providing hygiene factors such as better salary will lead to a neutral place of people being "not dissatisfied". To achieve real job satisfaction and true motivation for individuals, other motivational factors such as recognition and support must be present as well. We see this clearly in the data. From the 2009 – 2011 data some interesting feedback about the things we are doing well is available in the answer to the question "What will you miss about the JHUSOM that made it a good place for your faculty career?" People replied:

- *"mentors and colleagues"*
- *"The critical mass of excellent scientists involved in research. The potential sources of collaborations and intellectual strength."*
- *"Bright trainees. Strong sense of purpose among faculty and staff. Strong leadership."*
- *'My colleagues and staff. Spirit of collaboration in all aspects of JHH/JHU."*
- *"1. Being at a respected institution. 2. Being around some very talented people. 3. The collegiality with a cadre of faculty."*
- *"great opportunities for professional development, great variety of activities, great colleagues"*
- *'Proximity of SPH to SOM, generally open and collaborative colleagues, unitary physical footprint."*
- *"My colleagues, staff, research mentor, my department, innovation and creativity."*
- *"The collegiality across disciplines; the diverse patient population; and the opportunity to work with bright medical students and residents."*
- *"My work colleagues have been amazing, and I will miss working with them all on a day to day basis. Some of Hopkins strengths are also its weakness. I was able to start and run my own department with the autonomy that was given to me which I never would have been able to do at many institutions. However, not having the mentorship that was really needed in order for me to grow that department was very difficult."*
- *"Academic opportunities associated with being at a prestigious institution, teaching opportunities with residents and medical students"*
- *"The gym"*

From these comments you can see that in response to an open-ended question about what makes it a good place to be, people respond overwhelmingly with comments about the value of colleagues, mentors, collaborators and the opportunity these represent.

## JHUSOM Attrition Rates

The annual attrition rate during FY08, the year during which most of this pilot study was conducted was 4.6%. This number pertains to the percentage of all full-time, primary appointment SOM faculty appointed at any time during the year to instructor through professor ranks, excluding ASTP (Advanced Specialty Training Program or “Faculty Fellows”) faculty who left the JHUSOM (93 exiting faculty / 2015 total faculty = 4.6%). Using the AAMC attrition definitions which include resignations (voluntary or terminal contracts), death, going from FT to PT, and ASTPs, JHUSOM had an 8.5% attrition rate in FY08 (187 exiting faculty / 2195 total = 8.5%). In FY 09 JHUSOM had an attrition rate of 4.9% (103 exiting faculty / 2078 total faculty = 4.9%), in FY 10 4.0% (86 exiting faculty / 2134 total faculty = 4.0%), and in FY 11 3.9% (85 exiting faculty / 2173 total faculty = 3.9%). For the last three years the JHUSOM attrition rates have been consistently below the initial FY08 level.

Of the 93 exiting faculty during FY08, 12 faculty members or 13% received terminal contracts. The remainder voluntarily resigned, although that number is likely inflated because faculty are often given the option to voluntarily resign in lieu of receiving a terminal contract. For the faculty who completed the online survey in FY 08, 9 of the 30 respondents or 30 % indicated that they had problems with termination concerns or received terminal contracts. Of the 103 exiting faculty during FY09, 17 faculty members or 16.5% received terminal contracts, of the 86 exiting faculty during FY10, 7 faculty members or 8.1% received terminal contracts, and of the 85 exiting faculty during FY11, 14 faculty members or 16.4% received terminal contracts.

Ten year and 15-year attrition rates for JHUSOM faculty were first reported in the Committee on Faculty Development and Gender Report released in 2005 (Figure 4).

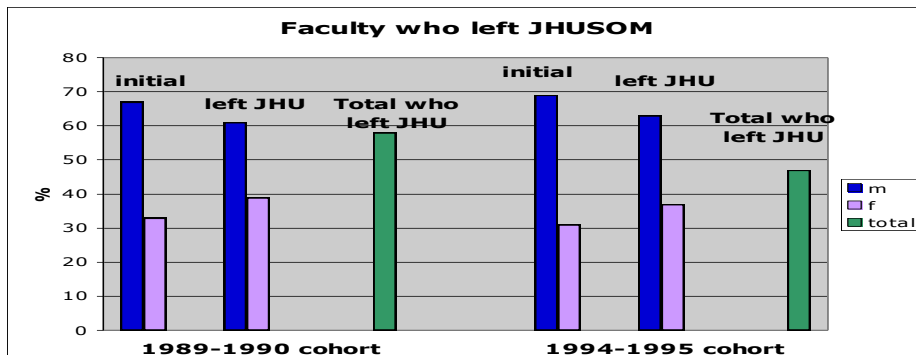


Figure 4. Faculty Attrition Data for 15 year (1989-1990) and 10 year (1994-1995) Cohorts

Figure 4 represents the percent of male (blue) and female (purple) who were at the SOM in the cohort year and who subsequently left. The green bars indicate the percentage of the faculty in that cohort that have since left the SOM. The data show that nearly 50% of the faculty have left after 10 years, and nearly 60% after 15 years.

The AAMC recently completed a similar cohort study. Reporting data very similar to that at JHUSOM, AAMC found that nearly half, 48%, of the 10 year cohort faculty left their *medical schools*. Outcomes showed that for all faculty the percentage leaving *academic medicine* ranged

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from 37 to 40 percent (Figure 5)<sup>vii</sup>. Darrell Kirch, MD, AAMC President and CEO remarked on this data,<sup>viii</sup>

“Unfortunately, these data cannot tell us why so many faculty members leave their institutions. Is it simply to pursue better opportunities elsewhere? Is it because they perceive their current work environment to be inhospitable? Were promises made during the hiring process, but not fulfilled after they arrived? What we do know is that such “churn” can be costly. Studies demonstrate that turnover costs can exceed \$3 million annually at an individual school. Additionally, churn can exact a considerable toll on morale. In my experience, even the perception that colleagues are leaving is unsettling to faculty. If viewed as indicating an underlying instability, it also may harm morale and eventually damage an institution’s cultural fabric.”

