

SPECIAL ARTICLES

Part-time and Job-Share Careers Among Pharmacy Practice Faculty Members

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Part-time and job-share policies may allow pharmacy practice faculty members to achieve work/life balance while pursuing their professional goals. Precedent for alternative work schedules within the health professions community can be found throughout the literature; however, little is known about part-time roles in academic pharmacy. The design and implementation of 3 different alternative faculty appointments are described and department chair and faculty perspectives are shared. Teaching, service, and scholarship responsibilities, as well as outcomes before and after changes in appointment, are described. Advantages and disadvantages, including advice for other colleges of pharmacy, are presented. Alternate appointments may be a key factor in retaining highly qualified faculty members who continue to bring their expertise to teaching, precepting, and scholarship within a college or school of pharmacy.

Keywords: academia, alternative work schedule, clinical faculty members

INTRODUCTION

The demographics of pharmacy have shifted in the last few decades as more women than men are entering the profession.¹ This has translated into an increase in the number of female pharmacy faculty members, and a greater emphasis on work/life balance throughout the pharmacy workforce. The percentage of part-time pharmacists, both male and female, increased in 2000 (14.9%), 2004 (17.7%), and 2009 (20.9%).¹ This is much higher than the percentage of part-time faculty members in academic pharmacy (slightly more than 10%).²

One way to allow for flexibility within a career is through job-sharing. Job sharing is “. . . two professionals forming a partnership to perform one job.”³ While job sharing is a newer concept to the profession of pharmacy, it already has been embraced by other health professions. Recognizing that “part-time faculty may work less than full-time, but devote full effort to the institution,”⁴ a job-share policy may allow pharmacy practice faculty members to achieve work/life balance while pursuing their professional goals.

Precedent for alternative work schedules within the health professions community can be found throughout the literature. The nursing community has long supported

a variety of work schedules and the physician community, both clinical and academic, has success and struggles with alternate appointments. In a survey of 11 pharmacy practice department chairs, 9 requests for part-time status were reported.⁵ Six had been approved, 1 had been withdrawn, and 2 had been denied, which ultimately had led to the resignation of those 2 faculty members. During the same interview, only 1 department chair was aware of any existing university policy regarding changing a faculty member from full-time to part-time status.

Faculty members who wish to learn more about the process of changing their employment status may discover it difficult to find information. Approximately 10% of the pharmacy faculty workforce are in part-time positions.¹ Although gaining interest in academia, part-time careers are still rare in this environment. A task force for the Alliance for Academic Internal Medicine made recommendations that included an increased respect for work-family balance, developing policies to allow flexibility in academic advancement, and allowing flexible time as well as part-time employment.⁴ The task force was convened because the profession realized that in order to “remain a vibrant and competitive profession, it must adapt to changing trends in society and lead the way in recognizing, recruiting, and supporting physicians who choose part-time careers.”

As the profession of pharmacy, specifically academic pharmacy, continues to modify its perception of work/life balance, the need for adaptation becomes clear. While

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there have been concerns raised about the ability to meet the expectations to be a successful faculty member while working part-time,⁵ there are examples, with physicians⁴ and pharmacists, where such arrangements have worked well. Two pharmacist faculty members reported a successful job-sharing experience with several advantageous outcomes including meeting needs created by increasing class sizes and the opportunity to continue on their respective career paths because of the availability of a job-share program.⁶

The high cost of recruitment and low supply of academic pharmacists may lead to changes in rigid hiring practices that support only full-time employment. Alternate appointments may be a key factor in retaining highly qualified faculty members who continue to bring their expertise to teaching, precepting, and scholarship. These arrangements may also help reduce training costs and time devoted to development of a clinical service and scholarship resulting from faculty turnover. Considering recruitment costs, hiring costs, and lost clinical income, the average annual cost of faculty turnover in the Departments of Medicine and Surgery at the University of Arizona College of Medicine was greater than \$400,000, making faculty development and retention efforts important.⁷ While the numbers may change, the impact of faculty turnover and the high cost of recruitment and hiring costs for pharmacy faculty members are important considerations.

A report by the Association of American Medical Colleges (AAMC) found that female faculty members typically choose part-time careers for family reasons, whereas male faculty members choose to pursue part-time positions closer to retirement. There may be a shift for male academic faculty members to pursue part-time positions in the future as men are starting to share family responsibilities with their spouses.^{8,9}

In 2008 at the Department of Pharmacy Practice at Northwestern University Chicago College of Pharmacy (MWU CCP), a Retention Committee was appointed to evaluate faculty members' perspectives on workload and desire for alternative working schedules, and to assess drivers key to retention of faculty members. A survey showed that approximately 75% of faculty members reported an interest in an alternative appointment structure and approximately 59% believed it would affect their decision to stay employed with the university.¹⁰ Although the results of this survey did not directly lead to the formation of part-time positions, it did provide insight to faculty interests at Northwestern University. This paper describes the implementation and design of 3 different alternative faculty appointments, the department chair and faculty perspectives regarding the appointments, and compares

teaching, service, and scholarship responsibilities before and after the changes in appointment.

