

FACULTY FORWARD SUMMARY REPORT



ABSTRACT

The Association of American Medical School's (AAMC) Faculty Forward survey results document that overall, University of Massachusetts Medical School (UMMS) faculty are more satisfied than their peers at other institutions. AAMC collected surveys from faculty at 24 medical schools across the US, and an average of 50% of faculty from each of the schools completed the survey. Our faculty responses ranked UMMS in the top tier as compared to peer institutions and the national cohort in more than 80% of survey items for:

- Nature of our Work: Value the school and department leaders place on faculty contribution to research, education, clinical care, and administration
- Climate, Culture, Collegiality: School and departments support collegiality and entrepreneurship while respecting work/life balance and equal opportunities regardless of gender, race, ethnicity, and sexual orientation.
- Governance and Operations: Faculty are involved in school-wide and department level decisions, and supported by operations, administration, and resources.

The majority of survey items across all survey domains were identified as strengths, including promotion standards, benefits, recruitment and retention, and clinical practice.

In the global satisfaction assessment, UMMS faculty were among the top in the nation ranking both the school and the individual departments as positive places to work. In fact, the average department satisfaction was 4 out of 5, with 5 as the top score.

As with all surveys, the faculty identified some areas as opportunities for improvement, especially among the clinical departments. The Dean charged the UMMS Faculty Forward Task Force with identifying key areas that can be strengthened and making recommendations to the leaders. Department level data will be distributed to the Chairs. UMMS is already a leader in faculty satisfaction, but these data will focus the school's efforts to be the best.

OVERVIEW OF FACULTY FORWARD

Faculty Forward: The Alliance for Advancing the Academic Medicine Workplace is a partnership between the Association of American Medical Colleges (AAMC) medical schools around the country. The 2-year partnership was launched in February 2009 with a cohort of 25 U.S. medical schools (Appendix A). The partnership strives to strengthen participant schools' capacity to identify and implement changes that will improve faculty satisfaction, retention, vitality, and enhance institutional culture. It aims to do this by determining how faculty members at participating schools view specific institutional policies and practices, gauging faculty job satisfaction compared to faculty at identified peer institutions, and understanding the drivers of faculty satisfaction and vitality.

GOALS

The goals of Faculty Forward are to:

- Measure faculty satisfaction and benchmark with peer and national cohort institutions
- Refine understanding of what drives satisfaction among faculty
- Identify best opportunities to improve faculty satisfaction
- Learn from cohort and peer institutions through shared learning opportunities
- Build institutional capacity to implement and sustain strategies that enhance faculty engagement, satisfaction, and vitality

YEAR 1

Using prepared tools, templates and project timelines from Faculty Forward, the 25 participating schools progressed through the program on a shared timetable with opportunities to participate in targeted discussions on topics including communicating about survey results and how to maximize use and application of the survey data.

Activities for each participating medical school during Year 1 of the partnership included:

- Distribution of the AAMC-COACHE Medical Faculty Job Satisfaction Survey and the Benchmarking Report by the AAMC and the Collaborative on Academic Careers in Higher Education (COACHE)
- The survey was distributed directly to faculty at each institution by COACHE the week of April 6, 2009 and was open for approximately 10 weeks. Faculty received an invitation to complete the survey directly from COACHE. The survey took 20-25 minutes to complete.
- Formation of a Faculty Forward Task Force
- Identification of four participating peer medical schools
- Facilitated discussions at AAMC's Group on Faculty Affairs annual meeting and the AAMC annual meeting

UMMS Faculty Forward Task Force:

So that UMMS was best prepared to reap the full benefit of participating in this initiative, in March 2009, Dean Flotte appointed the UMMS Task Force and Task Force co-chairs to provide internal leadership for the project (Appendix B). The co-chairs were Pat Franklin, MD, MBA, MPH and Susan Pasquale, PhD.

Working with the medical school Dean and the Task Force Co-Chairs, the Task Force was to provide internal leadership for the Faculty Forward initiative, driving the process of promoting faculty participation in the survey, developing a strategy for disseminating survey results, and delivering a set of recommendations to the Dean based on survey data. Faculty Forward recommended Task Force size, that its members include faculty and administrators, and that each Task Force include a diverse range of perspectives and experiences within the institution via specific institutional roles.

The survey data provided by the AAMC-COACHE Medical Faculty Job Satisfaction Survey and the Benchmarking Report provided information from which to benchmark our faculty satisfaction levels with peer institutions, and provided actionable steps for the Task Force to evaluate.

Identification of Peer Medical Schools:

Each participating institution identified four peer medical schools against which it would like its data to be benchmarked. The peer institutions selected by the University of Massachusetts Faculty Forward Task Force, in conjunction with the Office of the Dean and the Office of Administration and Finance, were the University of California Davis, the University of Virginia, the University of Pennsylvania, and Stanford University.

THE SURVEY

The survey was administered by the Association of American Medical Colleges (AAMC) and the Collaborative of Academic Careers in Higher Education (COACHE) at the Harvard Graduate School of Education.

The AAMC-COACHE Medical Faculty Job Satisfaction Survey was sent directly to faculty at member institutions by COACHE, and schools received a detailed benchmarking report that was to allow for a deeper understanding of what drives faculty satisfaction at their institution. Faculty surveyed were School of Medicine academically salaried faculty who were more than half time employed by UMass Memorial or dual, and included multiple clinical practice sites.

Institutions could specify up to five specific clinical practice locations from which faculty could choose to respond (Appendix C). If the institution had more than five clinical practice sites, they were to stipulate the top five where most faculty practice or about which the institution would most like data. The clinical practice sites included were determined in conjunction with both the Dean and the President of Hospital Administration. The survey asked clinically active faculty about their satisfaction with various aspects of the location where they spend most of their time in clinical practice.

YEAR 2

Activities for each participating medical school during Year 2 of the partnership included:

- Learning and idea sharing opportunities with peer institutions through webinars and at the AAMC's Group on Faculty Affairs annual meeting and the AAMC annual meeting
- Forums to provide guidance on analyzing the survey satisfaction report and disseminating results at the AAMC's Group on Faculty Affairs annual meeting
- Work of the Task Force and its work teams

DATA REPORTING PROCESS

To ensure confidentiality, the AAMC and COACHE published only aggregated results in which individuals and institutions could not be identified. The AAMC and COACHE provided our medical school with their summary analyses, as well as the anonymous record-level database, stripped of names and email addresses. No Department Chair or Division Chief had access to the record-level data. The institution only disseminated survey results to chairs and academic units with data aggregated in cells of 5 respondents or more, so that individual faculty and individual departments could not be identified.

