Working Effectively with Faculty for Staff

(‘Faculty’ refers to physicians, dentists, PIs, researchers, professors in academic medicine)

A lens on staff-faculty relationships

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Objectives

- Understand how staff-faculty relationships are different from working relationships in most organizations
- Identify the opportunities and challenges of working with faculty at UCSF
- Describe how differences in staff and faculty mindsets, priorities, roles, work styles, needs and reward systems can sometimes put staff and faculty at cross purposes
- Manage your mindset, skill set, and tool set for respectful, productive staff-faculty relationships. Use strategies and tips from one another and from academic medical centers across the country. At times, you may have to accept people and situations as they are
- Work skillfully with difficult situations and stressed faculty
- Work as a team to ‘work the system’ and ‘set a positive tone’ at UCSF
- Consider how to take care of yourself and pace yourself to be resilient

Disclaimers

Nothing works with everyone all the time. It depends – on you, the faculty member and the circumstances.

Introductions at your table

Please prepare a short introduction.
1. Your name, department, position, major responsibilities
2. Briefly, describe your work with faculty

Beware of generalizations: A word of caution

Generalizations can sound critical and are true only some of the time. We will often use generalizations as a starting point for discussion, but please avoid stereotyping or jumping to conclusions.

We need to tune in to each individual. It takes skill, sensitivity, creativity and patience to work with people.
Universities/academic medical centers are different from most corporations and non-profit organizations

- Complex organization, different structure from corporate hierarchy
- Funding is complex
- To some extent, faculty and staff are different populations with different mindsets, workstyles, priorities and incentive systems
- Staff and faculty rewards and incentives are different. There is little in the faculty reward system (promotion and tenure) that motivates them to work well with staff (and to help staff be successful)
- Many UCSF physicians/PIs/researchers/faculty members are not trained in leadership, management, teamwork or business
- Faculty may seek success as individual contributors with the quality and impact of their research on science and patients, publications in major peer-reviewed journals, presentations at conferences, large grants funded, recognition as national and international leaders in their narrow medical/academic specialty, clinical work, teaching medical students, and service (editorial boards, committees, advisory panels)
- Their most important constituents, from their professional point of view, may be other specialist in other institutions across the country and world
- Faculty are quite competitive with one another for resources
- Excellent staff work is often transparent to faculty. Your good work is often taken for granted unless something goes wrong
- Status difference – staff and faculty

There are two sides of the academic house – faculty and staff
Opportunities and challenges for staff who work with faculty
Please list some opportunities and challenges.

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<tr>
<th>Opportunities</th>
<th>Challenges</th>
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Principles - Working with faculty
- Faculty are “hard-wired” for critical review. They are trained not to accept anything as gospel truth. They may question whatever you tell them
- Faculty may not realize how staff can contribute. They may not understand your skills, the volume and complexity of your work, or how long things take
- Faculty may associate staff jobs with implementation/administration which they assume is the “easy part”; they may want implementation/administration to “just happen” without their involvement. They may think the ICR (Indirect Cost return) should somehow take care of the paperwork associated with research
- Faculty may be unaware of procedures and changes and or unwilling to follow them
- Faculty may expect staff to be mind-readers
- Staff requests may seem like an interruption or a burden
- Faculty may seek success as individual contributors. They may not be skilled at “team science”
- Many faculty members choose to play the game they prefer, rather than play the game defined by UCSF
- Faculty don’t want to be managed
- You may not be able to change faculty (or anyone!)
Suggestions – mindset and communication

**Adopt a collegial mindset**

- View faculty as colleagues, as equals – ‘look them straight across’, avoid being subservient or timid
- Plan to build relationships with faculty. Be proactive; anticipate their needs
- Figure out how to add value from each faculty member’s point of view
- Understand and accept academic medicine and faculty
- Recognize, your work may not be a faculty priority
- Develop realistic expectations about your work with faculty and how long things take to complete
- Appreciate your staff role and needs

**Work with faculty for your mutual success**

- Non-verbal communication: Calm, focused, professional, respectful; ‘look them straight across’
- Verbal communication: direct, brief, logical, results-oriented
- Determine faculty needs; communicate and get feedback
- Orient and educate faculty about policies and changes
- Coordinate, be consistent
- Develop and design systems to meet the needs of everyone involved
- Consolidate processes (one-stop shopping); optimize efficiencies
- Manage the faculty member’s expectations and experience; provide next steps
- Tune into faculty members, adjust to each faculty member’s style
Your wisdom, experience, best practices
1. How can you brief faculty members on relevant policies and procedures? How do you educate them about how things get done most efficiently/productively?