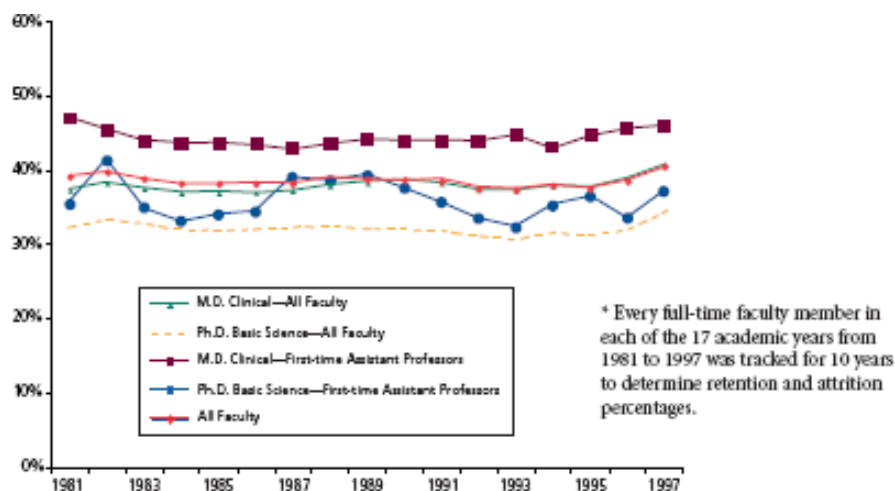


Figure 5. Percentage of Attrition from Academic Medicine for 10 Year Cohorts

We now know from our pilot study many of the reasons that faculty are leaving the Johns Hopkins University School of Medicine. A summary of conclusions and several recommendations are provided next to help us more effectively retain valued faculty in the years to come.

## Conclusions and Recommendations

In the 2009 report considering the survey as a whole, the top reasons faculty gave for leaving JHUSOM could be identified according to whether faculty voluntarily resigned or were given terminal contracts.

Faculty **voluntarily resigned** primarily because of *life and career concerns* including:

1. **worklife balance,**
2. **non-competitive compensation,** and
3. **lack of opportunities for professional growth and advancement including leadership opportunities,** and the resulting lure of better

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opportunities elsewhere.

In-person interviews revealed that worklife balance and money were of concern primarily to younger, early-career faculty with family needs who resigned as a result. Opportunities to grow, be recognized, and to lead were of greater concern to senior faculty who needed new outlets for growth and development and left voluntarily to find them.

Faculty given **terminal contracts** experienced more *job-related challenges* including problems with:

1. **Receiving recognition, respect, & rewards**, including affirmation and appreciation,
2. **Being supported for and achieving success**, including promotion managing job demands and role overload, and
3. **Coping with stress** — especially stress coming from pressures to generate funds from grants and clinical revenues.

The extent to which the challenges of the terminated faculty are related to individuals' "lack of fit" for their position such as incompatible interests or lack of appropriate skills, or instead to school, departmental or divisional leadership and mentorship problems, or to some interaction between individual and organizational factors is unclear in each individual case.

The analysis with respect to leadership and mentorship concerns showed that many terminated faculty reported problems with communication and relational issues with divisional and departmental leaders, a lack of career development support, and mentorship problems, a trend that was also seen with about a quarter of the faculty who voluntarily resigned. Together, these data indicate that there are likely systemic problems in appropriately supporting faculty who might otherwise have been successful.

From the 2009 – 2011 data, the top reasons given for leaving included:

1. **Compensation and Benefits** issues such as the opportunity to work comparably for higher earnings
2. **Family/Life Concerns** such as difficulty balancing work and family, Insufficient support for spouse's/partner's career, and insufficient childcare services/options.
3. **Advancement opportunities elsewhere** such as the opportunity to assume a leadership role or promotion to higher rank at another institution.

**These findings lead to two important recommendations.**

First, to **retain valued faculty who might consider voluntarily leaving** in the future, the JHUSOM must

1. Promote and support cultural changes within departments and the School of Medicine to improve faculty work-life balance
2. Develop departmental and School of Medicine strategies to competitively compensate faculty, and

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3. Discover new pathways for faculty professional growth and advancement, including expanding leadership roles and opportunities

Second, we should develop better criteria and selection processes for faculty who are recruited, and make clear during recruitment the expectations of the division, department and the School of Medicine. In addition, we need **better systems to identify faculty who might be or come to be at risk** by providing improved feedback about performance and better mentoring. Specific strategies, some of which do not carry a heavy cost burden, include

4. Improve recognition, respect and affirmation of faculty by leaders
5. Provide outstanding mentorship
6. Provide more wide-spread and effective career development support such as clear feedback, career development guidance and skill-building
7. Clarify priorities for faculty in their roles to assist them in dealing with multiple professional demands and provide clear direction and feedback to promote early success in one or two manageable key roles
8. Improve communications and relationships with leaders and mentors
9. Clarify the expectations to produce income from grants and clinical revenues during recruitment and support faculty in balancing these pressures
10. Expand available financial and supporting resources for faculty especially at start-up.

Several suggestions for how to meet the first five of these recommendations follow.

**Family and work-life balance** concerns might be addressed by

- Developing a new model of work for the JHUSOM that revises the 24/7 “ideal worker” model and the focus on “extreme work”<sup>ix</sup>
- Providing more flex-time and flex-place work options
- Providing more control and high decision latitude<sup>x</sup> in faculty schedules
- Offering part-time tenure tracks with benefits
- Developing off- and on-ramps for faculty who wish to dedicate specific time periods to family life
- Providing more university-sponsored child care in the absence of a national commitment and capacity

**Improved compensation and financial support** might be achieved by

- Raising funds to improve faculty salaries
- Considering alternate funding models, e.g., increased used of clinical associates and decreased but improved selection of “tenure-track” faculty
- Offering bridge funding through institutional resources
- Assisting faculty with dedicated grant-writing staff and support in finding alternate funding sources

**Discovering new pathways for faculty professional growth and advancement** might be achieved by

- Expanding leadership roles and opportunities
- Promoting leadership development within divisions, departments, and the School of Medicine