Preliminary data analysis was available in January 2010. Summary findings were presented to the Leadership and Faculty Councils, at two Town Hall meetings, and were posted on the Dean's website. In June 2010, two open Town Hall meetings were held for the purpose of presenting faculty with the survey results, as well as the mechanisms in place for identifying opportunities and actionable steps for improvement. Both meetings were broadcast to the Memorial Campus and a summary of Faculty Forward survey results was posted on the UMMS website. Key department members, faculty committee leadership, and faculty-at-large were in attendance. Both the Dean and Vice Provost for Faculty Affairs were present and offered ongoing support for the effort. Questions were entertained and a general discussion occurred. Slides presenting Faculty Forward Data with video/voice narration were posted on the Dean's website.

UMMS RESULTS

Broad Participation

Comparable to the national AAMC experience, 50% of UMMS faculty completed the survey. In total, 472 of 957 eligible faculty completed the survey; 58% of the basic science faculty and 47% of the clinical faculty. Eligible faculty were defined as academically salaried full or part-time faculty employed by UMMS, UMassMemorial, or dual employed faculty. Faculty at multiple clinical sites were invited, including University campus, Memorial, Hahnemann, Community Health Centers, and Community Medical Group practices.

UMMS Positive Survey Results

Questions addressed nine domains likely to affect work satisfaction. UMMS faculty ranked the majority of items in the top half of the cohort and top 2 of 5 among peers across all domains. This table lists the domains and number of items within the domain with top ratings.

<u>Domain</u>	<u>Number of items in top</u>
1. Nature of work	22 of 24 items
2. Climate, Culture, Collegiality	16 or 19 items
3. Recruitment and Retention	7 of 10 items
4. Governance and Operations	14 of 15 items
5. Clinical Practice	8 of 12 items
6. Promotion	8 of 13 items
7. Compensation and Benefits	8 of 13 items
8. Collaboration, Mentoring, Feedback	4 of 9 items
9. Global Satisfaction	4 of 4 items

In the "global satisfaction" domain, UMMS ranked number 1 among their 5 peers and number 1 or 2 among the 24 in the cohort in evaluating their department and the medical school as a positive place to

work. The aggregate results were also charted on a Dashboard. (Appendix D). Items colored in green indicate that UMMS ranked first or second among peers and in the top half of the entire cohort. In contrast, items in red indicate that UMMS ranked fourth or fifth among peers and in the bottom half of the cohort. Grey represents neither better or worse than the comparators.

Next, the AAMC analyzed the survey items that were most significantly associated with satisfaction across all institutions. The major “drivers” of satisfaction across sites were:

- School organization, governance, and transparency
- Faculty participation as measured by leader communication, and priorities and pace of decision-making
- Work-place culture as measured by values, collegiality, inter-disciplinary work, entrepreneurialism, focus on excellence, and work-life balance
- Recruitment and retention as measured by hiring and retaining quality faculty

The positive faculty evaluations of these items contributed to UMMS’ top ranking among the AAMC peers.

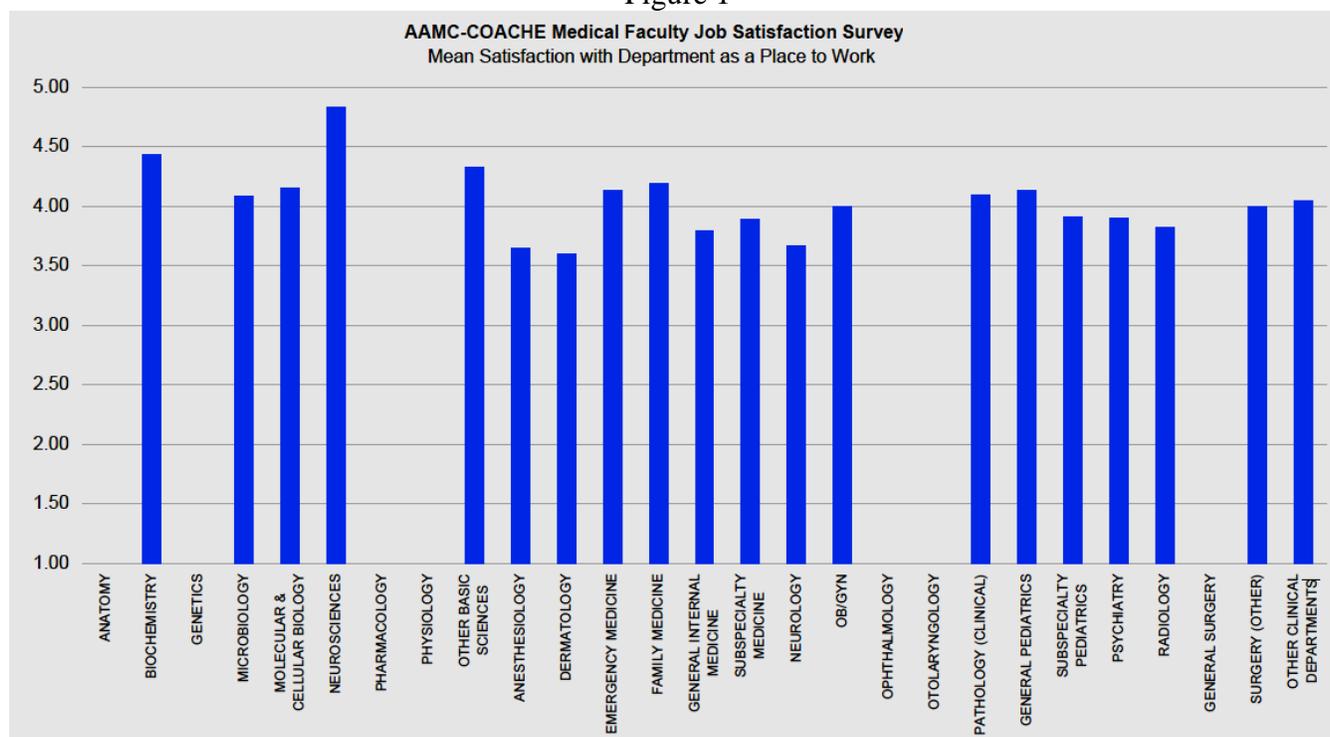
Opportunities to improve

Despite the positive evaluation among UMMS faculty as compared to peers and the total cohort, some areas for improvement were identified. Below lists the domain and the item where opportunities for improvement exist.

