

Queries posted on AAMC's Faculty Affairs Listserve (4/00 – 1/01)

A) Recruitment/Appointment/Turnover

1) Faculty Turnover Rates (Linda M. Ingalls)

I would appreciate your assistance with a question from our Director of Faculty Development. We have computed our school's faculty turnover rates (number of faculty leaving as a percent of the total faculty) for the previous three academic years. We excluded from these figures clinical trainees (fellows), postdoctoral fellows, and temporary appointments. We did include part-time employed faculty (not volunteer faculty) as well as full-time faculty. Our office of faculty development is attempting to establish benchmarks and determine if it provides programs that assist in reducing our faculty turnover rates.

2) Faculty Contracts (Carmelita V. Britton, M.D.)

My hospital is in the process of considering a requirement for annual contracts for all physicians, specifying job descriptions, working hours, etc. My "general hospital" has an affiliation agreement with the university hospital, which and most of my department's faculty (working at the general hospital) are part of the Department of Pediatrics at the university. As such, we have a combination of clinical, teaching, research and administrative responsibility both at the general hospital and at the university.

We have many concerns regarding the implications of contracts that attempt to specify "job description" for faculty with academic responsibilities. I would like to hear from any physicians with similar academic affiliations whose institutions currently require contracts for physicians, or whose institutions have been through the process of considering such contracts. I am specifically interested in your experience with the impact of such contracts on professional behavior, such as willingness to engage in non-reimbursable activities; the impact on research activities; the cultural impact - that is, have attitudes changed (for better or worse) regarding physicians' roles and our value as educators, researchers, administrators, clinicians.

3) Primary appointments in centers/institutes (Laura F Schweitzer, Ph.D.)

We are in the process of debating the virtues/liabilities of having primary faculty appointments in centers/institutes. On the plus side, faculty salaries are derived within the institute and their personnel actions (reviews, raises, work assignments) would be administered within the institute as well. On the minus side, centers and institutes are more susceptible to closure than departments, and if faculty are tenured in closed institutes we will have tenured faculty with "no home". We would like to know how such issues are handled at other schools.

1. Do you have centers/institutes that are outside of your departmental structure?
2. If so, do you allow primary appointments of tenurable/tenured faculty within them?
3. If so, how do you handle these faculty at the time of center/institute closure?

4) Retention of Faculty Appointment Files (Carolyn Merten)

I am the new Director of Faculty Affairs at Columbia University, College of Physicians and Surgeons.

1. How long do you retain terminated faculty appointment files?

2. Do you have an electronic means of capturing the information prior to discarding the file, if so what is it? What standard information do you maintain in a faculty appointment file (i.e. nomination, chair's letter, application, CV,)?

5) Faculty appointments in a Department of Medical Education (Jeanne V. Walther)

Georgetown University is exploring the possibility of developing a Department of Medical Education out of which faculty could hold a faculty appointment such as Assistant Professor in Medical Education with perhaps a joint appointment in a clinical or basic science department. We would like to do this to provide faculty with dedicated time to devote to educational assessment, curriculum development, faculty development, etc.

Do any of your medical schools have an Office of Medical Education which grants faculty appointments?

Is there an office of medical education at your medical school which provides expertise in curriculum development, instructional design, faculty development, etc?

6) Faculty Retention (Elias Abrutyn, M.D.)

We are looking at annual turnover rates (resignations, retirement, etc) of faculty in basic science and clinical departments, as well as the School of Medicine as a whole. We would like to compare ourselves to other institutions, but I am not certain where to find data for the comparison. Does anyone have any solid numbers, estimates, or best guesses of the turnover rates for your home institution? Alternatively, any idea where the data can be found?

B) P&T/Salary/Benefits

1) Faculty Working at V.A. Facilities (Leslie Schneier)

I would appreciate your input on salary and benefit arrangements for faculty in your medical school who work at least part-time at a V.A. facility and receive a portion of their compensation from the V.A. At the Mount Sinai School of Medicine, faculty who work at our affiliated V.A. hospital and receive at least a portion of their compensation from the V.A. face restrictions in their eligibility for certain School benefits that are linked to payroll--for example, their participation in our Tax Sheltered Annuity Program is linked only to their Sinai salary. There are also some housing loan benefits that are tied to the Sinai salary because pay-back is through payroll deductions.

Although faculty who are paid by both our School and the V.A. are generally able to participate in the benefit programs of both institutions, the V.A. benefits are not always as good as our School's benefits. As a result, faculty assigned to the V.A. can end up with "less" than their colleagues who work on our main campus and are paid 100% by the medical school. As you can imagine, it creates both recruitment and retention challenges. I am interested in learning if any of you have a similar problem, or if you had such a problem but were able to resolve it in a cost-effective and programmatically sound way. Do any of you have split salary sources but pay 100% of all benefits to V.A.-based faculty?