DEVELOPMENT OF PART-TIME AND SHARED FACULTY POSITIONS

The Department of Pharmacy Practice at Northwestern University Chicago College of Pharmacy (MWU CCP) included 43 faculty members; 27 nontenure-track (NTT) clinical faculty members at the assistant or associate professor level, 10 tenured faculty members at the associate professor or professor level, and 7 tenure-track faculty members at the assistant professor level. Two faculty members within the department had doctor of philosophy (PhD) degrees in pharmacy administration. The department included 1 department chair and 3 vice chairs, with each vice chair having responsibility for a core group of clinical faculty members. Clinical faculty members provided pharmacy services in ambulatory and acute care settings at 17 different clinic and institutional settings around the Chicagoland area. Most nontenure track faculty members provided clinical pharmacy services at their site 4 days per week and spent 1 day on campus, while tenured and tenure-track faculty members typically split their time equally between their clinical site and the MWU campus. Campus activities included lectures, workshop facilitation, student advising, student organization advising, and college and departmental committee service. Clinical faculty members had a greater requirement to balance their time and job responsibilities between 2 locations and some had 2 separate reporting structures.

In the past 5 years, the department had undergone growth in both the number of faculty members and the number of clinical practice sites and areas of expertise. A large number of faculty members were starting families, pursuing family obligations, and seeking work/life balance as they moved into mid-career stages. The department has 2 part-time faculty members in 0.8 full-time equivalent (FTE) positions and 2 faculty members (1 assistant and 1 associate professor) in 0.6 FTE positions who shared a clinical practice site. One of the part-time faculty members had a longstanding part-time appointment and was primarily campus-based. This position was developed early in the curriculum development process to coordinate time-intensive, workshop, and laboratory-based courses. The other 3 part-time positions resulted from a desire for improved work/life balance by many faculty members and resulted from switches from full-time to part-time positions.

ADMINISTRATIVE CONSIDERATIONS

Job-sharing positions and part-time faculty appointments allow departments to maintain excellent faculty

members and avoid recruitment costs, including the significant time cost, and allow faculty members the opportunity to maintain their clinical and academic roles. At the department chair level, it is important to maintain transparency in this process and to develop an equitable system of decision-making when deciding if a part-time position will fit with departmental needs and priorities. Development of a part-time or job-share plan can take significant time to develop, requires monitoring and oversight, and may need modifications over time. The position approval process at our institution required submission of a written justification during the budget approval cycle and considerable time to develop.

Each switch from a full-time to a part-time position was evaluated on a case-by-case basis with specific scheduling and assignments made individually based upon faculty expertise and previous workload assignments. Both switches involved 3 faculty members with a desire to maintain their campus day, the academic components of their positions, and their clinical practice. In one case, a 0.2 FTE was recruited and hired to fill 1 full day of clinical responsibilities at the clinical site. This allowed our faculty member to spend 3 days at the clinical site and 1 day on campus, while the adjunct faculty member covered all of the clinical responsibilities, including precepting students and residents for 1 day per week. This was an ideal situation in that it allowed us to retain a valued, productive employee, while still meeting our contractual obligations to the clinical site and meeting precepting requirements for students and residents. This arrangement also did not cause undue burden on other faculty members assigned to the site as clinical coverage was maintained. The major difficulty in this arrangement was the recruitment of a qualified adjunct faculty member to fill in the required clinical time. Filling this position took almost 1 year, which was much longer than anticipated. Recruitment for an adjunct position can be difficult because of financial and benefit concerns.

The faculty member seeking a 0.8 FTE workload was patient throughout this process; however, the time required to set up such an arrangement could be a roadblock for faculty members needing a more immediate solution. In this case, the clinical site involved agreed to this split-employment/position model; however, obtaining the support of the clinical site could be a potential setback in developing this service model.

Two faculty members who expressed a desire to have a reduced schedule were paired by their vice chair as a possible match for a job-share situation. One faculty member transitioned to the other faculty member's practice site to simplify the division of work. Each faculty member would spend 2 days per week in clinical practice and precepting activities and 1 day per week on campus.

Developing this position took several approval steps prior to implementation. Planning early in the budget cycle was critical as a 0.2 FTE position was requested to transition each faculty member from 1.0 FTE to 0.6 FTE. Position justification was required throughout the budgeting process to delineate the value and advantages of adding additional faculty members to the college budget. Ultimately, the additional 0.2 FTE position was approved, allowing each faculty member to switch to a 0.6 FTE position.

