COMPOSITE MEETING SUMMARY
DEPARTMENT/PROGRAM HEAD PERSPECTIVES ON FACULTY TOPICS
Spring 2010

Members of the Executive Committee of the Faculty Council (ECFC) interviewed each of the department and program heads of the School of Medicine to understand leadership perspectives on three topics of expressed interest by faculty. Interview summaries were used to create the following composite to share with faculty interested in the dynamics of Clinician Track appointment/promotion and policies and procedures related to sabbatical leave and bridge funding.

CLINICIAN TRACK PROMOTIONS: To understand how the flexible criteria for promotion outlined in the APGAR document pertaining to the Clinician Track are translated into practice within departments and programs of the School of Medicine.

**Patient Care:** Clinical contact with patients is a core expectation of faculty on the Clinician Track. The expected percent time and effort varies depending on the needs of the department, the expertise of the individual and other responsibilities assumed by the individual. Typically, faculty will have a specific focus for their practice. Promotion is enabled by board certification and recognition by national or regional subspecialty societies and peers. Patient satisfaction ratings, clinical quality indices, RVUs and patient volume are used as metrics for promotion. Some departments rely only on quality measures and some combine quality and volumes or revenues generated to judge whether clinical work meets departmental/program expectations. Initial appointment to the Clinician Track may require a defined number of years of professional experience.

**Teaching:** Teaching is routinely expected of faculty members serving on the Clinician Track. This can occur in a variety of venues - all valued in the promotion process. Service in teaching can be via lecture in formal curriculums or in continuing education, in clinical or research laboratories, or at the bedside. Feedback from students, residents and house staff is used as an indicator of effectiveness. Several academic units require completion of a Clinical Educator portfolio to illustrate the plans for career development in teaching as well as in patient care and research.

**Research:** Nearly all academic units require Clinician Track faculty to show evidence of scholarship. Expectations may include performing hypothesis-based research that advances the field, building new practice models, publishing clinic case studies, case reports and outcome studies. Expectations also reflect source of funding (e.g. RO1, career development) and career path preferences. The degree of commitment to research may predicate initial appointment to the Clinician Track. Collaborative work is encouraged and promotion is responsive to increasing visibility through publications and grants in addition to reputation gained through teaching and patient care. The specific number and types of publications or other measures of scholarly productivity required for movement from one rank to another varies by department/program.

**Administration:** Roles in this area are recognized as relevant to the Clinician Track by a number of academic units. Section and Division leadership, course master responsibilities and service to the department/program in committees and appointed positions are recognized as contributing to the Clinician Track faculty member’s
productivity. There is generally no difference in opportunity for part-time or full-time Clinician Track faculty to seek leadership in their department/program. A few academic units reserve appointment as a departmental leader (e.g. laboratory director or Division Chief) for faculty on the Investigator Track.

**Relative importance of contributions in these areas:** Almost all departments/programs recognize a range of activities appropriate for meeting the expectations of appointment and promotion on the Clinician Track. Some academic units specify one area as more important over the others (e.g. teaching instead of patient care or vice versa). These priorities are discussed with faculty and built into assigned workloads.

**Annual evaluations of Clinician Track faculty:** The School of Medicine requires that faculty on any track be afforded regular feedback and assessment through faculty evaluation meetings. The elements of the APGAR are specifically reviewed at these meetings by a number of academic leaders; others provide this review at faculty meetings. Some department/program heads rely on internal committees or on Division Chiefs/Section Heads to conduct interim evaluations and assess progress toward promotion and then to report these outcomes to the chair. Some departments provide financial incentives to Divisions that participate fully in the evaluation process. A number of chairs conduct faculty evaluations independently. Evaluations often occur more frequently for new faculty (some as often as quarterly) to ensure progress toward established goals. Four departments do not have Clinician Track faculty.

**Mentorship of part- and full-time faculty:** Active mentoring is recognized as important to support career development. Such mentoring may be provided by the chair, division chiefs, senior faculty or working groups formed for this purpose; mentoring may also be offered through actual administrative structures within a department (e.g. Office of Faculty Development). To ensure appropriate frequency and quality, division chiefs/section heads may be evaluated on their mentoring abilities. A variety of resources are committed to faculty development including tuition for coursework, newsletters, mini seminars and luncheon meetings where faculty expectations can be discussed. Templates for portfolio construction may be provided to assist faculty to effectively present their work outcomes at the time of promotion.