2) Tenure Guarantees (Cheryl Scheid, Ph.D.)

The University of Massachusetts Medical School is in the process of defining tenure guarantees for our faculty, both in clinical departments and in basic science departments, and I would like to find out how this issue has been handled at other medical schools. Do you use a fixed dollar amount or an amount that is linked to a variable number such as the NIH salary cap? Is this guarantee the same for faculty in clinical departments as well as in basic science departments? Any information that you would be willing to share would be appreciated.

3) Compensation for Research in Clinical Family Medicine Depts (Tan Platt)

We are interested in knowing what other medical school clinical departments are doing to provide incentives to faculty for doing research, especially in primary care departments. Are there specific formulas that are used? Or specific dollar amounts or percentage of total grant or of indirect costs?

We are attempting to increase extramural funding and need to know how to properly compensate successful faculty.

4) Tenure/Sunset Clauses (Patricia Zell)

We are researching the status of tenure and sunset clauses now that mandatory retirement is out of the picture. Have other schools adopted a time limit for tenure - please share your strategies, success and status

C) Development/Morale/Productivity

1) Faculty Morale and Vitality (John W. Hallett, M.D.)

As you know, faculty morale and scholarly vitality are waning at many academic medical centers. The explanations are complex and vary depending on local financial issues, governance, leadership, and maybe the phase of the moon. Mayo recently completed an extensive faculty survey using an outside consultant, and we are learning that a multi-faceted approach is beginning to change faculty morale and vitality.

Recently, Drs Linda Austin, John Heffner, George Arana et al at the Medical Univ of South Carolina have envisioned a survey of faculty and identify problem areas and workable solutions Perhaps those who are dedicating major time to assessing faculty needs and creating systematic solutions could share information and innovations in addressing the morale and vitality issues that face us each day.

2) Faculty Core Competencies (Susan Ellis, Ed.S.)

Is any one aware of a list of core competencies for clinical faculty, volunteer/unpaid faculty and otherwise? I've had an inquiry from a department here. I'd appreciate any information anybody might have.

3) Faculty Exit Interviews/Mentoring (Paula O'Neill)

At The University of Texas-Houston Health Science Center we instituted a Faculty Exit Interview process several years ago as a formal part of gathering information regarding why faculty leave. The information gathered over the last 3 or 4 years has been insightful and is shared with the department chairs annually. If problems are noted, strategies are put into place to attempt to solve them. Although many of the faculty leave because they are retiring or going into private practice, there is still an issue with requirements for either promotion or tenure for a clinical faculty, and of course there is the issue of salary. Another point that frequently arises is lack of mentoring, and we have established a formal New Faculty Orientation at the Dental Branch and linked that to a formal Mentoring Program. If you are interested in having a copy of the instrument, please let me know. The Orientation Program is available through our website <http://www.db.uth.tmc.edu/prof-develop/default.htm>

The Mentoring Program is facilitated through the a structured series of workshops that incorporates the use of the Faculty Mentoring Guide, a 44 page guide for both mentees and mentors.

4) Exit Interviews/Questionnaire (Cassandra S. Ward)

Meharry Medical College SOM is in the process of developing an exit interview questionnaire. This questionnaire will be administered to faculty members that departed within the last five years as well as faculty members that depart in the future. I am seeking copies of questionnaires that are used by other institutions to serve as a guide.

5) Faculty Productivity & Incentives (D'lisa Creager, Ph.D.)

At UTMB, we are in the process of implementing Mission-Based Management which provides a mechanism by which to assess individual faculty productivity compared to established benchmarks. We are considering the possibility of linking MBM productivity data to a faculty incentive/compensation plan. Have any of you linked faculty productivity data to faculty incentives? If so, I'd be very interested in learning more about it how you've done it and what your experiences have been.

6) Rewarding Mentoring (Glenda J. Cooper)

Many mentoring programs have been developed the past two years in academic medicine - so many, it's hard to keep up with this effort. At UAMS, the Women's Caucus is in the 3rd year of a mentoring program that has produced some excellent mentors. I'm aware of two schools that present an annual mentoring award, but I wonder if there are other methods of rewarding good mentoring elsewhere. If you present an award, how do you determine the criteria and how do you select the person honored?

I am very interested in receiving current information (for a AAMC round table discussion in October) about efforts to improve and reward mentoring activities in academic medicine. How do you encourage your senior faculty to spend time mentoring junior faculty and how do you recognize this time and effort?

D) Chair Issues

1) Divisions (John A. Trotter, Ph.D.)

I have an issue regarding divisions within departments: how they are defined, who approves them, whether faculty members can be in more than one division. It has been my understanding that divisions are pretty stable; each faculty member assigned to one primary division; some independence in finance, compensation decisions, recruitment, faculty development, and the like. A clinical chair has a different idea about divisions: faculty can be in two or more divisions; divisions have little or no independence in finances and personnel matters. Can anyone inform me how divisions are treated at your schools?