Maintaining a campus day for each faculty member allowed them to pursue individual campus activities, continue academic pursuits, and maintain relationships and connections with other faculty members. In our model, the majority of nontenure track faculty members were present on campus on Fridays, therefore it was important to include this in reduced scheduled models. Initial considerations with this arrangement included the training time required for 1 faculty member to acclimate to a new clinical site and the timing required to recruit and hire a replacement for the vacated 1.0 FTE position. In this case, recruitment was planned so that these transitions could occur with the start of a new contract year on July 1.

Workload adjustment is dependent upon the individual faculty member. This is an area that takes flexibility and open communication between the faculty member and the chair or vice chair. Open communication will ensure the faculty member's smooth transition into a part-time role and allow for modifications in workload to be made over time. Early on in both of the recent faculty member switches to part-time positions, a discussion was held regarding expectations of the faculty member and expectations for the department. Flexibility and strong communication was identified as a key factor in the success of a part-time appointment in an academic setting as both the college and the clinical site need to be aware of schedules and potential conflicts. The faculty members understood that there might be potential scheduling conflicts, especially with a designated teaching schedule, that may not be able to be resolved in all cases. All part-time and job-share faculty members agreed to work with departmental needs and their scheduled days off so there would not be a disruption in clinical service or in fulfilling other campus responsibilities. This flexibility on both sides is what made our models successful. Other faculty members have not had to pick up additional teaching or workshop assignments to cover teaching needs, and in all cases, our part-time and job-share faculty members have maintained their academic commitments with only minor adjustments in workload (Table 1).

Because many faculty members in our department spend a majority of their time off campus, it may not be as obvious from a workload standpoint that several faculty

Table 1. Change in Faculty Workload After Conversion to Part-Time

| Faculty FTE Status Change | Lecture Hours | Scholarship ^a | | Precepting | Workshop Facilitation | Elective Course Coordination | Days at Clinic Site |
|---------------------------|---------------|--------------------------|-------|--------------------|-----------------------|------------------------------|---------------------|
| | | Before | After | | | | |
| 1.0 to 0.8 | No change | 5 | 11 | No change | No change | No change | 1 less day |
| 1.0 to 0.6 | 2 less hours | 3 | 8 | 50% fewer students | No change | No change | 2 less days |
| 1.0 to 0.6 | No change | 5 | 5 | 50% fewer students | No change | No change | 2 less days |

^aScholarship includes the number of posters, publications, speaking opportunities 18 months before and after conversion to part-time employment.

members have part-time and job-share arrangements. Department morale has not been affected; however, other faculty members have requested part-time appointments. This has required careful discussion with individuals regarding their goals and rationale for a part-time appointment. One concern has always been the potential for an impact on the promotion of individual faculty members. In our case, the faculty members have maintained their productivity and even expanded their scholarly productivity, making both of these models successful. As we continue these models, decisions will need to be made regarding requirements for promotion and how a part-time appointment would change the time or other factors in the promotion process.

STRENGTHS AND CHALLENGES OF THE PROGRAM FROM FACULTY MEMBERS' PERSPECTIVES

The part-time faculty members feel that the biggest strength of these new positions has been the opportunity to remain active in their academic careers while spending more time with their families. If they had chosen instead to stay at home full-time, it may have been difficult for them to transition back to academia after a long absence. Many of their colleagues, some of whom were mentors, had left the university to pursue part-time positions in industry or elsewhere and rarely remained in academia. The part-time faculty members were seeking a way to continue to grow as clinicians, remain active as academicians, and yet spend more time with their families.

The part-time faculty members have attributed the success of these positions to the planning that started months before the transition began. With support from college administration and the cooperation of clinic partners, they felt the transitions were relatively seamless. The opportunity to meet and speak openly about concerns and to have the flexibility to make changes as needed allowed them to meet those challenges that they had not anticipated head on and make changes before they became roadblocks. Working at their clinical sites for several years prior to this endeavor meant they had an established rapport with the patients, physicians, and other members of the

health care team. In the early planning stages, the clinical team was somewhat hesitant over the idea that the part-time faculty members would only be at the clinic 2-3 days per week. However, they ultimately agreed to the plan. The part-time faculty members feel that their adjusted workload to accommodate the new arrangements did not affect students and residents and the faculty members' academic performance had not suffered. One of the part-time faculty member stated, "Writing the part-time proposal and starting the new position have required flexibility, planning, and patience. Each of which has made a contribution to a positive end result."

The part-time faculty members felt that quality communication played an important role in establishing their alternative work situation. E-mails and occasional meetings were crucial in keeping them connected with department administration and all headed in the same direction and not operating in a vacuum. The part time faculty members have been able to maintain progress in their careers both at the college and their clinic sites while having the opportunity to spend more time at home with their young children. The part time faculty members truly believe that the rewards of the position have been well worth the challenges.