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- Involving more faculty in departmental executive leadership circles
- Establishing a school-wide leadership academy for emerging faculty leaders with skill-building to focus on:
  - Teamwork, team-building, fostering collegial environments, conflict resolution and mediation
  - Feedback, annual reviews, performance management, crucial conversations, and sharing bad news
  - Motivation, recognition, rewards, and encouragement

**Improved rewards, respect and recognition** might be accomplished by well-prepared and rewarded leaders and mentors using a variety of strategies such as

- Sharing information with faculty
- Giving time and attention to their professional development
- Offering appreciative written and verbal feedback in private and public
- Providing needed equipment, materials and resources
- Recognizing and rewarding faculty equitably
- Developing and presenting departmental and divisional awards
- Building faculty reputations internally and externally
- Supporting and encouraging their internal promotions, and
- Supporting their health and well-being

**Improved mentorship** might be achieved by

- Training mentors in core and specialized mentor competencies
- Identifying a cadre of dedicated faculty to perform as formal mentors similar to the Colleges Faculty's roles with medical students
- Rewarding career and research mentors who provide effective career support

Putting the above supports in place in a more systematic way will likely help us retain faculty including those more diverse faculty whom we hope to attract in the coming years.

### Next Steps

The findings from the pilot phase of the Exit Process were developed into a presentation that was reviewed and refined through the efforts of the Joint Oversight Committee members. The findings were reported to the ABMF on December 17, 2008, and the final written preliminary report was released in February 2009. The findings were also publicized through other means such as presentations to the MSC and departmental groups, articles in *Change*, and postings to appropriate websites.

Step 3 of the faculty exit process, Follow-up Phone interviews, were implemented in early 2009. The online survey was revised given the feedback and experience from the pilot phase. The complete exit process continued to be conducted and this report summarizes the activity through 2011. In the future, reports will be delivered annually to the JHUSOM leadership and other appropriate bodies.

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The data which has been gathered through this start up phase of the Exit Interview Process has provided valuable insight into the reasons faculty choose to leave the School of Medicine. The existence of this fully articulated process within the Office of Faculty Development insures that faculty who have left Hopkins will be given the opportunity to share their reasons and provide information that can be used to improve programs for faculty across the school. The last three years of data collection have led to an understanding that the length of the survey may be impacting on the willingness of respondents to complete it, and so a shorter and more refined survey is being planned for the future. As data gathering continues, we hope that departments will become more used to this ongoing obligation to report the names of faculty who are leaving, and these two factors are expected to increase the response rate and the amount of data gathered in the future.

## Appendix

### Cover Letter for Online Survey First Mailing

Dear Faculty Member (*Individualize Name*),

As you leave, we would like to learn from you how we can better support and retain faculty at the School of Medicine. Please take the On-line Faculty Exit Survey at <http://www.johnshopkinssurveys.com/se.ashx?s=705E3F1678734895> to help us understand the factors that lead faculty to depart from the Johns Hopkins University School of Medicine. Your responses will be completely confidential. Your name will not be associated with your answers, and information from the survey will be reported only in aggregate form.

The survey will take approximately 30 minutes to complete.

If you have any questions about the survey, or would like an in-person or phone exit interview, please contact Julie Simon, at 410-502-5521 or [jsimon2@jhmi.edu](mailto:jsimon2@jhmi.edu), to set up an appointment to meet with someone from our office.

Thank you for taking the time to complete this exit survey, and I wish you the very best in your career.

Sincerely,

Janice Clements  
Vice Dean for Faculty

## Johns Hopkins University School of Medicine (JHUSOM) Faculty Exit Survey

### Section 1. Primary Factors

Your answers to the following questions will help us understand your primary reasons for leaving the School of Medicine, and what the JHUSOM could do better to retain faculty in the future.

1. Did you receive a terminal contract?

Yes >>>> Skip to Page 14: Did you experience any problems with job demands or role overload at JHUSOM?

No

2a. Describe the most important reason(s) that influenced your decision to leave the School of Medicine.

\_\_\_\_\_

2b. What could JHUSOM have done to retain you?

\_\_\_\_\_

3. What will you miss about JHUSOM that made it a good place for your faculty career?

\_\_\_\_\_

### Section II. Factors That Influenced Your Decision to Leave, Unrelated to Your Position

In this section, external factors are listed which may or may not have influenced your decision to leave JHUSOM. Please select "Yes" for each factor that influenced your decision. If you select "Yes" for a factor, there are additional supporting questions for you to answer that will provide further clarification.

4. Did advancement opportunities elsewhere factor into your decision to leave JHUSOM?

Yes

No >>>> Skip to Page 5: Did a career change factor into your decision to leave JHUSOM?

5. How important or unimportant were the following specific external factors in your decision to leave JHUSOM? Use the five-point scale provided, with "1" meaning not important and "5" meaning very important.

	Not Important 1	2	3	4	Very Important 5
Opportunity to assume a leadership role (e.g., division chief, department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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chair)					
Promotion to a higher rank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recruitment to endowed professorship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had new opportunity in a better/preferred geographic location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Did a career change factor into your decision to leave JHUSOM?

Yes

No >>>> Skip to Page 7: Did better compensation and benefits factor into your decision to leave JHUSOM?

7. How important or unimportant were the following specific external factors in your decision to leave JHUSOM? Use the five-point scale provided, with "1" meaning not important and "5" meaning very important.

	Not Important					Very Important
	1	2	3	4	5	
Wanted to pursue academic medicine or science in a different organizational environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wanted to change careers from academic medicine or science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wanted to be self-employed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wanted to reduce my professional hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am retiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Did better compensation and benefits factor into your decision to leave JHUSOM?

Yes

No >>>> Skip to Page 9: Did personal concerns factor into your decision to leave JHUSOM?

9. How important or unimportant were the following specific external factors in your decision to leave JHUSOM? Use the five-point scale provided, with "1" meaning not important and "5" meaning very important.

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	Not Important				Very Important
	1	2	3	4	5
Opportunity to work comparably for higher earnings	?	?	?	?	?
Opportunity to work less for comparable earnings	?	?	?	?	?
Opportunity to work less for higher earnings	?	?	?	?	?
Opportunity to have better benefits package	?	?	?	?	?