<u>Domain</u>	<u>Item with opportunity to improve</u>
Nature of Work	Time you spend on teaching/education
Promotion	Clarity on promotion criteria for teaching/education
Compensation	Retirement benefits
Governance and Operations	Explanation of department <i>finances</i> to faculty
Clinical Practice	Space available for clinical practice
Collaboration/Mentoring	Opportunities to collaborate with faculty in other schools and colleges
Compensation/Benefits	Spousal/partner hiring assistance; Quality of childcare

Clinical and basic science faculty differed in their responses. Of note, clinical faculty were 10% less satisfied than basic science faculty in 7 survey Domains (Appendix D; last column). This difference was reflected in individual survey items. In addition, faculty rated satisfaction with their department on a scale of 1 to 5 with 5 representing the greatest satisfaction. The mean score for basic science faculty was 4.4 of 5 and the mean for clinical departments was 3.9 of 5. See Figure 1 for the mean scores across departments.

Figure 1



WORK OF THE TASK FORCE AND ITS WORK TEAMS

The Task Force had its first meeting in January 2010 and met nine times from January–November 2010. Based on domains measured in the survey, work teams were formed within the Task Force to review data details, explore options, and development recommendations in specifically assigned area based on survey data.

Since UMMS ranked so positively as compared to its peers, the Task Force and its co-chairs decided that the priority of the work of the Task Force was to evaluate and reduce variation in satisfaction within the UMMS faculty community. Toward that end, the Task Force agreed to form four work teams to evaluate the differing experiences in each institutional subgroups identified within the survey by Faculty Forward/COACHE: Female v. Male; Minority v. Majority; Junior v. Senior; Clinical MD v. Basic Science.

Each work team was led by two Task Force members. Additional work team members for each of the four teams were selected by the two leaders of each team, in conjunction with the Task Force co-chairs, so as to provide institutional perspective to the focus and charge of each work team. Over 3 months, the work teams and Task Force evaluated data, solicited additional faculty input (as needed), and prepared recommendations for Task Force review. At the end of the three months, work team findings and recommendations for an action plan were sent to the co-chairs and presented for review and discussion at meetings of the Task Force. Work team leaders, members and their primary recommendations are listed below. For a full set of work team reports see Appendix F.

Female v. Male Work Team:

Primary Recommendations:

1. Review equity in clinical and office space

Prepared by Patricia Franklin, MD, MBA, MPH and Susan Pasquale, PhD, April 2011

2. Review equity regarding years to promotion

Work Team Co-leaders: Judith Ockene, PhD and Janet Stavnezer, PhD

Work Team Members: Tom Grisso; Sharon Cantor, Thomas Houston

Minority v. Majority Work Team:

Primary Recommendations:

1. Establish focus groups to assess perception of promotion, compensation and collaboration
2. Create a culture survey

Work Team Co-leaders: Maria Garcia, MD and Ian Barrett, EdD,

Work Team Members: Brian Lewis, PhD; Shan Lu; Pranoti Mandrekar, PhD; Sonia Ortiz-

Miranda, PhD; Danna Peterson, MD; Deborah Plummer, PhD; Jaime Rivera Perez, PhD; Mai-Lan Rogoff, MD; Robert Woodland, PhD

Junior v. Senior:

Primary Recommendations:

1. Highlight value of promotion for clinical faculty
2. Create leadership course/track for clinical faculty
3. Increase promotion clarity
4. Review/revise use of teaching as criteria for promotion
5. Enhance Faculty Affairs Department Liaison visibility
6. Review faculty mentoring

Work Team Co-leaders: Stephen Heard, MD and Olga Hardy, MD

Work Team Members: Charles Sagerstrom, PhD; Mary Munson, PhD; Shimul Shah, MD; C. Robert Matthews, PhD; Karen Welch; Jay Fong, MD

Clinical MD v. Basic Science:

Primary Recommendations:

1. Establish faculty participation in evaluation of clinical administrators
2. Consider creating position of Senior Associate Dean for Clinical Affairs
3. Integrate organizational leadership charts with clinical faculty representation
4. Transparency of departmental finances

Work Team Co-leaders: Julia Andrieni, MD and Bob Baldor, MD

Work Team Members: Eleanor Duduch, MD; Nancy Fontneau, MD, David Geist, MD

Mark Madison, MD, Trudy Manchester, PhD; Santiago Miro, MD; Jennifer Tseng, MD

CONCLUSION and FUTURE STEPS

Overall, UMMS faculty are more satisfied than faculty at peer and cohort institutions. Consequently, the Task Force and its co-chairs decided that the priority of the work of the Task Force was to evaluate and reduce variation in satisfaction within the UMMS faculty community. The Task Force formed four work teams to evaluate the differing experiences in each institutional subgroups identified within the survey by Faculty Forward/COACHE: Female v. Male; Minority v. Majority; Junior v. Senior; Clinical MD v. Basic Science. Recommendations will be presented to the Dean as well as other key leaders and constituencies within the medical school. Many of the recommendations have already been addressed or are under evaluation. The Task Force recommended that UMMS not participate in the 2011 AAMC Faculty Forward survey for two reasons. First, the initial survey demonstrated that UMMS is a leader among the 25 participating institutions. Second, the group felt that a repeat survey should be tailored to assess the effectiveness of changes that result from the group's recommendations and be timed to

provide feedback to the UMMS leadership. UMMS may choose to participate in future iterations of Faculty Forward.

APPENDIX A

PARTICIPATING SCHOOLS

1. Brody School of Medicine at East Carolina University
2. Jefferson Medical College of Thomas Jefferson University
3. Louisiana State University School of Medicine in New Orleans
4. Medical College of Georgia School of Medicine
5. New York Medical College
6. Northwestern University The Feinberg School of Medicine
7. Ohio State University College of Medicine
8. Pennsylvania State University College of Medicine
9. The School of Medicine at Stony Brook University Medical Center
10. St. Louis University School of Medicine
- 11. Stanford University School of Medicine****
12. Texas Tech University Health Sciences Center School of Medicine
- 13. UC Davis School of Medicine****
14. University of Florida College of Medicine
- 15. *University of Massachusetts Medical School***
16. University of Mississippi School of Medicine
17. University of Missouri School of Medicine
18. University of Oklahoma College of Medicine
- 19. University of Pennsylvania School of Medicine****
20. University of South Carolina School of Medicine
21. University of South Florida College of Medicine
22. University of Texas School of Medicine at San Antonio
23. Uniformed Services University of the Health Sciences
- 24. University of Virginia School of Medicine****
25. University of New Mexico School of Medicine