**Other related comments about the Clinician Track:** The following were identified as concerns that department/program leaders felt should be addressed in future discussions about the Clinician Track:

- The language of the APGAR is not equally relevant for non-physician faculty practitioners
- Faculty on the Clinician Track should be eligible for tenure
- Clinician Track faculty should be eligible to educate PhD students

**SABBATICAL LEAVE:** To clarify faculty access to sabbatical leave at the School of Medicine.

**opportunities by track and impact on the academic unit:** Only a few departments/programs have granted sabbaticals, although a number have provided short term opportunities for faculty needing/desiring to develop a new ability or knowledge base. A few academic units reserve sabbaticals only for faculty on the
Investigator track or only for senior faculty. Others do not see sabbaticals as related to track or rank. Regardless, the projected impact must be positive for both the individual and for the department and bring value to the institution.

**Criteria and duration of leave:** Faculty proposing a sabbatical leave should show evidence of careful planning for retention or distribution of key roles within the department/program. Although some faculty members have taken a year-long leave, the most common duration of approved leave is 3-6 months. Some departments require (or envision requiring if they have not used sabbatical leave in the past) a length of service (e.g. 10+ years) before approval. Sabbatical leave can be for research, clinical or administrative purposes. Faculty members are generally required to remain in contact with the department during the leave to ensure continuity of work. Concerns have been voiced about the risk of not retaining a faculty member following investment via sabbatical leave.

**Compensation:** Departmental funds are often used – in part or in full - to fund sabbatical leave. Clinical units voice significant difficulty in meeting practice demands/revenue requirements during faculty absences. Clinical revenues may or may not be seen as an appropriate source of funding to support sabbatical leave. Faculty in some departments/programs may be required to seek other sources of extramural funding to enable a leave. Others have no formal funding mechanisms but allocate time or resources to enhance training. “Internal sabbatical leave” may also be constructed with the individual remaining on campus to receive additional training or experience that enhances his/her career.

**BRIDGE FUNDING:** To understand how departments and programs adjust to the dynamics of funding for research

**Promotion of opportunity:** Although a number of departments/programs specifically discuss opportunities for bridge funding at annual evaluation or faculty meetings, others report that such information is known as a common practice. Priority is often given to junior faculty who are building scientific careers and who have not yet achieved a sustained history of funding. Prospective budgeting for the need to bridge-funding cycles is enabled by careful monitoring of proposals, triage, scoring and awards. Some departments have endowments or designated “nest eggs” that fund bridge-funding requests; revenues from clinical practice or teaching may be used to support these needs.

**Mechanisms for application:** The majority of academic units at WUSM have no formalized process by which faculty can apply for bridge funds. Some units are currently constructing a formalized process. Generally, requests for funding are directed to the chair and discussed in the faculty evaluation meetings; Division Chiefs also may be the point of entry for such requests. Consideration of funding requests generally requires an estimate of potential for future grant funding. In clinical departments, clinicians may be able to bridge the gap with additional clinical work. Some departments report that they do not have funds to bridge research funding gaps.

**Duration of funding:** The duration of funding clearly depends on the need of the individual, but also is limited on a practical basis. The duration can vary according to the rank of the faculty member, the ability of that individual to share responsibility for costs
(e.g. through collaboration with other scientists, no cost extensions or clinical work). Funding durations of 1 year, 2-3 years and up to 5 years or more were reported.

**Tangible and intangible effects:** The two primary benefits of allocating funds to bridge lean times for funded research are 1) professional development for an individual faculty member and 2) accrual of visibility and/or new skill to department/program. Faculty retention also is regarded to be enhanced by bridge funding. In addition, new sources of funding may eventually be found and new ways for faculty to contribute to the missions of the university achieved.

**Other related comments:** The following were identified by department/program leaders as concerns about bridge-funding requests or approvals:

- The reserve fund system may create asymmetry in ability to find funds for bridge grants
- Funding investments may require downsizing of a faculty member’s laboratory during this period, which can compromise the progress of research in the lab required for future funding.

**SUMMARY**

Thank you to all department/program leaders who contributed information and perspective to enable faculty at the School of Medicine to learn, understand and use effectively these important processes of academic life.

**Departments/Programs Reporting:**

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