**10.** Did personal concerns factor into your decision to leave JHUSOM?

Yes

No >>>> Skip to Page 11: Did family/life concerns factor into your decision to leave JHUSOM?

**11.** How important or unimportant were the following specific external factors in your decision to leave JHUSOM? Use the five-point scale provided, with "1" meaning not important and "5" meaning very important.

	Not Important				Very Important
	1	2	3	4	5
Insufficient flexibility in scheduling (e.g. not able to telecommute, too much required "face time")	?	?	?	?	?
Had personal health concerns that limited my career progression	?	?	?	?	?
Wanted better commute	?	?	?	?	?
Had safety concerns about the JHUSOM campus	?	?	?	?	?
Had safety concerns about the area surrounding the JHUSOM campus	?	?	?	?	?
Poor amenities (e.g. food services, parking, dry cleaning)	?	?	?	?	?

**12.** Did family/life concerns factor into your decision to leave JHUSOM?

Yes

No >>>> Skip to Page 13: Please share any additional comments concerning external factors (not job-related) that influenced your decision to leave JHUSOM.

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**13.** How important or unimportant were the following specific external factors in your decision to leave JHUSOM? Use the five-point scale provided, with "1" meaning not important and "5" meaning very important.

	Not Important				Very Important
	1	2	3	4	5
Difficulty balancing work and family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient childcare services or limited child care options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care concerns limited my career progression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elder or dependent care concerns limited my career progression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse's/partner's career concerns limited my career progression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse's/partner's health concerns limited my career progression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient support for spouse's/partner's career	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wanted more personal/family time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner/Spouse had a valuable career opportunity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concerns about Baltimore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**14.** Please share any additional comments concerning external factors (not job-related) that influenced your decision to leave JHUSOM.

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### Section III. Job-Related Challenges or Problems

In this next section, problems are listed which you may or may not have experienced at JHUSOM. Please select "Yes" for each problem that you experienced. If you select "Yes" for a problem, there are additional supporting questions for you to answer that will provide further clarification.

**15.** Did you experience any problems with job demands or role overload at JHUSOM?

Yes

No >>>> Skip to Page 16: Did you experience any problems with the activities of your job at JHUSOM?

**16.** How much do you agree or disagree that you experienced the following specific problems at JHUSOM. Use the five-point scale provided, with "1" meaning strongly disagree and "5" meaning strongly agree.

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	Strongly Disagree				Strongly Agree
	1	2	3	4	5
Expected to do more work than is reasonable	?	?	?	?	?
Too many competing demands	?	?	?	?	?
Too much time spent writing grants or seeking funding	?	?	?	?	?
Not enough protected time for research or scholarship	?	?	?	?	?

**17.** Did you experience any problems with the activities of your job at JHUSOM?

Yes

No >>>> Skip to Page 18: Did you experience any problems with your level of job satisfaction at JHUSOM?

**18.** How much do you agree or disagree that you experienced the following specific problems at JHUSOM. Use the five-point scale provided, with "1" meaning strongly disagree and "5" meaning strongly agree.

	Strongly Disagree				Strongly Agree
	1	2	3	4	5
Not enough clinical care	?	?	?	?	?
Not enough teaching	?	?	?	?	?
Not enough research or scholarship	?	?	?	?	?
Not enough professional service (e.g., committee leadership, society work)	?	?	?	?	?
Not enough JHUSOM service and administration	?	?	?	?	?
Too much clinical care	?	?	?	?	?
Too much teaching	?	?	?	?	?
Too much research or scholarship	?	?	?	?	?
Too much professional service (e.g., committee leadership, society work)	?	?	?	?	?
Too much JHUSOM service and administration	?	?	?	?	?

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19. Did you experience any problems with your level of job satisfaction at JHUSOM?

Yes

No >>>> Skip to Page 20: Did you experience any problems with achieving success in your position at JHUSOM?

20. How much do you agree or disagree that you experienced the following specific problems at JHUSOM. Use the five-point scale provided, with "1" meaning strongly disagree and "5" meaning strongly agree.

	Strongly Disagree				Strongly Agree
	1	2	3	4	5
Lack of interest in the work I was expected to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of opportunities for achievement and growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of meaningful work or opportunity to "make a difference"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of intellectual stimulation or creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. Did you experience any problems with achieving success in your position at JHUSOM?

Yes

No >>>> Skip to Page 22: Did you experience any problems with stress from the job at JHUSOM?

22. How much do you agree or disagree that you experienced the following specific problems at JHUSOM. Use the five-point scale provided, with "1" meaning strongly disagree and "5" meaning strongly agree.

	Strongly Disagree				Strongly Agree
	1	2	3	4	5
Did not have the skills needed for different aspects of my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did not have opportunities to develop skills needed for my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did not have clear scholarship focus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of my work was not as good as expected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was not able to make timely progress to be promoted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**23.** Did you experience any problems with stress from the job at JHUSOM?

Yes

No >>>> Skip to Page 24: Did you experience any problems with lack of promotion and recognition at JHUSOM?

**24.** How much do you agree or disagree that you experienced the following specific problems at JHUSOM. Use the five-point scale provided, with "1" meaning strongly disagree and "5" meaning strongly agree.

	Strongly Disagree					Strongly Agree
	1	2	3	4	5	
Promotion was too difficult to achieve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Too much pressure to produce clinical revenue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Too much pressure to generate research grants or funds in a difficult funding environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Felt irritated, anxious or depressed at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responded badly in situations that wouldn't normally bother me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**25.** Did you experience any problems with lack of promotion and recognition at JHUSOM?

Yes

No >>>> Skip to Page 26: Did you experience any problems with your department director at JHUSOM?

**26.** How much do you agree or disagree that you experienced the following specific problems at JHUSOM. Use the five-point scale provided, with "1" meaning strongly disagree and "5" meaning strongly agree.

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	Strongly Disagree					Strongly Agree
	1	2	3	4	5	
Lack of recognition, appreciation or affirmation for achievements	?	?	?	?	?	
Lack of appropriate and equitable rewards	?	?	?	?	?	
Lack of respect for competencies	?	?	?	?	?	
Not supported for promotion in a timely fashion	?	?	?	?	?	
Not nominated or selected for leadership or other important roles	?	?	?	?	?	