**Peer Comparison

APPENDIX B

TASK FORCE MEMBERS

1. **Julia Andrieni, MD**, Associate Professor & Vice Chair, Dept. of Medicine
2. **Bob Baldor, MD**, Professor, Dept. of Family Medicine & Community Health & Chair, Educational Policy Comm.
3. **Deb DeMarco, MD**, Professor, Dept. of Medicine & Associate Dean of Graduate Education
4. **Eric Dickson, MD**, Associate Professor, Dept. of Emergency Medicine & Senior Medical Director, UMMMMG
5. **Walter Ettinger, MD, MBA**, President, UMMHC
6. **Pat Franklin, MD, MBA, MPH, (co-chair)**, Associate Professor, Dept. of Orthopedics
7. **Maria Garcia, MD**, Assistant Professor, Dept. of Medicine
8. **Olga Hardy, MD**, Assistant Professor, Dept. of Pediatrics
9. **Steve Heard, MD**, Professor & Chair, Dept. of Anesthesiology
10. **Alan Jacobson, PhD**, Professor & Chair, Dept. of Molecular Genetics & Microbiology
11. **Bob Jenal**, Vice Chancellor, Administration & Finance
12. **Ian Barrett, EdD**, Associate Vice Chancellor, & Chief Human Resources Officer
13. **Judy Ockene, PhD, MEd**, Professor, Dept. of Medicine & Interim Vice Provost for Faculty Affairs
14. **Janet Stavnezer, PhD**, Professor, Molecular Genetics & Microbiology & Co-Secretary, Faculty Council
15. **Michele Streeter, CPA**, Executive Director, UMass Memorial Medical Group
16. **Gyongi Szabo, MD, PhD**, Professor, Dept. of Medicine
17. **Doug Ziedonis, MD, MPH**, Professor & Chair, Dept. of Psychiatry
18. **Susan Pasquale, PhD, (co-chair)**, Director of Curriculum & Faculty Development, Office of Faculty Affairs, and Associate Professor, Dept. of Family Medicine & Community Health
19. **Terence Flotte, MD**, Dean, Provost and Executive Deputy Chancellor (ad hoc)

APPENDIX C

CLINICAL PRACTICE SITES

1. UMass Memorial Medical Center
(*e.g., University Campus, Memorial Campus, Hahnemann Campus*)
2. UMass Memorial Health Care Community Hospitals
(*e.g., Clinton Hospital, HealthAlliance Hospital, Marlborough Hospital*)
3. UMass Memorial Health Care Affiliated Health Centers
(*e.g., Barre Regional Health Center, Family Health Center of Worcester, Fitchburg Family Health Center, Great Brook Valley Health Center, Hahnemann Family Health Center, Tri-River Family Health Center*)
4. UMass Community Medical Group Practice Locations
(*e.g., Shrewsbury, Millbury, Westboro East*)
5. Other

APPENDIX D

DASHBOARD OF MAJOR OUTCOMES



Report Dashboard
University of Massachusetts Medical School

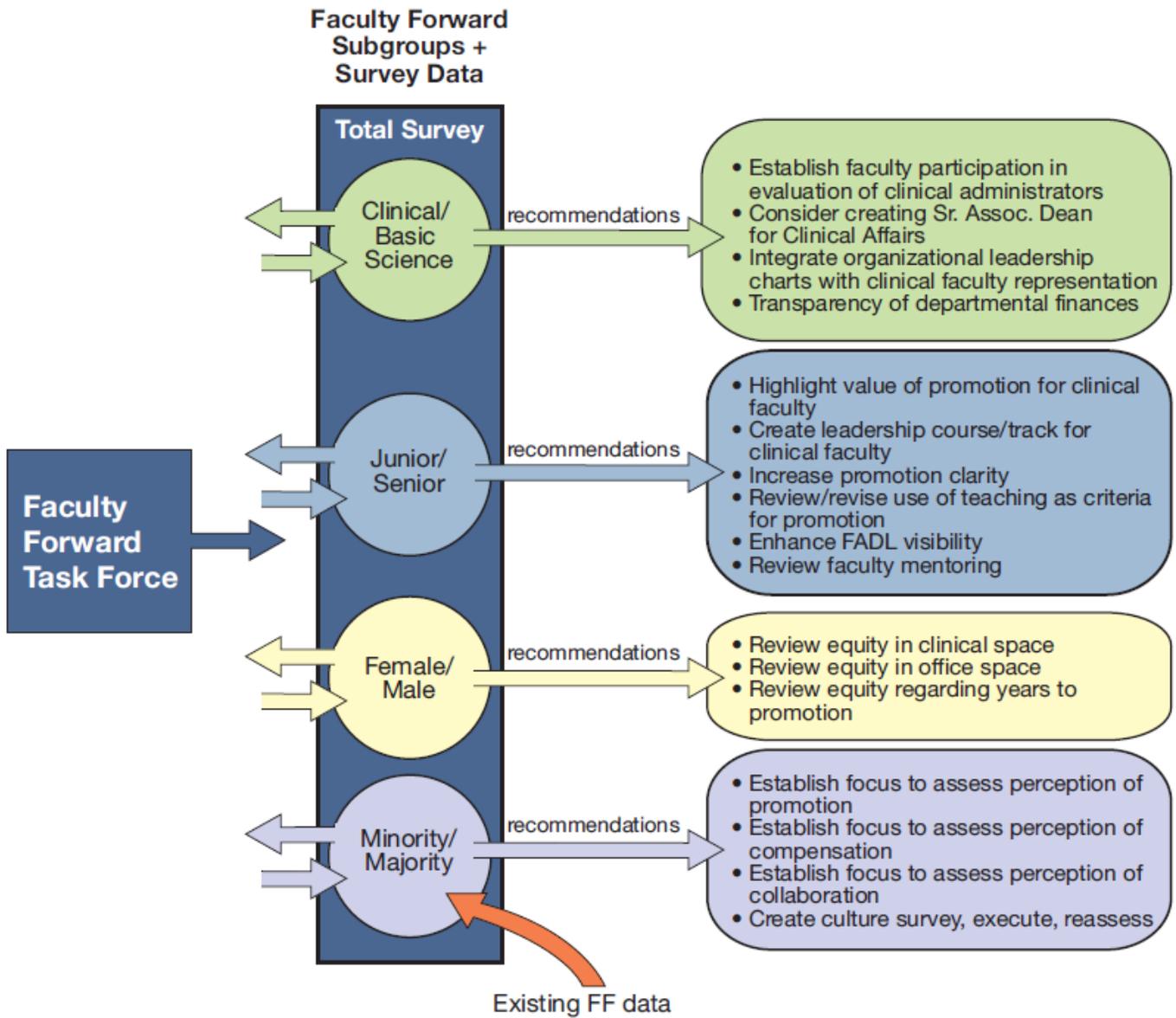
The charts below indicate the ratio of strengths and potential weaknesses within each survey theme overall and by subgroups within your institution. For definitions and criteria, see your Executive Summary, Index of Results or Guide to Your Report.

	v. PEERS & COHORT		WITHIN YOUR SCHOOL			
	All Faculty	Clinical Only	Female v. Male	Minority v. Majority	Junior v. Senior	Clinical MD v. Basic Science
NATURE OF WORK (24)						
CLIMATE, CULTURE, COLLEGIALITY (19)						
COLLAB/ MENTORING/ FEEDBACK (9)						
PROMOTION (13)						
COMPENSATION/ BENEFITS (13)						
FACULTY RECRUITMENT & RETENTION (10)						
GOVERNANCE & OPERATIONS (15)						
CLINICAL PRACTICE (12)		*				n/a
GLOBAL SATISFACTION (4)						

* The "Clinical Practice" portion of the survey was completed only by faculty who affirmed (Q43A) that they are "actively engaged in the clinical care of patients." Therefore, the "All Faculty v. Peers+Cohort" analysis and "Clinical Only v. Peers+Cohort" analysis are practically identical.