2. How do you get faculty members to respond in a timely manner when you need information or responses from them? When do you escalate your communication to a higher level?

3. How do you get faculty members to comply with deadlines? What works for you? How do you “push” successfully?

4. How can you convince faculty members you can help them?

Please help me train managers to meet your needs
Also, what could I include in *Working Effectively with Faculty for Managers* (which covers their work with faculty AND suggestions for managing staff who work with faculty)?

Please put each idea on a white card and place upside down in the middle of your table.
Mindsets – Do staff work FOR faculty or WITH faculty?

Mindsets impact everyone’s self-concept, perceptions of others, judgments and behavior. There are two different mindsets about staff-faculty relationships.

**Mindset One - Hierarchy**
Staff work FOR Faculty

- The organization is subordinate to the individual faculty members.
- Accomplishments and skills of individual faculty members are the fundamental assets of the organization.
- Management/administration is less valued than academic/medical achievement.
- Faculty expect staff to understand their mindset and work style and support them accordingly.

**Mindset Two – Collaboration**
Staff work WITH faculty

- The individual is subordinate to the organization. Faculty and staff all work to help UCSF achieve its purposes.
- Faculty and staff work together to provide medical care, research, education and organizational effectiveness.
- Faculty and staff are all expected to know and follow policies and procedures.

These two mindsets strongly impact staff-faculty relationships and the culture of academic medicine. Some faculty and some staff adopt Mindset One (Hierarchy). Some faculty and some staff adopt Mindset Two (Collaboration).

In academia, faculty value competence and confidence

It is important for staff to adopt Mindset Two – collaboration and support. Faculty members respect and partner with you and other staff members better when you treat them as equals, as peers. It is, of course, important to be respectful of their work and time crunch. They may be more open if you show a bit of deference (but not adopt a subservient mindset.)

Perceptions of faculty members
Many faculty members are: (Beware of generalizations)

- Stars, achievers, exceptional in their academic field/medical specialty, deeply engaged in complex systems and projects
- Deeply invested in their individual success. Many years of training
- Internally motivated (see next page – Internal and external drivers)
- Pressured by multiple priorities. They need to make time for their individual work
- In competition with one another for resources
- Independent in their thinking and work style. Focused on their academic field, more task and thinking-oriented than people-oriented*
- Insecure overachievers

* Daniel Salter identified the INTJ (Myers-Briggs Type Indicator) profile as a possible collective psychological type for college and university faculty. Because faculty are task and idea focused, they may appear distant or disinterested in others. Is this your experience?

**Introverted–iNtuitive–Thinking–Judging profile may provide some insights about some faculty**

The Scientist - Internally focused; vision of possibilities; strategic planning to apply and implement ideas; logical; radical thinkers; love complex intellectual challenges; value knowledge; expect competence of themselves and others; hard on themselves and others; critically analyze and challenge everything before accepting it; perfectionist tendencies; fiercely independent in work – lone wolves; prefer working alone because they think others will slow them down; intensely private; avoid socializing; dislike inefficiency and tedious work; judgmental and sometimes sarcastic or cynical; self-confident; arrogant; may ignore details, other people’s feelings and authority; may verbalize only conclusions, not information others need; want people to make sense; mistrust emotions

INTJs may appear aloof, reserved, insensitive, cold, superior. Their non-verbal behavior may be difficult to read

**Of course, this does not describe all faculty members.** And you may also be INTJ style in the MBTI. Many staff members have found the description helpful, especially if they are Extraverted and Feeling on the MBTI.
Most faculty members are self-motivated
Faculty work style and motivation can sometimes put them at odds with the demands of UCSF and may be a source of friction in staff-faculty relationships. Their drivers are both internal and external.