**27.** Did you experience any problems with your department director at JHUSOM?

Yes

No >>>> Skip to Page 28: To whom do you report?

**28.** How much do you agree or disagree that you experienced the following specific problems with your Department Director at JHUSOM. Use the five-point scale provided, with "1" meaning strongly disagree and "5" meaning strongly agree.

	Strongly Disagree					Strongly Agree
	1	2	3	4	5	
Poor communication	?	?	?	?	?	
Expectations for promotion were not clearly defined	?	?	?	?	?	
Lack of an annual performance review	?	?	?	?	?	
Annual review was not fair (e.g., perfunctory, emphasized weaknesses, did not reflect accomplishments)	?	?	?	?	?	
Lack of effective, constructive, or helpful feedback on performance	?	?	?	?	?	
Annual review did not support my ability to be successful	?	?	?	?	?	
Inadequate commitment to my success including financial resources	?	?	?	?	?	
Financial promises were not kept	?	?	?	?	?	
Recruitment package was not delivered	?	?	?	?	?	
Time for scholarship was not protected	?	?	?	?	?	
Inadequate provision of laboratory	?	?	?	?	?	

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space

Inadequate provision of scientific equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inadequate provision of supplies, computers, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inadequate provision of technicians, research associates, and other personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inadequate at teaching, guiding, and clarifying career goals/scholarship focus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inadequate at providing motivation, emotional support or encouragement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional development plan and skill building opportunities were not provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My career goals were incompatible with expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inadequate sponsorship, advocacy, or connection to important networks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was exploited (e.g., assigned to tasks or roles not in career interests)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collegial environment and cooperation were not fostered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short- and long-term goals were not communicated to faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effective teamwork in division was not developed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fair and equitable treatment was not demonstrated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complaints, grievances and conflicts were not resolved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff or faculty were publicly criticized or humiliated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**29. To whom do you report?**

Department Director only >>>> Skip to Page 31: Did you experience any problems with mentoring from other faculty at JHUSOM?

Division Chief and Department Director

**30. Did you experience any problems with your Division Chief at JHUSOM?**

Yes

No >>>> Skip to Page 31: Did you experience any problems with mentoring from other faculty at JHUSOM?

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**31.** How much do you agree or disagree that you experienced the following specific problems with your Division Chief at JHUSOM. Use the five-point scale provided, with "1" meaning strongly disagree and "5" meaning strongly agree.

	Strongly Disagree				Strongly Agree
	1	2	3	4	5
Poor communication	?	?	?	?	?
Expectations for promotion were not clearly defined	?	?	?	?	?
Lack of an annual performance review	?	?	?	?	?
Annual review was not fair (e.g., perfunctory, emphasized weaknesses, did not reflect accomplishments)	?	?	?	?	?
Lack of effective, constructive, or helpful feedback on performance	?	?	?	?	?
Annual review did not support my ability to be successful	?	?	?	?	?
Inadequate commitment to my success including financial resources	?	?	?	?	?
Financial promises were not kept	?	?	?	?	?
Recruitment package was not delivered	?	?	?	?	?
Time for scholarship was not protected	?	?	?	?	?
Inadequate provision of laboratory space	?	?	?	?	?
Inadequate provision of scientific equipment	?	?	?	?	?
Inadequate provision of supplies, computers, etc.	?	?	?	?	?
Inadequate provision of technicians, research associates, and other personnel	?	?	?	?	?
Inadequate at teaching, guiding, and clarifying career goals/scholarship focus	?	?	?	?	?
Inadequate at providing motivation, emotional support or encouragement	?	?	?	?	?
Professional development plan and skill building opportunities were not provided	?	?	?	?	?
My career goals were incompatible with expectations	?	?	?	?	?
Inadequate sponsorship, advocacy, or connection to	?	?	?	?	?

## JHU School of Medicine Exit Process Report

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important networks

Was exploited (e.g., assigned to tasks or roles not in career interests)	?	?	?	?	?
Collegial environment and cooperation were not fostered	?	?	?	?	?
Short- and long-term goals were not communicated to faculty	?	?	?	?	?
Effective teamwork in division was not developed	?	?	?	?	?
Fair and equitable treatment was not demonstrated	?	?	?	?	?
Complaints, grievances and conflicts were not resolved	?	?	?	?	?
Staff or faculty were publicly criticized or humiliated	?	?	?	?	?

**32.** Did you experience any problems with mentoring from other faculty at JHUSOM?

Yes

No >>>> Skip to Page 33: Did you experience any problems with collegiality and relationships with faculty at JHUSOM?

**33.** How much do you agree or disagree that you experienced the following specific problems at JHUSOM. Use the five-point scale provided, with "1" meaning strongly disagree and "5" meaning strongly agree.

	Strongly Disagree				Strongly Agree
	1	2	3	4	5
Insufficient research mentoring from senior faculty mentor(s) or colleagues in department/division	?	?	?	?	?
Insufficient research mentoring from senior faculty mentor(s) or colleagues outside department/division	?	?	?	?	?
Insufficient career mentoring from senior faculty mentor(s) or colleagues in department/division	?	?	?	?	?
Insufficient career mentoring from senior faculty mentor(s) or colleagues in outside department/division	?	?	?	?	?
Could not identify an effective mentor	?	?	?	?	?

## JHU School of Medicine Exit Process Report

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**34.** Did you experience any problems with collegiality and relationships with faculty at JHUSOM?

Yes

No >>>> Skip to Page 35: Did you experience any problems with the climate and culture at JHUSOM?

**35.** How much do you agree or disagree that you experienced the following specific problems at JHUSOM. Use the five-point scale provided, with "1" meaning strongly disagree and "5" meaning strongly agree.

