

**COMPOSITE MEETING SUMMARY**  
**DEPARTMENT / PROGRAM HEAD PERSPECTIVES ON FACULTY TOPICS**  
**Spring 2019**

Members of the Executive Committee of the Faculty Council (ECFC) interviewed each of the department and program head of the School of Medicine to understand leadership perspectives on four topics of expressed interest by faculty: 1) effect of institutional benefits on faculty recruitment / retention; 2) process and metrics for appointment and promotion on non-tenured faculty tracks (research / clinical), 3) bridge funding policies and 4) sabbatical leave policies. Interview summaries were used to create the following composite to share with faculty.

**I. EFFECTS OF INSTITUTIONAL BENEFITS ON RECRUITMENT / RETENTION: To understand, in the era of ever competitive recruitments, whether institutional benefits have proven a hinderance in the recruitment process.**

***Issues typically cited for not accepting positions:*** There are several issues that are typically cited by potential faculty recruits for not accepting positions at Washington University. One of the heaviest cited issues is faculty salaries being below the national average and startup packages not being as competitive as our peer institutions. The second issue is geography, which has been a fundamental problem when recruiting candidates from the coasts. Some candidates have little appetite for living in the mid-west outside of the Chicago metropolitan area. In addition, perceived issues around race, religion and diversity have, on occasion, made St. Louis a hard sell. The third issue is spousal employment, either at Washington University, or in a sector other than academic research. Difficulties in finding opportunities for spouses have resulted in many exceptional candidates rejecting Washington University. This has made it particularly difficult to recruit female faculty. The final issue that has been cited by recruits has been benefits. This has fallen into two areas, (1) retirement benefits do not kick in until after two years of employment, and (2) a lack of on-site daycare, and long wait times for available day care options. In contrast, loss of existing faculty has typically fallen into two areas, (1) promotion to a higher ranked and/or leadership position with increased salary / large recruitment package and (2) moving closer to extended family.

***Working with other academic units to satisfy spousal recruitments:*** One of the major challenges in recruitment is satisfying spousal requirements for employment. This necessitates working with other academic units at Washington University. The success of such partnerships is highly variable across departments and programs. Some report that the spirit at WUSM is typically cooperative and collegial and has resulted in successful placement of spousal hires. Other departments and programs report a lack of willingness of their colleagues to support their recruitment efforts. That can partially be explained by size of the partnering department along with what positions are available as well as resources to support those hires. In contrast, most WUSM units have experienced significant challenges working with academic units on the Danforth campus. Specifically, this has centered on the requirement of Danforth units for the WUSM department to provide salary support for the spousal hire and that the level of the offered position, may be beneath the quality of the spousal candidate. A major challenge has been when the spouse of a faculty recruit works in a sector outside of academia. Recent examples have included an attorney and a marketing executive. There are currently no resources available from the University to assist with such recruitments. These issues in aggregate have resulted in the loss of multiple recruits at WUSM in recent years.

***On-Site Daycare:*** A current challenge, particularly for junior faculty is the lack of on-site daycare and the significant wait times for slots at local daycare organizations. Some departments and programs report that this is the number one issue that is brought up by faculty recruits as well as existing faculty as it is a major stressor for young families. Others report that while not a deal breaker, concern about capacity and wait times as well as work / life balance have been expressed by recruits, especially female candidates. The remainder of the departments and programs have not had the issue come up directly in recruitment discussions, but they overwhelmingly recognize how essential having on-site daycare is, especially given the plans to increase the faculty by 150 people over the next 5-10 years.

***Parking & Transportation:*** Parking has not come up in recruitment as a major issue, but existing faculty have communicated to their departmental and program leadership three primary concerns (1) cost, especially with

the loss of surface lots; (2) safety, with regard to walking long distances at night to parking lots / garages as well as night-time use of the metrolink and (3) capacity, especially close to the hospitals for emergency consults. The overarching response from the unit leadership has been that it is important that faculty have cost-effective and safe parking solutions that work well for them.

**II. NON-TENURED TRACK FACULTY APPOINTMENT / PROMOTION:** To understand how the flexible criteria for promotion outlined in the APGAR document pertaining to the Non-Tenured Faculty (Research and Clinician Track) are translated into practice within departments and programs of the School of Medicine.