**Internal (intrinsic) drivers** – what motivates faculty members
- Genuine interest in an academic/medical field
- Love of learning, research, clinical practice, exploration, discovery and new insights
- Desire to contribute new ideas, research findings, practical applications to their field and (often) to the world
- Financial security (e.g., through tenure, clinical practice, grants and consulting)
- Academic freedom
- Need for success as defined by their own values and criteria for success

**External (extrinsic) drivers** – what academic health care centers expect of faculty
- Need to play the game being played, not the game they might prefer
- Need to adhere to policies, procedures, timelines, deadlines, budgets
- Pressure to get promoted, get tenure, publish, do research on important topics, and deliver papers at professional meetings
- Need to get grants and other funds to support their work
- Expectation to teach and mentor
- Expectation to contribute to UCSF’s reputation
- Responsibility for administration, committees, meetings, paperwork

**Staff perceptions**
*To some staff members, some faculty may seem:*
- Unaware of what you do and how you can help them
- Not to understand the volume or complexity of staff work
- Unaware of procedures or unwilling to follow them
- To have unrealistic expectations
- Not to communicate
- Not to respect staff time frames
- Not to take ‘no’ for an answer
- Unavailable, unresponsive
- Disorganized
- Disrespectful, demanding, critical, condescending
- Others?
Faculty and staff are different from one another

These generalizations are not true for every individual staff or faculty member; they may help understand the interpersonal dynamics between staff and faculty.

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>UCSF faculty</th>
<th>UCSF Staff (Varies with position)</th>
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<tbody>
<tr>
<td>Strength</td>
<td>Recognized experts in their field; medical practice; research and publication in prestigious medical journals; passionate hard-workers; action-oriented and results-motivated; focused on day-to-day achievement and excellence</td>
<td>Implementation and support; organizational navigators; emotional intelligence</td>
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<tr>
<td>Background (training)</td>
<td>Specialized graduate and medical education; usually not formally trained in leadership, administration, or communication – learned “on the fly”</td>
<td>Educated in a variety of fields; on-the-job training</td>
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<tr>
<td>Thinking style</td>
<td>Analytical, abstract, critical thinkers, innovative</td>
<td>Analytical, practical, strategic, creative, big picture + details, people savvy</td>
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<tr>
<td>Seek to understand</td>
<td>Knowledge, skills, and advances in their medical/research specialty; cutting edge concepts, techniques, technology and possibilities</td>
<td>How to get things done given procedures, resources and people (personalities!) involved; who is who in UCSF; what’s going on in the organization</td>
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<tr>
<td>Work Style</td>
<td>Entrepreneurial; work many but not necessarily scheduled hours; high standards while balancing competing priorities of clinical, research, education; demand excellence from themselves and others; recurring travel</td>
<td>Team players, scheduled workday; frequent interruptions and meetings; balancing availability to staff and faculty with getting work done</td>
</tr>
<tr>
<td>What they manage</td>
<td>Their research and funding, publishing, patient care; mentoring and teaching, and career/reputation among specialists</td>
<td>Administration, implementation processes, projects</td>
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<tr>
<td>Approach to implementation</td>
<td>Direct; results-oriented; may see implementation/administration as the “easy part”; may not know about procedures and how to mobilize resources; may want implementation to “just happen” without their involvement</td>
<td>Know how to mobilize resources and follow procedures; adapt their approach and communication to each individual faculty member; creatively “work” their network of relationships to create results; may lack insight into faculty member’s challenges/stressors</td>
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Your wisdom, experience, best practices

1. What do you say/do when a faculty member requests something that is beyond your scope of work? What do you say/do when he/she asks you to do something you do not know how to do? What do you say/do when he/she asks you to do something that you do not have time to do?

2. A recent workshop participant said, "Each one wants to be treated as special. And each one is special." How can you learn about each faculty member’s work style, needs, preferences for communication, etc.? How do you adjust your behavior to better serve each doctor/researcher? How can you share your insights and know-how with other staff members who work with these doctors/researchers?