One of the challenges in establishing the part-time faculty position was in deciding what an appropriate workload would be for lower FTE faculty members. Does this translate into less lecture hours, less students, less committee involvement, or all of the above? Every year we reevaluate what is considered to be a feasible academic workload.

One of the biggest adjustments for the part-time faculty members was having fewer "business" days, so there was less time to accomplish almost the same number of tasks. Activities such as responding to e-mail or reviewing student/resident work can easily become overwhelming if not managed/dealt with on a daily basis. Overall, there is less time for scholarship. In the past, small windows of time were used throughout each clinic day to complete certain tasks, such as editing or submitting manuscripts. Having fewer clinic days means that the 1 day per week spent on campus is much busier for the part-time faculty members.

Student and resident precepting is now shared among many pharmacists at the sites. The faculty members all take part in teaching and mentoring the advanced pharmacy practice experience (APPE) students throughout the APPE, but take turns with who primarily handles APPE management and evaluations. The students have expressed that they sometimes find it difficult because the main preceptor is only with them for half of their clinic time, but they enjoy learning from different preceptors. Because the part-time faculty members are not with the students and residents on every day of their APPE or rotation, there are less available dates and times for presentations, such as journal clubs, cases, and topic discussions. Working less business days also reduces the faculty members' availability for their classroom lectures.

For some of the faculty members, moving to part-time meant changing clinical sites and specialties. On one hand, this was a great benefit as the new clinic site allowed for greater collaboration among colleagues at the university; however, it did require the faculty members who changed specialties to invest some time in reviewing different disease states.

Another challenge for the administration has been how to adapt the promotion process for part-time faculty members. Concentrating time in just one area, such as teaching, leaves little time for scholarship. In addition, rank and tenure committees have little guidance for reviewing dossiers of part-time faculty members because these positions are so new. It is still unknown how the process will unfold.

The part-time faculty members reported that one of the most disheartening challenges was the perceived attitudes of other faculty members. Many of their colleagues had come from institutions where part-time positions did not exist or were new graduates who had not thought about the possibility of or motivations for working part-time.

A final concern expressed by the part-time faculty members was whether there was a possibility of transitioning back to full-time status at some point. They understood when they made the transition that switching back to a full-time position was not guaranteed and the process might present obstacles. Such a transition would depend on the university budget and department needs. Faculty members who are interested in having their position reclassified to part-time status should talk to their department chair well in advance of the desired transition date. The faculty member should anticipate a minimum 6-12 month planning period, especially if this idea represents a shift in the college or school's current academic culture. More suggestions for planning are listed in Table 2. As demonstrated by this example at Midwestern University, prospective part-time faculty members may have different circumstances, but all face similar strengths and struggles. The faculty member who had recently transitioned to a full-time faculty position after 18 years in a 0.8 FTE position expressed that the time home with family had been invaluable but that she was looking forward to having a full-time position and continuing in a leadership role within the profession of pharmacy.

CONCLUSIONS

Academic pharmacy cannot afford to lose the skills of experienced clinical educators whose professional goals and personal situations require them to transition to part-time work. The rewards of creating part-time faculty positions outweigh the challenges because doing so allows highly trained clinicians to remain in practice to improve student and patient care outcomes. The model we describe should be of interest to college administration because it resulted in improvement in faculty retention and cost savings in faculty recruitment. Without such models, pharmacy students may not think to pursue academia as a career because they do not have faculty role models who are

Table 2. Our Recommendations (Tips) for a Successful Transition from Full-Time to Part-Time

| | |
|--------------------------------|---|
| Faculty member's perspective | Think about how the transition will impact your work and home life |
| | Discuss with clinic partners |
| | Ensure financially feasible |
| | Envision how the arrangement will look |
| | Planning and anticipating potential barriers |
| | Contact human resources department early |
| | Be prepared with a well thought out plan when approaching chair and vice chair about the transition |
| Department chair's perspective | Be patient; the process takes time and multiple meetings may be needed |
| | Don't give up, if your first idea doesn't work try to find another solution |
| | Evaluate departmental needs and priorities |
| | Develop an equitable and transparent system for part-time and job-share decisions |
| | Begin the planning process early to identify budgetary impacts and restrictions |
| | Maintain communication and close follow |

proving that this is an option. Publishing other successful models is highly encouraged and research in this area is greatly needed. For example, a study measuring the productivity of part-time clinical pharmacists may help to encourage other colleges of pharmacy to consider these models.

Part-time and job-share clinical faculty appointments can be successful with administrative support, advance planning, and workload adjustments. Open communication and flexibility are key factors in the success of these models. Experienced faculty members who wish to contribute to the growth of clinical pharmacy services while maintaining an academic appointment should be encouraged and supported when they approach administration regarding changes to their work schedule.

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