**Definition of excellence in teaching, patient care and research with regard to non-tenured faculty appointment / promotion:** Each academic unit at the School of Medicine has slightly different definitions of each of these categories making the definition of excellence somewhat role-specific. However, there are some common themes. In clinical units, excellence in teaching is defined as a certain deliberateness that the faculty member puts into their teaching efforts, how they interact with residents, as well as student feedback, annual peer evaluations along with the number of external invitations for continuing medical education seminars. Excellence in patient care is defined by looking at the clinical activities of the faculty member, their productivity, patient satisfaction, volume of referrals and regional reputation in their clinical specialty. Excellence in research is defined as how independent the faculty member is, the quality and reach of their publications, whether they have been able to sustain their program with extramural grant funding and leadership roles inside and outside of the institution. The only difference between the research track and the investigator track is the volume. In general, the expectations of quality are the same. The requirements for promotion tend to be somewhat individualized and evaluated on a case by case basis in each department / program and depend on the achievements of each faculty member. Primarily these are classified by (1) external reputation (both national and international), (2) clinical service, (3) teaching success, (4) scholarly activity and (5) national committee service. Promotion to higher rank is based on distinctions and contributions in these areas by the faculty member in question. How much each area is weighted is dependent on the faculty members effort distribution across the clinical care, education and research domains. In preclinical units there are for the most part no clinical track faculty. Research track faculty tend to be treated differently in the preclinical verses the clinical spaces. In preclinical departments, they have traditionally fallen in the category of senior scientists paid by a tenured investigator to help run their research laboratory who do not undertake independent research. In clinical departments, it is more common for faculty to start on the research track as instructors, and then transition to the investigator track upon promotion to assistant professor, or when their chair or unit leader deems them ready to apply for extramural funding. More recently however, with the advent of core technology centers, research track faculty have been recruited to lead these enterprises. Such individuals are treated more independently and are evaluated more in line with the investigator track in terms of research productivity, quality of publications, grant funding along with external committee service but also factoring in how the center they direct functions with special attention paid to the broadness of their impact across the institution. Several unit leaders commented that while the APGAR document isn't the worst, it certainly wasn't the best either and could use updating to take into account the evolution of the faculty tracks here at the School of Medicine.

**Annual faculty evaluations:** In preclinical departments, each chair evaluates their faculty personally. This is also true for some of the smaller and mid-size clinical departments and programs. Leaders of the larger clinical departments and programs, for the most part, delegate annual evaluations to division chiefs / section heads and go over each faculty members review with the respective division chief / section head. The exception to this is with faculty at the mid-promotion review and promotion year, where a one-on-one review with the faculty member is conducted with the chair / program leader or in some cases a departmental promotions committee.

**APGAR document discussion:** Discussion of the APGAR document varies by department and program. Some specifically discuss it specifically with the faculty member during annual reviews, some only discuss it during mid-promotion stage and in year of promotion, some consult it for guidance, and some do not discuss it at all. A common theme across all units is that expectations for faculty members on the research and clinical tracks are discussed both on hiring and in annual reviews with unit leadership or with division chiefs / section heads if reviews are delegated. Additionally, many of the clinical unit leaders commented that promotion on either of the non-tenured tracks should not be an easy achievement and viewed those tracks status to be equivalent to the investigator track. Finally, some department chairs noted that APGAR is intended as a

consultative guide not a prescribed list of requirements and is generally more useful for investigator track as opposed to research or clinical track faculty.

***Mechanisms to assist faculty to address issues for future promotion:*** All unit leaders interviewed reported that annual reviews, either by unit head or by division chief / section head highlight any issues and / or deficiencies which can be addressed as needed. In addition, some departments / programs have a faculty mentoring and development programs to ensure that all faculty members are on track for promotion. Such programs appear to be more formally developed in the clinical as opposed to the preclinical units which provide mentoring for investigator track faculty only.

***Track dependency on leadership opportunities:*** There is little dependency on faculty track with regard to leadership opportunities in the clinical departments / programs. In fact, in some cases, clinical track faculty have a greater spread of leadership opportunities than research or investigator track faculty. There are very few leadership opportunities for research track faculty in preclinical departments. Typically, such opportunities are center directorships, which are inherently limited in nature.

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

***Mechanisms for accessing bridge funding:*** The processes for applying for and accessing bridge funding is highly variable across departments and programs. In preclinical departments it is typically an ad hoc process as small department sizes allow the chair and business manager to identify where funding cliffs may lie and to put in place mechanisms to either avoid or reduce the impact from such events. In clinical units the process ranges from informal ad hoc negotiations between the faculty member and the unit leader when bridging is required, to a highly formal application process involving a request with detailed budget and faculty committee peer review prior to award. Some clinical units utilize their own funds for bridging and some instead utilize the Deans bridge funding program. In those cases, the chair highlights the Deans program to their faculty multiple times throughout the year.