3. Many staff members have trouble with emails to faculty. How can you construct emails so faculty will 1) read them, 2) understand them, and 3) act on them? How can you be most effective with emails?

4. What is your role in orienting a faculty member who is new to working in/with your unit? How do you communicate about your role, priorities and skills? How do you educate him or her about how things get done in the most effective way?
What you appreciate about your work
As we describe faculty and academic medical culture/structure, we sometimes focus on the difficulties of working with faculty. Despite the challenges of working with faculty, most university staff members like their work. Do you?

What inspires you in your work? How do you find heart and meaning for what you do every day? Please take one minute to describe this to your small group.

Notes:
Self-compassion involves treating yourself with the same kindness, concern and support you’d show to a good friend.

Research has shown that people who practice self-compassion are:
1. More effective at work
2. Able to see their own part in interpersonal relationships/difficult situations
3. More compassionate with other people

How to practice self-compassion
1. What’s difficult for you? Identify your experience.
2. What are your feelings associated with this experience (not the causes of the experience)?
3. How would you feel toward or respond to someone you care about who has these feelings? (Feel your compassion, empathy.) Apply these feelings and support toward yourself.
4. Recognize that many others with similar experiences are having similar feelings and suffering as you are… and you care about others and yourself ...

Neuroscience of Self-Esteem, Self-Criticism and Self-Compassion (abridged)
By Robin Nixon | May 13, 2011
...This is not just semantics or new-age feel-good fluff. Gilbert associates self-esteem, self-criticism and self-compassion with three interacting emotional systems in the brain, each with their own evolutionary purpose and mediating neurotransmitters.

The "drive" system
Likely linked to self-esteem, this system compels us to pursue resources, mates, skills, status and so on.

Dopamine.

The threat-protection system
This helps us decide to either fight, flee, freeze or submit in the face of a threat. It may stimulate or be stimulated by self-criticism. Neuro-adrenalin.
For many of us, these first two systems dominate. When our self-esteem is threatened, the threat-protection system goes into action. We may attack ourselves, put down the other person or "flee" from the knowledge of our own faults.

The mammalian care-giving system
This system evolved with our need to affiliate and take care of our young. It gives rise to our ability to be compassionate, a skill that when turned inward may guide and comfort the other two systems. "It is like your ideal parent, ideal friend, that grandparent you wish you had." Oxytocin and intrinsic opiates.

According to this framework, when something distressing happens -- an illness, a worry, an argument, a setback -- the drive system can turn to the system that will give it a proverbial spanking or the system that will give it a hug. A growing body of research suggests that compassion and empathy for self and others leads to better outcomes in the long run. https://www.livescience.com/14151-neuroscience-esteem-criticism-compassion.html

- Self-Compassion, Self-Esteem, and Well-Being
  Kristin D. Neff* University of Texas at Austin
- The Center for Mindful Self-Compassion provides information about MSC, self-compassion skills for daily life. Founded in 2012 by Kristin Neff, PhD and Christopher K. Germer, PhD
- Mindful Compassion by Paul Gilbert
Take care of yourself. Build your resilience

If you often feel pressured, grumpy, resentful or guilty on the job, you may not be taking care of your needs.

Do you do what inspired performers do when faced with pressure.

1. Need to work on this one  
2. Somewhat  
3. Yes, doing well with this one

How do you rate yourself?

