Application of the Balanced Scorecard for Faculty Development

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BACKGROUND OF THE BALANCED SCORECARD

In the early 1990s, Robert Kaplan and David Norton developed a strategic management system commonly known as the Balanced Scorecard (BSC). The initial aim of the BSC was to expand a company’s goals from simple financial metrics to include additional perspectives in an attempt to link a company’s short-term actions with its long-term strategy. Traditionally, the BSC incorporates metrics with goals from the point of view of customers, internal business process, and learning or growth (1). These metrics and goals are passed throughout the entire organization so employees can find ways to make their individual job or position fit with helping reach the larger corporate objectives.

BSC AND FACULTY DEVELOPMENT

Many of the core principles of the BSC have been incorporated in various health-care settings, from large hospital management down to small private practice groups (2–6). Several of the tenets of the BSC can be applied to faculty development for radiologists in an academic setting to help with their career development and overall job satisfaction.

The transition from residency and fellowship to a faculty position can be difficult for a variety of reasons. Beginning a career in academic radiology often adds additional demands, and the pathway to full professorship can be daunting and nebulous. The intent of this paper is to illustrate how a newly hired faculty member and the department may work together to help in early career development. Figure 1 outlines a roadmap providing a continuing process of identifying opportunities, setting goals, and external and self-assessment that can help guide decision-making and help early-career faculty members prioritize their time and effort.

Ideally, a department has a solid foundation, including clear mission and vision statements. Mission and vision statements respectively strive to answer the questions “why do we exist?” and “who do we want to be?” By clearly identifying the overall mission of the department, it becomes more identifiable how each team member can contribute to achieving this mission. In our example, we have chosen a fairly broad mission statement: “to provide the highest clinical care, research, education, and innovation in radiology.” This simple statement aligns with many academic radiology departments throughout the country.

In our example of how the BSC may be tailored to help in early faculty development, we have modified the traditional BSC perspectives to identify four new areas of concentration to help young faculty: clinical care, research, education, and operations (the left column of Fig 1). Additionally, examples of possible key metrics that could be tracked to help encourage success are listed. Identifying metrics that are meaningful and can be assessed is crucial. Hwa et al. (5) used four criteria when establishing a BSC system for the hospitalist system at University of California, San Francisco.

(1) importance to the division and to the individual faculty members
(2) measurable through current or developed processes
(3) data are valid and their validity is trusted by the faculty members
(4) amenable to improvement (ie, individual actions could impact the metrics)

Many of the metrics are fairly self-explanatory, but we have provided some commentary in the following section about their importance and how they can fit to improving each of the perspectives.

CLINICAL CARE

The most important goal as a radiologist is providing excellent care and adding value to the care of our patients. Outcomes that are often and easily measured include total relative value units and time to report generation. Although these numbers are easily attainable and important, additional metrics, such as patient and referring provider satisfaction, may be even more useful in finding ways to improve the care provided to our patients. These goals can be met through both formal evaluation and less structured assessment. For example, an individual radiologist can make some improvements by routinely asking referring providers at conferences and during professional interactions what information is most clinically useful and what they view as essential information for specialized reports.

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Additionally, more structured measurements of outcomes, including data collection, can be helpful (7). Departments have the resources needed to create tracking and feedback surveys for both referring providers and patients that can help provide more aggregated quantitative data. When creating such surveys or tracking mechanisms, departments should strive to emphasize a few relevant metrics that are trusted by faculty and are felt to be important (5).

EDUCATION
Radiology is unique from many specialties in medicine in that attending physicians have more in-depth teaching opportunities and interactions with trainees. Reading out residents and fellows allows the attending radiologist to cover a large breadth of pathology and anatomy. Although much of this teaching is driven by the day’s worklist, opportunities for more formal and creative educational experiences are available (8). Recent trends in medical education include “flipped classroom” or “blended learning” models that use instructional content including online-based tutorials, videos, and readings before teaching sessions. This allows for a more active and integrated learning, and recent studies have shown increased comprehension (9,10). Curriculum development including lectures and media-based learning modules are critical components to provide high-yield enduring materials for trainees and help faculty in their promotions process.

RESEARCH
Academic radiology departments have expectations of scholarly work including requiring faculty to present scientific abstracts in national meetings and publish in peer-reviewed journals. Grant funding and patent applications are especially encouraged and valued. Establishing clear expectations and tracking smaller metrics will help keep young faculty members on track to reach their goals and encourage them to seek help from others early and often when they are not making sufficient progress.

OPERATIONS OR FINANCE
In addition to clinical care, education, and research, new faculty members are encouraged to contribute to departmental administrative efforts. Examples include leading quality improvement projects and developing newer services. Involvement in professional organizations is encouraged. Leadership roles within a section, at the department level, regional, or national levels, are valued.

DEPARTMENTAL HELP AND CONTRIBUTION
The goals described in the previous section are most likely to be met when departments foster an environment that provides continued guidance on meeting those goals. The right-hand column of Figure 1 outlines how departments and mentors can help guide new faculty toward achieving excellence. One important step is standardizing the periodic review (usually annual) with the chairman. The review should provide honest and transparent feedback regarding the physician’s performance and progress. In addition, communicating the department’s mission and vision is important to align the faculty member’s progress with the overarching department goals.

Mentorship is vital for young faculty in need of guidance from experienced academic clinicians. By assigning mentors and encouraging collaborative relationships, departments can give a young faculty an immediate colleague who can answer questions, provide advice, and collaborate on research (11,12). Additionally, external mentorships are encouraged to help obtain broader perspectives, forge new collaborations, and create more opportunities for learning and research.
Finally, faculty development is a large and broad category that can help the department reach larger goals, as well as help individuals find career satisfaction. Periodic training and seminars geared toward young faculty members provide opportunities to communicate a clear and shared vision. Additionally, including topics of personal finance and work-life balance can help promote personal satisfaction and boost faculty morale.

CONCLUSIONS

As newly hired faculty members transition from residency and fellowship to an academic career, they are faced with new challenges and obligations. Without a clear vision or goals, significant effort and valuable time can be wasted. This paper explains how BSC principles can be applied to help new faculty reach their full potential and improve satisfaction while also improving the department as a whole. By identifying specific measurable time-bound goals relating to clinical care, academic research, organizational operations, and education, new faculty can be guided in finding ways to succeed. Implementation of the BSC by departments with the creation of documentation similar to Figure 1 can help provide clear tangible expectations and objectives that can be given to faculty members early in their careers. Aside from showing expectation from the faculty, it makes clear the organizational support and mentorship that faculty can expect and trust. By working together with clear vision and organization, both the faculty members individually and the departments can reach continued success and satisfaction.

REFERENCES