	Strongly Disagree				Strongly Agree
	1	2	3	4	5
Insufficient representation of people of my gender	?	?	?	?	?
Insufficient representation of people of race/ethnicity	?	?	?	?	?
Conflict or hostility with Department Director	?	?	?	?	?
Conflict or hostility with Division Chief	?	?	?	?	?
Conflict or hostility with Senior Faculty Mentor(s)	?	?	?	?	?
Conflict or hostility with other colleagues in department/division	?	?	?	?	?
Competition, rather than support, from Department Director	?	?	?	?	?
Competition, rather than support, from Division Chief	?	?	?	?	?
Competition, rather than support, from Senior Faculty Mentor(s)	?	?	?	?	?
Competition, rather than support, from Colleagues in department/division	?	?	?	?	?
Exclusion from formal networks (e.g., department committees)	?	?	?	?	?
Exclusion from informal networks (e.g., socializing outside of work)	?	?	?	?	?

**36.** Did you experience any problems with the climate and culture at JHUSOM?

Yes

No >>>> Skip to Page 37: Did you experience any problems with job security or lack of financial support at JHUSOM?

**37.** How much do you agree or disagree that you experienced the following specific problems at JHUSOM. Use the five-point scale provided, with "1" meaning strongly disagree and "5" meaning strongly agree.

## JHU School of Medicine Exit Process Report

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	Strongly Disagree					Strongly Agree
	1	2	3	4	5	
Experienced a hostile work environment, e.g. humiliating, insensitive or demeaning remarks	?	?	?	?	?	
Experienced sexual harassment (e.g., unwanted sexual advances, touching, unwelcome remarks or jokes based on sex or gender)	?	?	?	?	?	
Experienced disrespect based on gender	?	?	?	?	?	
Experienced disrespect based on race	?	?	?	?	?	
Experienced disrespect based on ethnicity	?	?	?	?	?	
Experienced disrespect based on national origin	?	?	?	?	?	
Experienced disrespect based on sexual orientation	?	?	?	?	?	
Experienced disrespect based on physical challenge	?	?	?	?	?	
Negative presumptions were expressed about my capabilities or dedication	?	?	?	?	?	
Experienced "invisibility" such as having suggestions ignored or attributed to another	?	?	?	?	?	
Experienced conscious slights (e.g., meetings scheduled at a time I had unique obligations)	?	?	?	?	?	

**38.** Did you experience any problems with job security or lack of financial support at JHUSOM?

Yes

No >>>> Skip to Page 39: Did you experience any problems with compensation and benefits at JHUSOM?

**39.** How much do you agree or disagree that you experienced the following specific problems at JHUSOM. Use the five-point scale provided, with "1" meaning strongly disagree and "5" meaning strongly agree.

## JHU School of Medicine Exit Process Report

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	Strongly Disagree				Strongly Agree
	1	2	3	4	5
Too little guaranteed funding	?	?	?	?	?
Insufficient research resources from institution	?	?	?	?	?
Insufficient research resources from NIH	?	?	?	?	?
Insufficient research resources from non-NIH agencies	?	?	?	?	?
Insufficient departmental/institutional salary support	?	?	?	?	?
Lack of departmental or school help in acquiring outside funding	?	?	?	?	?
Poor grant funding prospects	?	?	?	?	?

**40.** Did you experience any problems with compensation and benefits at JHUSOM?

Yes

No >>>> Skip to Page 41: Did you experience any problems with facilities and equipment at JHUSOM?

**41.** How much do you agree or disagree that you experienced the following specific problems at JHUSOM. Use the five-point scale provided, with "1" meaning strongly disagree and "5" meaning strongly agree.

	Strongly Disagree				Strongly Agree
	1	2	3	4	5
Salary was too low	?	?	?	?	?
Salary was not competitive with market	?	?	?	?	?
Had to work too hard for salary I earned	?	?	?	?	?
Lack of internal salary fairness or equity in my department	?	?	?	?	?
Insufficient salary base and/or bonus	?	?	?	?	?
Insufficient health benefits	?	?	?	?	?
Insufficient maternity leave	?	?	?	?	?
Insufficient paternity leave	?	?	?	?	?
Insufficient retirement benefits	?	?	?	?	?
Insufficient tuition benefits for myself	?	?	?	?	?

## JHU School of Medicine Exit Process Report

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Insufficient monetary support for continuing education	?	?	?	?	?
Insufficient professional development	?	?	?	?	?
Insufficient tuition grant for my children	?	?	?	?	?

**42.** Did you experience any problems with facilities and equipment at JHUSOM?

Yes

No >>>> Skip to Page 43: Did you experience any problems with staff and administration at JHUSOM?

**43.** How much do you agree or disagree that you experienced the following specific problems at JHUSOM. Use the five-point scale provided, with "1" meaning strongly disagree and "5" meaning strongly agree.

	Strongly Disagree				Strongly Agree
	1	2	3	4	5
Inadequate research/laboratory space and facilities	?	?	?	?	?
Inadequate teaching buildings and facilities	?	?	?	?	?
Inadequate clinical buildings and facilities	?	?	?	?	?
Inadequate office space and facilities	?	?	?	?	?
Inadequate equipment for teaching, research, clinical or administrative work	?	?	?	?	?

**44.** Did you experience any problems with staff and administration at JHUSOM?

Yes

No >>>> Skip to Page 45: Did you experience any problems with termination concerns at JHUSOM?

**45.** How much do you agree or disagree that you experienced the following specific problems at JHUSOM. Use the five-point scale provided, with "1" meaning strongly disagree and "5" meaning strongly agree.

## JHU School of Medicine Exit Process Report

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	Strongly Disagree				Strongly Agree
	1	2	3	4	5
Needed more competent research personnel/technical support	?	?	?	?	?
Needed more competent nursing/technician staff support (in clinical areas)	?	?	?	?	?
Needed more competent administrative/clerical support	?	?	?	?	?
Needed more assistance with the IRB process	?	?	?	?	?
Needed more staff or assistance for research administration (e.g., monitoring expenditures/allocations)	?	?	?	?	?
Needed more assistance with NIH and other grant-writing paperwork	?	?	?	?	?
Experienced significant problems with HopkinsOne	?	?	?	?	?

**46.** Did you experience any problems with termination concerns at JHUSOM?

Yes

No >>>> Skip to Page 47: Please share any additional feedback about your experience at the JHUSOM.