APPENDIX E

SCHEMATIC SUMMARY OF UMMS TASK FORCE RECOMMENDATIONS AND REFERRAL TO UMMS LEADERSHIP



APPENDIX F
TASK FORCE WORK TEAM REPORTS
(pages 15-24)



Faculty Forward Task Force
Female v. Male Worksheet

Please forward by **October 22nd** to Susan Pasquale (susan.pasquale@umassmed.edu) OR Pat Franklin (patricia.franklin@umassmed.edu).

Data Sources	Findings	Action Plan
<p>OPPORTUNITIES, PROMOTION, AND COMPENSATION</p>	<p>OPPORTUNITIES (IN GENERAL) ARE EQUAL FOR MEN AND WOMEN: STRONGLY AGREE: 45% MEN; 26% WOMEN AGREE: 42% MEN; 42% WOMEN MALE AND FEMALE FACULTY MEMBERS HAVE EQUAL OPPORTUNITIES TO BE PROMOTED IN RANK: STRONGLY AGREE: 28% MEN; 9% WOMEN AGREE: 40% MEN; 26% WOMEN MINORITY AND NON-MINORITY FACULTY MEMBERS HAVE EQUAL OPPORTUNITIES TO BE PROMOTED IN RANK: STRONGLY AGREE: 25% MEN; 11% WOMEN AGREE: 40% MEN; 23% WOMEN YOUR SATISFACTION WITH YOUR PACE OF PROFESSIONAL ADVANCEMENT IN YOUR MEDICAL SCHOOL: HIGHLY SATISFIED: 15% MEN; 7% WOMEN SATISFIED: 41% MEN; 36% WOMEN YOUR SALARY COMPARED TO YOUR COLLEAGUES (EITHER WITHIN DEPT OR OUTSIDE DEPT): VERY SATISFIED: 10-12% MEN; 6-7% WOMEN SATISFIED: 26-39% MEN; 21-34% WOMEN</p>	<p>WE BELIEVE THAT THE ISSUE OF ADVANCEMENT IS CURRENTLY BEING ADEQUATELY ADDRESSED BY THE FACULTY ADVANCEMENT AND DEVELOPMENT LIAISON COMMITTEE (FADL). IN THE LAST TWO YEARS 11 WOMEN HAVE BEEN PROMOTED TO FULL PROFESSOR AND 26 WOMEN TO ASSOCIATE PROFESSOR. THE PERCENT OF WOMEN WHO ARE FULL PROFESSORS IS 15.3%; THE EQUIVALENT FIGURE FOR MEN IS 28.6%. THE PERCENT OF WOMEN WHO ARE ASSOCIATE PROFESSORS IS 23.9%; THE EQUIVALENT FIGURE FOR MEN IS 24.5%. THESE FIGURES COMPARED TO PREVIOUS YEARS INDICATE A POSITIVE UPWARD TREND FOR PROMOTION OF FEMALE FACULTY TO THE HIGHER ACADEMIC RANKS. THE GENDER EQUITY INITIATIVE IS CURRENTLY DEVELOPING A PLAN TO STUDY WHETHER THERE ARE DIFFERENCES IN YEARS TO PROMOTION FOR MEN AND WOMEN AND FACTORS RELATED TO POTENTIAL DIFFERENCES.</p> <p>THE ISSUE OF COMPENSATION WAS ADDRESSED BY THE GENDER EQUITY INITIATIVE THAT WAS COMPLETED IN MAY, 2010. NO SYSTEMIC DIFFERENCES IN SALARIES WERE FOUND FOR MEN AND WOMEN AND ALL INDIVIDUAL DIFFERENCES WERE ADDRESSED.</p>
<p>CLINICAL SPACE</p>	<p>SPACE AVAILABLE FOR YOUR CLINICAL PRACTICE VERY SATISFIED: 21% MEN; 10% WOMEN SATISFIED: 30% MEN; 24% WOMEN</p> <p>WOMEN WERE LESS SATISFIED WITH THE SPACE AVAILABLE FOR THEIR CLINICAL PRACTICE.</p> <p>THE WORK GROUP DOES NOT HAVE SUFFICIENT INFORMATION TO JUDGE THE BASIS OF THIS CONCERN. WE INVESTIGATED THE METRICS USED FOR DISTRIBUTION OF CLINICAL SPACE (EXAM SPACE) AND WERE TOLD BY KATHLEEN HYLKA, DIRECTOR OF STRATEGIC SPACE PLANNING AT UMASS MEMORIAL, THAT THERE ARE NONE.</p> <p>DURING THE WORK GROUP DISCUSSION, IT WAS SUGGESTED THAT ALTHOUGH OFFICE SPACE WAS NOT INCLUDED IN THE SURVEY, IT IS POSSIBLE THAT THERE IS UNEQUAL DISTRIBUTION OF OFFICE SPACE AMONG MEN AND WOMEN CLINICIANS. THIS MIGHT BE RELATED TO THE FACT THAT MORE WOMEN THAN MEN FACULTY ARE PART TIME, BUT IT MIGHT NOT BE. KATHLEEN HYLKA NOTED THERE ARE METRICS FOR ASSIGNING OFFICE SPACE BASED ON <u>NEW</u> CONSTRUCTION BUT THEY TRY TO FIND OFFICES AS CLOSE TO THE RECOMMENDED STANDARDS AS MUCH AS POSSIBLE. THE LINK TO THE CAMPUS PLANNING OFFICE STANDARDS IS: HTTP://INSIDE.UMASSMED.EDU/CONTENT.ASPX?ID=31682#UMMS</p>	<p>THE WORK GROUP RECOMMENDED THAT HOW CLINICAL SPACE AND CLINICAL OFFICE SPACE IS ALLOCATED, AND WHETHER IT IS EQUITABLY DISTRIBUTED BETWEEN MEN AND WOMEN, BE STUDIED.</p> <p>THE REPORT IDENTIFIED ONE AREA IN WHICH WOMEN ARE MORE SATISFIED THAN MEN:</p> <p>TUITION BENEFITS FOR DEPENDANTS. HOWEVER, THE REPORT INDICATES THESE DATA ARE NOT USEFUL BECAUSE OF A LOW RESPONSE RATE.</p>



Faculty Forward Task Force
Majority v. Minority Worksheet

Please forward by **October 22nd** to Susan Pasquale (susan.pasquale@umassmed.edu) OR Pat Franklin (patricia.franklin@umassmed.edu).