***Faculty awareness of mechanisms:*** This is highly variable by department and program. The majority of unit's report that if a need for bridge funding arises, it is typically addressed between the chair / vice-chair or division chief, unit business office and the faculty member. A few units report that the opportunity is highlighted in annual faculty reviews as well as in emails sent out to faculty. One program has a formal procedure in place where faculty must apply for program funds prior to applying for the Deans office bridge funding program.

***How are decisions made regarding eligibility for bridge funding:*** This is highly variable by department and program. In the majority of cases, the decision rests with the chair or their designate (vice-chair or division chief / section head). In several cases, a departmental committee of faculty in consultation with the business office and the chair make recommendations and in two units there were no restrictions on which faculty could apply. The overarching themes were that (1) faculty members would have to demonstrate both need, on-going efforts to obtain funding as well as make good-faith efforts to trim costs during the bridging period and (2) that bridging would only be supported for 1-2 years at a maximum.

***Tangible effects of bridge funding:*** In general, the tangible effects of bridge funding were deemed to be exceptionally positive. Whilst some unit leaders pointed out it is important not to bridge to nowhere, in the relatively few instances where bridge funding has been required, it resulted either in the regaining of previously lost extramural funding or enabled a smooth transition into independent funding for an investigator. A common theme that arose from the majority of the unit leaders was that the Deans bridge funding program is quite small and highly competitive given the size of the Schools faculty and if it all possible it should be increased in scope and size.

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

***What criteria is used to grant sabbatical leave:*** Three clinical and two preclinical departments and one clinical program have allowed sabbatical leave over the past two decades. The remainder of the departments and programs have not been asked for sabbatical leave by any of their faculty members. One clinical program

has put a formal policy in place for sabbatical leave in 2014, with two faculty members taking sabbatical since that time. Three clinical departments have granted sabbatical leave, usually with a focus on learning a new technique that can be implemented in their clinical practice. Those departments typically compensate those faculty for doing so, but those endeavors are also typically short-term and do not require, for example a six-month absence.

**Compensation during sabbatical leave:** One clinical program allows for 50% support from the program for investigator track faculty who proposed and pursue a scholarly agenda whilst on sabbatical. That support is not available for research or clinical track faculty in that program. One clinical department stated they would consider short-term support for those faculty wanting to go elsewhere to learn a new technique to be implemented in their clinical practice. The remainder of departments and programs interviewed did not have available resources to support faculty leave.

**Track dependency on sabbatical:** There is significant variability by department and program on whether all faculty tracks would be eligible for sabbatical leave. Some articulated that any track would be eligible. Several clinical departments highlighted the issue of having to find cover for clinician track faculty if they were to be away from their clinical practice for a protracted period of time. Others highlighted issues with covering teaching responsibilities and the challenge with research track faculty being tied to specific grants. Two clinical departments stated that only investigator track faculty would be considered for sabbatical leave.

**Impact of sabbatical:** Sabbatical leave has only been granted in three clinical and two preclinical departments and one clinical program over the past two decades. The rest of the departments and programs interviewed have not granted sabbatical. In the cases where sabbatical was granted, the results were deemed to be positive, in terms of both refreshed faculty and new perspectives / knowledge being brought back as well as an enhanced reputation for the department / program. Several clinical heads highlighted that an ancillary impact is the temporary loss of a clinical provider so coverage would have to be confirmed prior to any faculty member leaving on sabbatical.

**School financial support for sabbatical:** Salary coverage for sabbatical is a complicated prospect, especially for those faculty who are funded by research grants. One clinical program allows for 50% support for investigator track faculty only, on the condition that an appropriate scholarly agenda is proposed and pursued whilst on sabbatical leave. One other clinical department reported that salary coverage was previously arranged for a faculty members sabbatical using internal departmental resources. The majority of the departmental or program heads were unaware of any support provided by the institution to cover sabbatical salaries.

## 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:

Anesthesiology	Obstetrics and Gynecology
Audiology and Communication Science	Ophthalmology and Visual Sciences
Biochemistry and Molecular Biophysics	Orthopedic Surgery
Biostatistics	Occupational Therapy
Cell Biology and Physiology	Otolaryngology
Developmental Biology	Pathology and Immunology
Emergency Medicine	Physical Therapy
Genetics	Psychiatry
Internal Medicine	Radiation Oncology
Molecular Microbiology	Radiology
Neurology	Surgery
Neurological Surgery	

### Departments / Programs Not Reporting:

Neuroscience  
Pediatrics