1. Distinguish between what you can change and what you can’t; accept the givens?  
   1  2  3

2. Avoid wishing people or situations were different?  
   1  2  3

3. Respond directly to difficulties and demand rather than avoiding them?  
   1  2  3

4. Focus energy on mastering the part of a challenge you can control rather than trying to do it all?  
   1  2  3

5. Take time-outs and rethink your approach when things are not working?  
   1  2  3

6. Ask for help and support when you need it? Build a support system of co-workers?  
   1  2  3

7. Manage time effectively?  
   1  2  3

8. Set limits? Have a meaningful life outside of work?  
   1  2  3

9. Take care of your physical well-being? Exercise? Maintain a sensible diet?  
   1  2  3

10. Consider how your decisions/work/documentation impact others?  
    1  2  3
Best practices (Expanded list below)

- Manage your mindset; understand and accept academic medicine and faculty as they are.
- Build relationships with faculty. You may want to partner with someone who is not intending to partner with you. Faculty are more likely to partner with you if you demonstrate that you are competent, ‘get who they are’ and what they need, and can add value from their point of view.
- Present yourself as professional, capable and confident. Be prepared, anticipate what they may want, manage their expectations and help them be successful.
- Remember basic customer service principles:
  - See the situation from the faculty member’s (customer’s) point of view.
  - Manage the faculty member’s experience as well as completing the tasks required.
  - Respond to requests by providing (at least) the next step to move forward.
- Tune into faculty members, adjust to each style. Keep track of their preferences for communication.
- Educate and orient faculty about changes, policies and procedures.
- Communicate in a brief, direct, results-oriented way. Follow up by email to document requests and agreements. Include what you can (not can’t) do and provide the next steps.
- Make a logical case for what you want; present data when you can.
- Stay focused and use their time well. Avoid complaining, talking about your problems or office politics.

Sections for expanded list of best practices for working with faculty:

- Adopt an appropriate mindset for working with faculty in academic medicine.
- Prepare yourself and your resources to work effectively with faculty.
- Communicate with faculty – non-verbal and verbal communication.
- Prepare before you approach a faculty member in a specific situation.
- Build relationships with faculty.

Best practices for working with faculty

A few practices are repeated when they are important in two categories.

Adopt an appropriate mindset for working with faculty in academic medicine

- Understand and accept university structure/culture and faculty-staff differences.
- Value strong relationships with faculty. View faculty as equals, as colleagues – ‘look them straight across’, avoid being subservient or timid.
- Plan to be proactive in building relationships with faculty. Remember, faculty members value confidence and competence.
- Hold the big picture. Focus on the vision and mission of UCSF and your department. Develop mutually supportive relationships with staff members across campus to help all of you be more efficient and effective.
- Develop realistic expectations about your work with faculty and how long things take to complete.
- Know your emotional triggers, vulnerabilities, and issues with authority and conflict.
- Learn from and build on your successes and seek best practices from others.
- Appreciate your role, skills and contributions at UCSF.
Prepare yourself and your resources

- Be prepared – have a plan, back-up plan and follow up on what you don’t know
- Understand UCSF’s culture and structure, your role, policies and procedures
- Understand faculty, their mindset, work style, multiple priorities, reward systems, and daunting challenges
- Recognize familiar patterns: who is congenial, expects extra attention from you, comes to meetings late, responds best to text messages, does not comply with new policies and systems, yells, resists changes
- Develop your skills: job-specific skills, people skills, customer service, and influence without authority
- Recognize how two mindsets (‘Staff work FOR faculty’ and ‘Staff work WITH faculty’) impact staff and faculty behavior and often confuse staff-faculty relationships
- Develop a collaborative mindset (‘Staff work WITH faculty’) and behavior because faculty value competence and confidence
- Minimize your need for appreciation and feedback from faculty
- Avoid complaining, gossiping or discussing office politics; don’t expect faculty to acknowledge your contributions or empathize with your situation
- Develop relationships with your team to provide resources and support for one another
- Understand differences between faculty of different generations and different academic specialties
- Do not allow yourself to be offended, demoralized or abused by anyone

Communicate with faculty (Also see section below – Build relationships)

Manage your non-verbal communication:

- Calm, focused, professional, confident, knowledgeable, task-focused, empathic
- Behave as colleagues/collaborators; look them ‘straight-across’; show appropriate respect and deference to influence faculty to collaborate with you
- Practice patience, persistence, respect for all