**47.** How much do you agree or disagree that you experienced the following specific problems at JHUSOM. Use the five-point scale provided, with "1" meaning strongly disagree and "5" meaning strongly agree.

	Strongly Disagree				Strongly Agree
	1	2	3	4	5
Notice of non-renewal of contract was given before the final year of my contract	?	?	?	?	?
Contract was not renewed	?	?	?	?	?
Contract was terminated for financial exigency	?	?	?	?	?
Contract was terminated due to termination of medical staff	?	?	?	?	?

# JHU School of Medicine Exit Process Report

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appointment

Contract was terminated  
for just cause

48. Please share any additional feedback about your experience at the JHUSOM.

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## Section IV. Demographic Information (Optional)

Please complete as many questions in this section as possible. Your responses will help us better understand and support the needs of diverse faculty groups.

49. Which of the following advanced degrees have you earned? (select all that apply)

Ph.D. or equivalent

M.D. or equivalent

Other - please specify: \_\_\_\_\_

50. What training, if any, did you receive at Hopkins? (select all that apply)

Undergraduate Degree

Graduate Degree

Medical Degree

Residency

Post-doctoral Fellow

Other - please specify: \_\_\_\_\_

51. At what rank were you hired onto the faculty at Hopkins?

Research Associate

Instructor

Assistant Professor

Associate Professor

Professor

Other - please specify: \_\_\_\_\_

## JHU School of Medicine Exit Process Report

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**52.** What was your primary career path at Hopkins? (e.g., the basis upon which you would plan to be evaluated for promotion)

- Clinician/Educator
- Researcher/Educator
- Program Builder/Educator
- Clinician/Researcher/Educator
- Clinician/Program Builder/Educator
- Clinician/Researcher/Program Builder/Educator
- Researcher/Program Builder/Educator
- Not sure
- Other - please specify: \_\_\_\_\_

**53.** What was your academic rank when leaving Hopkins?

- Instructor
- Assistant Professor
- Associate Professor
- Professor

**54.** What was your primary department when leaving Hopkins?

- Anesthesiology/Critical Care
- Art as Applied to Medicine
- Biology/Chemistry
- Biophysics/ Biophysical Chemistry
- Biomedical Engineering
- Cell Biology
- Molecular and Comparative Pathobiology
- Dermatology

## JHU School of Medicine Exit Process Report

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- ☐ Div. of Health Science Informatics
- ☐ Emergency Medicine
- ☐ Functional Anatomy/Evolution
- ☐ Gynecology and Obstetrics
- ☐ History of Medicine
- ☐ Molecular Biology/ Genetics
- ☐ Medicine
- ☐ Neurology
- ☐ Neuroscience
- ☐ Neurological Surgery
- ☐ Oncology Center
- ☐ Ophthalmology
- ☐ Orthopedic Surgery
- ☐ Otolaryngology-Head/ Neck Surgery
- ☐ Pathology
- ☐ Pediatrics
- ☐ Pharmacology and Molecular Sciences
- ☐ Physiology
- ☐ Psychiatry and Behavioral Science
- ☐ Radiation Oncology/ Molecular Radiation
- ☐ Radiology and Radiological Science
- ☐ Physical Medicine and Rehabilitation
- ☐ Surgery
- ☐ Urology

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55. What was your Division or Institute when leaving Hopkins? \_\_\_\_\_

56. What are your immediate professional plans after leaving Hopkins?

- Academic Institution (Non-medical)
- Academic Medical Center
- Association/Foundation (e.g., American Heart Association, American Cancer Society)
- Bio-tech Company
- Business (e.g., Insurance, Brokerage Firms)
- Community Hospital Practice (e.g., Urban, Suburban, VA)
- Consulting
- Government (Departments, agencies, Institutes, e.g., NIH, FDA, CDC)
- Independent Research or Policy Institute
- Industry (Other than Bio-tech or Pharmaceutical)
- Law (e.g., Medical Malpractice, Legal Liability)
- No Current Plans
- Non-profit/Non-governmental Organizations( e.g., WHO, Physicians Without Borders)
- Part-time Employment
- Pharmaceutical Company
- Private Practice - HMO
- Private Practice – Group
- Private Practice – Individual
- Raising/Caring for Family
- Retirement
- Other

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**57.** What is your gender?

Male

Female

**58.** What is your age?

< 35

35-39

40-44

45-49

50-54

55-59

60-64

65+

**59.** With which race/ethnicity do you primarily identify?

African American or Black (not of Hispanic origin)

Asian or Pacific Islander

Hispanic

Native American or Alaskan Native

Caucasian/White (not of Hispanic origin)

Other (please specify) \_\_\_\_\_

**60.** What is your marital status?

Married/Partnered

Single

Divorced/Separated

Widowed

## JHU School of Medicine Exit Process Report

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**61.** Do you have dependents living at home?

Yes

No >>>> Skip to Page 50: Personal Information (OPTIONAL)

**62.** How many dependent children live in your household? (if none, enter 0)

Dependent children: \_\_\_\_\_

**63.** How many other dependents (e.g. elderly parents or disabled adult family members) live in your household? (if none, enter 0)

Dependent adults: \_\_\_\_\_

**64.** Who is the primary caregiver?

Self

Spouse/Partner

Shared

Other - please specify: \_\_\_\_\_

**65.** Personal Information (OPTIONAL)

Name \_\_\_\_\_

Home address \_\_\_\_\_

Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Personal E-mail \_\_\_\_\_

Name and location of organization you are going to (if applicable) \_\_\_\_\_

Role and title at new organization (if applicable) \_\_\_\_\_

**66.** In the future, we may want to follow up with you to learn what more could be done to retain faculty members. May we contact you in the future?

Yes, I have provided my contact information above.