Data Sources	Findings	Action Plan																																																					
<p>AAMC FACULTY FORWARD SURVEY:</p> <p>FOCUS AREAS:</p> <p>1. YOUR OVERALL COMPENSATION SMALL SAMPLE OF MINORITY FACULTY 63% (MAJORITY) V. 38% (MINORITY) REPORTED SATISFIED/ VERY SATISFIED WITH ITEM.</p> <p>2. OPPORTUNITIES TO COLLABORATE WITH FACULTY IN OTHER SCHOOLS/COLLEGES IN YOUR UNIVERSITY SLIGHT DIFFERENCE; UNCLEAR OF IMPORTANCE GIVEN SMALL NUMBERS AND SMALL DIFFERENCES.</p> <p>3. MINORITY AND NON-MINORITY FACULTY MEMBERS HAVE EQUAL OPPORTUNITIES TO BE PROMOTED IN RANK. SLIGHT DIFFERENCE; UNCLEAR OF IMPORTANCE GIVEN SMALL NUMBERS AND SMALL DIFFERENCES.</p>	<p>I. GENERAL INFORMATION FROM FACULTY FORWARD SURVEY:</p> <p>A. Minority faculty v. Majority faculty as defined in survey :</p> <p>AAMC wrote standard questions and faculty self-identified.</p> <p>7. Sex: 0 <input type="checkbox"/> Male 1 <input type="checkbox"/> Female 9 <input type="checkbox"/> Decline to answer</p> <p>8. What is your race and/or ethnicity? (Check all applicable categories)</p> <p>0 <input type="checkbox"/> American Indian or Alaska Native 1 <input type="checkbox"/> Asian 3 <input type="checkbox"/> Black or African American 4 <input type="checkbox"/> Hispanic 5 <input type="checkbox"/> Native Hawaiian or other Pacific Islander 2 <input type="checkbox"/> White 8 <input type="checkbox"/> Other (please specify: _____) 9 <input type="checkbox"/> Decline to answer</p> <p>B. Female v. Male, Majority v. Minority, Basic Science v. Clinical faculty members:</p> <table border="1" data-bbox="493 933 1528 1258"> <thead> <tr> <th rowspan="2">A. Participants</th> <th colspan="2">N at your school</th> <th colspan="3">Completion rates</th> </tr> <tr> <th>Population size</th> <th>Valid complete s</th> <th>Your school</th> <th>Peers</th> <th>Cohort</th> </tr> </thead> <tbody> <tr> <td>Total Population</td> <td>957</td> <td>472</td> <td>49.3%</td> <td>50.1%</td> <td>50.8%</td> </tr> <tr> <td>Male</td> <td>653</td> <td>309</td> <td>47.3%</td> <td>47.4%</td> <td>50.1%</td> </tr> <tr> <td>Female</td> <td>304</td> <td>163</td> <td>53.6%</td> <td>56.2%</td> <td>53.1%</td> </tr> <tr> <td>Majority (i.e., White, Asian)</td> <td>688</td> <td>438</td> <td>63.7%</td> <td>50.9%</td> <td>53.1%</td> </tr> <tr> <td>Minority</td> <td>45</td> <td>34</td> <td>75.6%</td> <td>54.4%</td> <td>48.7%</td> </tr> <tr> <td>Basic Science</td> <td>209</td> <td>122</td> <td>58.4%</td> <td>56.9%</td> <td>63.6%</td> </tr> <tr> <td>Clinical</td> <td>748</td> <td>350</td> <td>46.8%</td> <td>49.1%</td> <td>48.5%</td> </tr> </tbody> </table> <p>NOTE: SMALL SAMPLE OF MINORITY FACULTY (IN RED)</p> <p>INTERPRETATION: AMONG 472 FACULTY MEMBERS COMPLETING THE SURVEY, THERE WERE 92.8% (438/472) MAJORITY AND 7.2% (34/472) MINORITY FACULTY.</p>	A. Participants	N at your school		Completion rates			Population size	Valid complete s	Your school	Peers	Cohort	Total Population	957	472	49.3%	50.1%	50.8%	Male	653	309	47.3%	47.4%	50.1%	Female	304	163	53.6%	56.2%	53.1%	Majority (i.e., White, Asian)	688	438	63.7%	50.9%	53.1%	Minority	45	34	75.6%	54.4%	48.7%	Basic Science	209	122	58.4%	56.9%	63.6%	Clinical	748	350	46.8%	49.1%	48.5%	<p>1. OVERALL, THE SUBCOMMITTEE DISCUSSED THAT THE SMALL MINORITY FACULTY SAMPLE SIZE COULD ONLY SERVE TO SUGGEST BUT NOT ENOUGH CRITICAL MASS TO ASSESS A DIFFERENCE BETWEEN MINORITY AND MAJORITY FACULTY RESPONSES. THEREFORE, THE FOLLOWING IS RECOMMENDED:</p> <p>A. SURVEY TARGETED MINORITY UMMS AND CLINICAL FACULTY <u>BY FOCUS GROUPS</u> (PROVIDES QUALITATIVE DATA) OR <u>BY POLLING INSTRUMENT</u> (PROVIDES QUANTITATIVE ANALYSIS DATA) TO ASSESS OVERALL PERCEPTION INVOLVING PROMOTION, COMPENSATION AND</p>
A. Participants	N at your school		Completion rates																																																				
	Population size	Valid complete s	Your school	Peers	Cohort																																																		
Total Population	957	472	49.3%	50.1%	50.8%																																																		
Male	653	309	47.3%	47.4%	50.1%																																																		
Female	304	163	53.6%	56.2%	53.1%																																																		
Majority (i.e., White, Asian)	688	438	63.7%	50.9%	53.1%																																																		
Minority	45	34	75.6%	54.4%	48.7%																																																		
Basic Science	209	122	58.4%	56.9%	63.6%																																																		
Clinical	748	350	46.8%	49.1%	48.5%																																																		

II. Faculty and Dual Docs as of 19 Oct 2010 UMass Medical School:

Produced by Human Resources

Basic Science Faculty Summary

Ethnicity

Asian	124	19%
Asian Ind	1	0%
Black	14	2%
European	2	0%
Hispanic	20	3%
Not Specified	12	2%
Other, White	1	0%
Spanish	1	0%
White	469	73%
Total	644	100%

Dual Doc

Ethnicity

Am. Indian	1	0%
Asian	99	16%
Asian Ind	2	0%
Black	11	2%
Hispanic	13	2%
Not Specified	28	4%
White	478	76%
Total	632	100%

COLLABORATION.