Manage your verbal communication

- Orient and educate faculty about policies and changes, manage their expectations, and anticipate their needs
- Make direct, brief and results-oriented statements
- Make a logical or business case for what you want and describe the consequences; provide data/templates/documentation when possible
- Frame what you want in terms of each faculty member’s goals, priorities and values
- Write focused emails; use specific subject line; set up requests and options clearly
- Respect faculty time. Stay focused; get to the point; create next steps or alternatives
- Clarify what is mandated and what is optional
- Acknowledge each faculty member’s interests, concerns and requests
- Learn to say ‘no’ skillfully and set appropriate boundaries
- Initiate facetime and crucial conversations with faculty
- Ask to think about the issue and meet again at a specific time if you need more time before responding
- Follow-up, follow-through; let faculty know you are closing the loop
**Prepare before you approach a faculty member**
- Define specifically what you want and why you want it
- Gather relevant data, analyze, make a business case (or grant/science-relevant case) for what you want; demonstrate with charts, spreadsheets and diagrams
- Know what you can and cannot provide
- Do not assume faculty have the same information you have
- Consult with a faculty member’s colleagues, administrative or lab assistants who can help you strategize or advocate for you

**Build relationships with faculty** (See also section above – Communicate with faculty)
- Demonstrate your ‘can-do’ approach; minimize your need for recognition
- Provide easy access; simplify your message; use data
- Be proactive; partner with faculty who may not be looking to partner with you
- Understand faculty member’s underlying need when they ask for something (you may have a better alternative to meet that need)
- Educate faculty about policies and procedures; anticipate their needs; set clear expectations around process and timelines
- Prepare for meetings; send an agenda; make clear agreements, document, follow up
- Tune into faculty members, adjust to each style
- Keep faculty informed; they may not have the information you have
- Anticipate changes; prepare faculty; vet their opinions and reactions early
- Orient new faculty to the department, introduce them to others, help them work with other faculty who model collaborative behavior
- Establish credibility; some faculty members challenge staff to ‘test’ their competence
- Be an advocate for other staff members with faculty; represent staff to faculty
- Represent faculty to staff and staff to faculty
- Help faculty understand that what they want for themselves may not be best for the department or university
- Work together with faculty and staff to improve inefficient systems and bureaucracy
- Consolidate processes (one-stop shopping); optimize efficiencies
- Demonstrate ‘can-do’; say what you or they ‘can’ do, not what you or they can’t do
- Don’t break laws or rules even when faculty ask you to do so
- Respond to faculty questions and move on
- Take ownership and demonstrate learning from new or difficult situations
Your strategies, wisdom, experience, best practices

1. Dr. Lee operates on the premise: “It’s better to ask for forgiveness than permission.” He regularly ignores the systems designed to support proper documentation and efficiency. He talks as though the systems are designed to defeat him, inhibit him, or make him jump through hoops. What do you do/say to him or others?

2. How do you work with disorganized faculty? Examples: Not able to prioritize grant application above their other high-demand tasks, not able to follow guidelines or timelines even though they are given appropriate information.

3. Staff often find themselves struggling with policy/deadline enforcement because when they say ‘No’ to a faculty member, it can backfire by the faculty member 1) going over your head to get an exception, 2) referencing that it’s “always been done this way in this department” and they see no reason for change or 3) blatantly ignoring you and stating they know the people enforcing the policy/deadline and it’s just a suggestion, not a requirement. What can you say/do?

4. How do you work with others to stop behavior or language that denigrates other staff members, faculty or patients?
Respond to faculty stress reactions (difficult people)

Faculty may be stressed by:
1. Overly high self-expectations
2. Need for financial support for scholarship
3. Not enough time to keep up with developments in the field
4. Insufficient salary
5. Pressure to publish
6. Too heavy a workload
7. Job demands interfering with personal life
8. Slow career advancement
9. Interruptions (e.g., telephone, visitors)  Book: Page 183
10. Too many meetings  
11. Others: technology  

Adapted from W. Gmelch, 1993, p. 24

When stressed, faculty members may:
- Provide minimal physical and verbal clues about their inner state
- Experience intensity and drivenness, an internal struggle for control
- Retreat inside themselves and become intolerant of intrusions by others
- Become slow, vague and distractible or obsess about problems
- Forget, misplace or lose things, become generally disorganized and unproductive
- Express irritation at other people’s questions or not respond at all
- React with an uncharacteristic, intense display of emotion. They may be cutting and sarcastic in their judgments and express anger