No

## JHU School of Medicine Exit Process Report

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**67.** The information you have provided is anonymous and confidential and will be compiled in aggregate form for reporting purposes. Individual feedback can also be very useful. Please select which individuals in the School of Medicine administration have your permission to see your individual feedback. (select all that apply or select no one)

No one, I want my responses to remain anonymous and only reported in the aggregate

Dean/Vice Dean

Department Director

Division Chief

Other Administrative Staff

# JHU School of Medicine Exit Process Report

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## In-Person Exit Interview Form

Date of Interview: \_\_\_\_\_ Conducted By: \_\_\_\_\_

Name: \_\_\_\_\_

Date of First Faculty Appointment: \_\_\_\_\_

Last Date of Employment: \_\_\_\_\_

What is your highest earned degree: MD \_\_\_ PhD \_\_\_ DVM \_\_\_ DDS \_\_\_ DO \_\_\_ ScD \_\_\_  
Other \_\_\_

Primary Department: \_\_\_\_\_ Division: \_\_\_\_\_

Department Director/Division Chief: \_\_\_\_\_

Secondary Department (if any): \_\_\_\_\_ Division: \_\_\_\_\_

Department Director/Division Chief: \_\_\_\_\_

Gender: Female \_\_\_\_\_ Male \_\_\_\_\_ Age: \_\_\_\_\_

Ethnicity: African American \_\_\_\_\_ Native American \_\_\_\_\_

(Optional) Asian/Pacific Islander \_\_\_\_\_ Caucasian \_\_\_\_\_ Hispanic \_\_\_\_\_

Other \_\_\_\_\_ Specify \_\_\_\_\_ Prefer not to disclose \_\_\_\_\_

Marital Status: Married/Partnered \_\_\_\_\_ Single \_\_\_\_\_ Divorced/Separated \_\_\_\_\_  
Widowed \_\_\_\_\_

Do you have children under the age of 18? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, How many?  
\_\_\_\_\_

\*Please fill in the relevant date in the following table regarding your time at JHU. Not all boxes will apply.

	Medical Student	Resident	Post-doc or Fellow	Instructor	Assistant Professor	Associate Professor	Full Professor	Other
a. Year Started at JHU								
b. Year left JHU								
c. Start at new position								
d. Year Started New position at JHU								

## JHU School of Medicine Exit Process Report

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What is your Career Path?

Basic Scientist \_\_\_\_ Clinical Investigator \_\_\_\_ Clinician Educator \_\_\_\_ Program Builder \_\_\_\_ Other  
\_\_\_\_

What are your Future Plans?

Another academic institution \_\_\_\_ Industry \_\_\_\_ Private Practice \_\_\_\_ Hospital \_\_\_\_  
Government\_\_\_\_

Non Profit \_\_\_\_ Association \_\_\_\_ Consulting \_\_\_\_ Retire \_\_\_\_ No currents plans \_\_\_\_ Other  
\_\_\_\_

Name of Organization you are going to, (if appropriate)  
\_\_\_\_\_

1. What were your expectations in joining the faculty at The Johns Hopkins University School of Medicine?
2. Overall, how would you rate your professional experience at the JHUSOM (scale of 1-10 with 10 being very good)?
3. Why are you leaving the JHUSOM?
4. What factor(s) would have influenced you to stay at JHUSOM?
5. How do you feel about your Department Director or Division chief's performance in the areas of mentorship, performance evaluation, and career development? Who else provided you mentorship?
6. Do you believe you were fairly compensated for your work?
7. What did you like most about your professional experience at JHUSOM?
8. What did you like least about your professional experience at JHUSOM?
9. Based on your experience, would you recommend JHUSOM as a place for a career in academic medicine? Why or why not?
10. Please provide any constructive information about your job, department, director, Johns Hopkins Medicine and the university to assist in improving our ability to retain valued faculty members.

The information you have provided is valuable to your director, the Vice Dean for Faculty, the Dean, and the university. Please sign below if this information may be shared with your supervisor and other appropriate individuals in the School of Medicine administration.

*I am willing to release the information provided in this interview to my department director, the Vice Dean for Faculty, the Dean and other appropriate Johns Hopkins Medicine and university personnel.*

# JHU School of Medicine Exit Process Report

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\_\_\_\_\_  
*Signature of faculty member*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of witness*

\_\_\_\_\_  
*Date*

\*May we contact you in 6 Months? \_\_\_\_\_

## End Notes

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<sup>i</sup> Dawis, R. (2005). The Minnesota Theory of Word Adjustment. In S. Brown & R. Lent (Ed.), *Career Development and Counseling: Putting Theory and Research to Work*. Hoboken, NJ: John Wiley & Sons, Inc.

<sup>ii</sup> Herzberg, F. (2003). One More Time: How Do You Motivate Employees? In *Harvard Business Review on Motivating People*. Boston, MA: Harvard Business School Publishing Corporation.

<sup>iii</sup> Maslow, A. (1998). *Maslow on Management*. New York, NY: John Wiley & Sons.

<sup>iv</sup> McClelland, L. and Burnham, D (2003). Power is the Great Motivator. In *Harvard Business Review on Motivating People*. Boston, MA: Harvard Business School Publishing Corporation. McClelland, D. and Winter, D. (1969). *Motivating Economic Achievement: Accelerating Development through Psychological Training*. New York: Free Press.

<sup>v</sup> Nelson, N. (2005). *The Power of Appreciation in Business*. Malibu, CA: Mindlab Publishing.

<sup>vi</sup> Sambunjak, D., Straus, S., and Marusic, A. (2006). Mentoring in Academic Medicine: A Systematic Review. *JAMA: The Journal of the American Medical Association*; 296(9):1103-1115.

<sup>vii</sup> AAMC (2008). The Long-term Retention and Attrition of U.S. Medical School Faculty. *Analysis in Brief*. Vol 8, 4.

<sup>viii</sup> Kirch, D. (2008). A Word from the President. "The State of the Faculty." *AAMC Reporter: February 2008*.

<sup>ix</sup> University Committee on the Status of Women at the Johns Hopkins University (2006). *Vision 2020: 2006 Report of the University Committee on the Status of Women*. [www.jhuoie.org/VISION/2006-FINAL-REPORT.zip](http://www.jhuoie.org/VISION/2006-FINAL-REPORT.zip)

<sup>x</sup> Stansfeld, S. and Candy, B. (2006). Psychosocial Work Environment and Mental Health—A Meta-Analytic Review. *Scandinavian Journal of Work Environment and Health*, 32, 6, 443-462.