- B. SURVEY TARGETED MINORITY UMMS AND CLINICAL FACULTY USING 'UMMS DIVERSITY CLIMATE SURVEY' BEING ADMINISTERED BY DIVERSITY OFFICE IN SPRING Q1 2011 AS TOOL TO CAPTURE MINORITY FACULTY PERCEPTION OF PROMOTION, COMPENSATION AND COLLABORATION.

Submitted by Minority and Majority Committee

Brian Lewis, Assoc Professor, Gene Function & Expression

Shan Lu, Physician (Dual), Gen Med/Prim Care

Pranoti Mandrekar, Assoc Professor, Gastroenterology

Sonia Ortiz-Miranda, Asst Professor, Physiology / MAPS

Danna B Peterson, Professor, Anesthesiology

Interpretation: There are 106 minority faculty members (excluding Asians) or 8.3% (106 / 1276) of total faculty.

Deborah L Plummer,
Assoc.VC, Diversity & Equal
Opportunity

Jaime Rivera Perez, Asst
Professor, Cell Biology

Mai-Lan A Rogoff, Assoc
Professor, Student Affairs

Robert T Woodland, Assoc
Professor, Molecular
Genetics & Microbiology

Maria Garcia, Asst
Professor, Medicine

Ian Barrett, Assoc VC,
Human Resources

III. SUB-COMMITTEE ANALYSIS:

A. COMPENSATION

	MAJORITY						MINORITY					
	You		Peers		Cohort		You		Peers		Cohort	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Very satisfied	53	13%	220	11%	850	11%	1	3%	10	7%	50	7%
Satisfied	207	50%	774	39%	3180	40%	11	35%	57	40%	260	37%
Neither	76	18%	371	19%	1504	19%	10	32%	31	22%	145	21%
Dissatisfied	67	16%	447	23%	1791	22%	6	19%	26	18%	157	23%
Very dissatisfied	12	3%	171	9%	723	9%	3	10%	19	13%	85	12%

QUESTION : YOUR OVERALL COMPENSATION

NOTE: small sample of Minority faculty (in red)

INTERPRETATION: 63% (Majority) vs. 38% (Minority) faculty reported satisfied / very satisfied with item.

B. COLLABORATION

	MAJORITY						MINORITY					
	You		Peers		Cohort		You		Peers		Cohort	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Very satisfied	28	13%	216	16%	592	11%	1	6%	9	8%	46	3%
Satisfied	90	41%	614	45%	2218	42%	8	44%	48	45%	174	3%
Neither	64	29%	321	23%	1383	26%	3	17%	27	25%	143	2%
Dissatisfied	24	11%	166	12%	847	16%	3	17%	15	14%	96	2%
Very dissatisfied	7	3%	42	3%	214	4%	3	17%	5	5%	23	2%
Not applicable	9	4%	16	1%	78	1%	0	0%	2	2%	10	1%

QUESTION: Opportunities to collaborate with faculty in other schools/colleges in your university [BASE: Q25A = Very important

or Important]

NOTE: small sample of Minority faculty (in red)

INTERPRETATION: Slight difference; unclear of importance given small numbers and small difference.

C. PROMOTION:

	MAJORITY						MINORITY					
	You		Peers		Cohort		You		Peers		Cohort	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Strongly agree	89	21%	382	19%	1548	19%	3	10%	13	9%	78	
Agree	139	34%	779	39%	3163	39%	13	42%	45	31%	226	
Neither	47	11%	230	12%	938	12%	3	10%	27	19%	124	
Disagree	6	1%	96	5%	286	4%	1	3%	14	10%	49	
Strongly disagree	3	1%	42	2%	150	2%	0	0%	11	8%	47	
I don't know	130	31%	454	23%	1975	25%	11	35%	33	23%	174	

QUESTION: Minority and non-minority faculty members have equal opportunities to be promoted in rank

NOTE: small sample of Minority faculty (in red)

INTERPRETATION: Slight difference; unclear of importance given small numbers and small difference.



Faculty Forward Task Force

Junior/Senior Faculty Work Team Worksheet

Please forward by **October 22nd** to Susan Pasquale (susan.pasquale@umassmed.edu) OR Pat Franklin (patricia.franklin@umassmed.edu).

Data Sources	Findings	Action Plan
<p>32a: promotion: what I must do is clear to me: teaching and education 32b: promotion: what I must do is clear to me: research and scholarship 35a: promotion: the pace of professional development at your medical school</p>	<p>Junior faculty felt that there was a lack of clarity as to what was required for promotion in the domains of teaching, education, research and scholarship. In addition, there was dissatisfaction in their rate of professional advancement.</p>	<ol style="list-style-type: none"> 1. Provide clarity and transparency regarding the requirements that are necessary for promotion – responsibility of both the home department and office of faculty affairs. 2. Establish a formal mentoring program fostering relationships between junior and senior faculty members <ol style="list-style-type: none"> A. Each department should establish its own mentoring program. B. Department of biochemistry and molecular pharmacology was suggested as having a good prototype for a mentoring program. Ratio of 2 senior/1 junior faculty. Meetings are twice a year. C. Evaluate the mentoring program offered by the office of faculty affairs (OFA) for strengths and weakness. 3. Encourage appropriate senior faculty members to attend a workshop aimed at improving mentorship skills – either via OFA or external to institution. 4. Highlight the tangible benefits of promotion to junior faculty members – by mentors and as part of the annual review with division chief or departmental chair.