2) Chair Evaluation (Bryan Pyles)

If your school has a formal mechanism for department faculty members to evaluate their chair, please describe the process. If available, please email or fax me a copy of the policy and/or evaluation instrument.

3) Basic Science Chair Appointments (John Trotter, Ph.D.)

At the Univ New Mexico SOM we are reconsidering how the chairs of our four basic science departments should be appointed and reappointed. It would be helpful to know the policies and practices of other medical schools. We would specifically be interested in the following: Is the term of appointment specified?; Is there a limit on the number of terms an individual can serve?; Is the chair 'elected' or subjected to some other approval process involving the departmental (or other) faculty?; Are chairs selected from within the department (or school) or are they recruited from without?

Our four basic science departments (Cell Biology and Physiology, Molecular Genetics and Microbiology, Biochemistry and Molecular Biology, and Neurosciences) emerged from a process that reorganized the previous six departments. The reorganization produced an agreement that the chairs would be appointed by the Dean but would be nominated to the Dean by department faculty vote. The term of office was to be three years, with an option for an additional two years if chair and faculty and Dean all agreed. The chair could be reappointed once, for a maximum time in office of ten years. We are now in our fourth year of this program and feel the need to reassess it.

E) Other

1) Faculty Governance (Bryan Pyles)

The Medical College of Ohio is examining its structure of faculty governance as part of our NCA self study. We are interested in learning the structure at other schools of medicine. What are the primary standing faculty bodies that are advisory to the Dean of the School of Medicine and participate in the governance of the School? Such committees would be responsible for reviewing and formulating policies related to academic matters in the School of Medicine. Is membership open, elected or appointed? If this information is available on your website, please provide me the URL.

2) Student Evaluations of Preceptors (James Ballard, M.S.)

How have you solved the dilemma of providing community-based voluntary preceptors with student feedback about the quality of the students' learning experience? Clearly, there is an obligation to retain student confidentiality, but preceptors need/want/deserve feedback about their performance as well. One possibility is to compile the evaluative information and deliver the aggregate of the responses to the preceptor. However, in the not too unusual case where a preceptor takes only one student, the student's confidentiality is still compromised. Suggestions will be appreciated.

3) Endowed Chairs for Clinician-Teachers (Roberta Wilkes)

Our school recently established an endowed chair in patient-centered clinical education. Do any of you know of any other chairs in the country that are intended to recognize the role of clinician-teachers in medical education?

4) New National Task Force on Re-Entry & Re-Training for HealthCare Professionals (Saralyn Mark, M.D.)

The Office on Women's Health within the Department of Health and Human Services created the National Task Force on Re-Entry into Clinical Medicine for Health Care Professionals to examine issues around re-entry and re-training of health professionals. Examples include making the transition from: subspecialty to specialty; administration to clinical practices or research; academics to industry; sabbatical to traditional employment; administration to self-employment; parenthood, part-time status or eldercare to full-time employment.

The Task Force is interested in hearing from you about definitions, existing re-entry programs, transitional issues, resources, etc. Please forward information/resources to Dr. Saralyn Mark at smark@osophs.dhhs.gov or (202) 690-6385.

5) Policies Related to Collaborative Research/Data Sharing (Margaret Dale, Ph.D.)

We are working to develop a policy in the areas of collaborative research and data sharing (either within a lab or with outsiders) to help us deal with those situations where these relationships break down. We have a set of authorship guidelines but are looking to go beyond those for this new policy. We would appreciate hearing from anyone who has a policy in this area.

6) Electronic Voting (John Trotter, Ph.D.)

At the University of New Mexico School of Medicine we are considering going to internet voting for at least some actions of the general faculty. Are there any schools with either positive or negative experience with internet voting? Are there any "best practices?" Any technical resources?

7) Consultation Agreements (John Trotter, Ph.D.)

I am trying to understand the issues (time allowed; conflicts of interest; flow of funds; authorizations; reporting requirements; etc.) applicable to consultation arrangements faculty members might make with private companies. I would be grateful for any information you can provide about how your schools handle these issues.

8) Volunteer Faculty (David Dunstone, M.D.)

On behalf of the Association for Academic Psychiatry, I'm heading a task force studying the use of volunteer faculty and in this early stage we're defining the subject broadly (for instance, not only as a workforce issue). I'm interested in any work already done. For instance, how do institutions define "volunteer faculty?" How might they count them? With what kind of accuracy is anything known about contributions made to clinical education? In 1:1 supervision?, etc. Are there any good data out there?

Also, does anyone know of studies eliciting feedback from learners about the experience with volunteer faculty vs full-time. Any studies on tensions between volunteer vs academic faculty? I've been working on a literature review and would be happy to share with any of you.....