
Culture Of Academic Institution May Influence Health Care Delivery

This study appeared in the January issue of Academic Medicine.

"As we interviewed faculty in academic medicine, it became clear that many faculty felt isolated and lacked support in their work. This may inadvertently be creating an environment that negates the importance of interpersonal relationships between medical practitioners and their patients," explains senior author Phyllis Carr, MD, professor of medicine and associate dean of students at Boston University School of Medicine.

A central task of medical schools is to help students, faculty and medical practitioners form caring, healing relationships with patients, their communities and each other. In medical education, effective relationship formation and trust is pivotal in learning and is helpful for interdisciplinary clinical partnerships and multidisciplinary research collaboration.

The qualitative study was conducted in five US medical schools representing the diverse organizational characteristics of the 126 medical schools in the US. Participants included research scientists, medical and surgical subspecialists and generalist medical faculty who hold doctorate degrees and represented a wide diversity of subspecialties. Of the 170 faculty members invited 96 participated in the study.

These individuals were categorized into four different career stages:

early career; those who had been faculty members for two to five years; plateaued, those who had not advanced as expected in rank and responsibility and who had been faculty members for 10 or more years; faculty in leadership roles such as deans, department chairs and center directors and former faculty who have left academic medicine.

The study found that serious problems exist in the relational culture affecting medical faculty vitality, professionalism, and general productivity, and are linked to retention. According to Carr, greater efforts need to be made to support faculty and create a climate of trust in medical academe.

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