Faculty Forward Task Force

Clinical v. Basic Science Worksheet

*Faculty Forward and Morehead Survey Identified Four Areas of Dissatisfaction By Clinical Faculty As Compared To Basic Science Faculty Which Served As Our Four Data Sources ****

Data Sources	Findings	Action Plan (listed by order of recommendation)	*Strongly recommended
			** Recommended
1. Perceived value and nature of clinical-educator role	<p>a. The Education Mission is undervalued compared to the Research and Clinical Missions.</p> <p>b. Education responsibilities compete with the ability to maintain compensation in an RVU driven clinical productivity plan. It feels like a private practice model (but not the private practice benefits) with teaching squeezed in, rather than an academic environment. The concept of "donating 10% time" to the school in exchange for a faculty appointment is offensive to many, and not equally enforced throughout our system.</p> <p>c. No financial incentives to teach, and insufficient clinical staff/resources to help with the clinical "scut work" interfere with opportunities to teach.</p>	<p>i. *Develop a leadership course and track for clinical faculty. This would include professional leadership development, which the OFA has recently developed and started implementing. Propose that OFA partner with the medical group and UMMHC system to develop workshops for clinical physician leaders.</p> <p>ii. **Schedule faculty development events well in advance and at convenient times for clinicians – ensure that announcements are made and received on the clinical side of Informatics. Consider changing faculty lunches to faculty breakfasts to better accommodate clinic schedules.</p> <p>iii. Recognize and highlight faculty clinical expertise, community service, and clinical faculty contributions to UME and GME through marketing and clinical recognition awards (e.g. a "Circle of Clinical Excellence" supported by the Medical School).</p> <p>iv. Include Clinical System Issues on the agenda for Faculty Council Meetings.</p> <p>v. Consider developing a clinical faculty newsletter with information integrated from the Medical group, Medical School, and Healthcare System.</p> <p>vi. Develop a Clinical Operation Leadership Faculty Development Program (suggested curriculum includes: finance, staffing options?, LEAN, Balance Sheets, process and QI).</p>	

<p>2. Promotions Process</p>	<p>a. What is the value of a full Professor within the clinical system if still working in the trenches like an Assistant Professor? There is no real difference in compensation between academic ranks.</p> <p>b. There is no developed pathway and plan for clinical faculty with support and expectations for academic work developed by the Chairs.</p> <p>c. Promotion criteria not well understood; clinical modifier track is not respected; no credit towards promotion for the years of teaching that is done.</p> <p>d. No time to put a promotion package together.</p> <p>e. There is no support infrastructure for academic work of clinical faculty.</p> <ul style="list-style-type: none"> - No biostatistician access for clinical faculty - AV closure is a loss of support for poster development. <p>f. Regional/National reputation is difficult to obtain as a clinical worker bee. Time utilized for regional/national presentation preparation compete with clinical responsibilities.</p> <p>g. Lack of career path mentoring for the development of clinical expertise; particularly crucial for new clinical faculty.</p> <p>h. Human Resource and Faculty Development programs are not announced with enough lead time in order for clinical faculty to have the opportunity to participate. The schedules are often not sensitive to the schedules of clinicians.</p>	<p>i. *Develop Clinical Faculty Leadership Course/track as above.</p> <p>ii. **Review/revise the use of teaching as a criteria for promotion.</p> <p>iii. **Assign, at the departmental level, a physician faculty development officer that reports to the VPFA to identify individuals for promotion with specific recommendations to clinical faculty to support academic promotions (elevate visibility of FADL).</p> <p>iv. Develop a career strategy for clinical faculty with the infrastructure to support academic work at a regional and/or national level.</p> <p>v. Develop appropriate financial incentives and/or protected time for regional and national academic meeting presentations (e.g. decrease RVU Target or clinical activity to support protected time).</p>
-------------------------------------	---	--

<p>3. Departmental And Hospital Governance & Operations</p>	<p>a. Lack of a uniform vision from a clinical standpoint with a defined strategic plan and a method for physician feedback.</p> <p>b. Lack of coordination of clinical issues between three entities – the medical school, medical group, and medical center.</p> <p>c. Lack of an advocate for the clinical faculty. Faculty Council has a lack of credence to clinical system issues. When clinical faculty complain, they are stigmatized.</p> <p>d. Lack of financial transparency or understanding of the clinical operations' costs (i.e., Overhead, Direct and Indirect Costs).</p> <p>e. Lack of physician control and voice in regards to clinical operations, staff, policies, and models of patient care. Administrators assigned to clinical areas are not accountable to physicians working in that area. No 360° degree evaluation process.</p> <p>f. The criteria for office and clinical space distribution is not transparent.</p>	<p>i. * Develop Clinical Faculty Leadership Course/track as above.</p> <p>ii. * The Sr. Associate Dean for Clinical Affairs (TBD) should be the thread between the Medical Group, Hospital and School. It was felt that this person should not be the head of the group practice, nor a current member of Administration. This individual would sit on the following committees:</p> <ul style="list-style-type: none"> - Executive Leadership Council (Chairs and Deans) - Senior Leadership Team (Hospital) - Executive Leadership Team for Healthcare System <p>iii. * Develop Transparency in Financial Reporting of, Departments' Balance Sheets, Physician Compensation, and Facilities Expenses, etc. * Develop Transparency in criteria for space allocation.</p> <p>iv. ** 360° Evaluation of clinical administrators</p> <ul style="list-style-type: none"> - Physician input needed on clinical staff, administrators, nurse managers, PAs, etc. in their area on an annual basis - Clinical Chiefs to review the evaluations of clinical staff and administrators - A evaluation tool should be developed within a department/division for non-physician personnel <p>v. **Infrastructure leadership organizational charts should be integrated with Clinical Faculty representation.</p> <p>vi. Consider practice model changes that support physician feedback and suggestions for clinical operations' improvement.</p> <p>vii. Incentives need to be aligned within each department – inside and outside: clinical and CMG with equitable responsibilities, payment and incentive plans.</p> <p>viii. Medical Group and Faculty Council construct a comparison of compensation and benefits with findings disseminated to ALL faculty.</p> <p>ix. Develop process to address clinical concerns and bring to the attention of the Dean for Clinical Affairs.</p> <p>x. Dean for Clinical Affairs chairs a committee of clinical leaders across our system.</p>
--	--	---

<p>4. Compensation and Benefits</p>	<ol style="list-style-type: none"> 1. Limited investment options for mutual funds in current benefit plan. 2. Review differences in contribution to retirement plans for clinical and research faculty. 3. Healthcare Benefits Plan changed without faculty input or feedback. 4. Clinical faculty can be under recognized and underappreciated which can affect faculty retention. 5. Differences between Holidays and Vacation accruals between UMMS and UMMHC salaried faculty and staff creates sense of UMMHC salaried being second-class citizens 	<ol style="list-style-type: none"> i. Standardize Exit Interviews for all clinical faculty to enhance retention and gain feedback ii. Compare benefit packages for clinical faculty and basic scientists on healthcare plans, contribution to retirement, vacation/CME, and insurance plans AS WELL AS TO OTHER ACADEMIC INSTITUTIONS. The VPFA office to conduct the comparison and distribute the information to all faculty. iii. Sr. Associate Dean of Faculty Affairs will receive a copy of Exit Interviews from Human Resources and report back to the Dean and faculty. iv. Review of all clinical faculty UME and GME educational opportunities and responsibilities with equitable financial incentives for employed physicians. v. Faculty Board or UMass Medical Group Advisory Board with voting rights for compensation and benefits and other policies and/or procedures which impact faculty.
--	--	--