What YOU can do to be constructive when faculty members are stressed:
- Respect their need for physical and psychological space
- Try to understand their point of view. Validate the concerns they express
- Respond to their hidden feelings and needs beneath their stressed-out behavior
- Ask for time to think about the issue, confer with others, and promise to meet and move forward together at a specific time. Take time to settle down and think clearly

When faculty members are offensive or condescending:
- Operate from ‘higher ground’
- Don’t let your self-esteem get hooked. Distance yourself emotionally (easy to say, hard to do). Practice self-compassion
- Respond professionally, avoid reacting emotionally or defensively
- Talk over your situation, feelings and concerns with empathic people you trust. Avoid complaining about this faculty member to many co-workers in ways that may sound disrespectful or lower team morale
- Seek to meet your immediate and long-term emotional needs for appreciation and respect with colleagues and friends
- Over time, maintain your resilience and perspective. Take good care of yourself. If you feel worn-down in general or wounded by a specific interaction, seek help to recover.
Your strategies, experience, best practices – Stressful situations

1. Some faculty members have a sense of entitlement (Mindset One). They seem to think you, as staff, are not at their level. They treat staff as inferior, like unskilled workers. You could work more effectively with faculty if they respected you as a colleague, if they collaborated with you as an equal. What can you do to shift this faculty behavior? How can you support other staff members when you see them treated in a demeaning way?

2. You work closely with Dr. Lynn who has heavy research and clinical responsibilities. She seems increasingly overloaded and stressed over the last few months; she has become more impatient, demanding, critical and even abusive. What can you say to her? To others?

3. Some faculty members think they get a free pass. They think there are no consequences for not responding to staff, not attending meetings, not following procedures that are clearly required. A few faculty members sometimes act in ways that would NOT be acceptable if staff members acted that way (like violating UCSF’s core values or yelling, blaming and cursing). Some staff members say faculty members are untouchable, cannot be held accountable for their behavior with staff. Please discuss. What can you do? Who can/will help you?
4. Many staff members are reluctant to speak up to their supervisor or to the faculty member when they have difficulty working with a faculty member. This impacts morale. What can be done? Whom can you turn to for support when the going gets tough?

5. How do you maintain your resilience and take care of yourself in your relationships with faculty and in stressful academic situations?

Resources  www.SusanChristy.com

*Working Effectively with Faculty*
See Section IV: Dealing with Individual Faculty Members and Their Stresses
Chapter 11: Faculty Stress Reactions and What You Can Do
Chapter 12: Strategies for Working Skillfully with Difficult Faculty

Who is difficult for you? Book: Pages 197 - 215
- Characteristics of difficult people
- Faculty who are self-centered
- Faculty who are aggressive
- Faculty who are manipulative
- Faculty who are unresponsive

Book: Chapter 13 and 14, Take Care of Yourself and Your Career

Also helpful: *Toxic Co-Workers: How to deal with dysfunctional people on the job.*
A. Cavaiola and N. Lavender

*Somebodies and Nobodies: Overcoming the abuse of rank.* Robert Fuller
Summary
• Working with faculty is different from working relationships in most organizations. There are two sides of the academic house – faculty and staff.
• Staff and faculty have different mindsets, priorities, roles, work styles, needs and incentives. This can lead to working at cross-purposes.
• Be proactive. You can apply strategies and tips to build appropriate relationships with faculty. At times you may have to accept people and situations as they are
• Some faculty members are sometime quite difficult. Try some of the practices outlined here and in the book. You may be able to change how they relate to you
• It is important to take good care of yourself. Don’t burn out. We need your fire!
• Work with colleagues to create a supportive team environment
• You, as a staff member, have an important role in creating the best in medicine, research and organizational effectiveness

Bright ideas to put into practice
What will you take back to your work? How can you improve staff and faculty partnerships, productivity, teamwork, and job satisfaction?