

D R A F T

STATE OF THE SCHOOL

**RESULTS OF THE
UNIVERSITY OF COLORADO SCHOOL OF
MEDICINE**

FACULTY SURVEY

April 23, 2002

INTRODUCTION

In September 2001 the LCME Accreditation Steering Committee and the Dean's Office (Office of Faculty Affairs) conducted a comprehensive survey of the School of Medicine (SOM) faculty. The objective of the survey was to measure faculty attitudes and opinions in six domains:

1. Career satisfaction and quality of life (including "connectedness" to the missions of the School of Medicine and intent to leave);
2. Programs for faculty development, training and mentorship;
3. Research and scholarship (strength of programs, institutional support);
4. Teaching environment (resources, support and institutional recognition);
5. Clinical Excellence (resources, quality of programs, institutional recognition);
and
6. Faculty participation in institutional governance and decision-making.

The faculty survey was web-based and anonymous. It consisted of 75 questions (including demographic variables), and faculty were encouraged to enter comments at the end of each section. The target population included all regular SOM faculty holding the rank of Instructor or above, whether employed by the University of Colorado or by one of the four affiliated hospitals. The survey was conducted over a three-week period. Email announcements were used to notify faculty of the survey and to encourage participation.

Of the 1,431 faculty members eligible to participate, we received completed surveys from 561 (39 percent). Compared to the roster of eligible faculty, Instructors were under-represented in the survey. Women were slightly over-represented (40 percent of respondents, compared to 36% among eligible faculty). The distributions of faculty according to place of employment (University vs. affiliated hospital) and departments (basic science or clinical) were similar among survey respondents and the faculty-at-large.

The results of the survey are presented in the following pages, organized according to the six domains: Career satisfaction and quality-of-life; faculty development; research and scholarship; teaching environment; clinical programs; and participation in institutional governance (Appendix A). In each section the survey results are presented as proportions. "Don't know" responses were considered to be missing and were excluded from the analysis.

To assess the internal reliability of the survey instrument, summary scores were computed for each domain by assigning a numeric score to each response category (1=strongly disagree, 2=disagree, 3=agree and 4=strongly agree). Then, Cronbach's alpha was calculated for the questions in each domain. The Cronbach's alpha scores were in a highly acceptable range (0.70-0.87) for all

domains except research/scholarship ($\alpha=0.55$). The Cronbach's alpha scores are listed in Appendix A.

In each section of the "Results," we also provide a listing of representative positive and negative comments. Comments were selected to represent the range of ideas, criticisms and suggestions of the faculty. More specific comments (for example, "Assigned mentors don't work; one needs a variety of mentors who are successful in various areas" and "In primary care fields, excellent patient care and teaching is our job and should be more than enough for promotion") were more likely to be cited in this report; very general comments ("The research enterprise is dysfunctional" or "I love this place") were deemed less useful and were less likely to be included.

In several sections, bivariate analyses were conducted; that is, responses were compared according to gender, faculty rank, faculty type (clinician-teacher vs. basic scientist), department type (basic science vs. clinical) or institution (University vs. affiliate). For these analyses, responses were collapsed into two levels: Agree or strongly agree (labeled "Agree") versus Disagree or strongly disagree (labeled "Disagree"). The chi square test was used to measure statistical significance.

Several limitations should be kept in mind:

- First, the survey was voluntary, and the response rate was only 39%. The attitudes of survey participants may differ significantly from those of the faculty-at-large. Because we used no faculty identifiers, we cannot measure the magnitude or direction of any non-response bias.
- Second, while the overall sample size (561) permitted us to analyze the main responses with adequate precision, in most cases, subgroup analyses and detailed comparisons (for example, according to department or division) were not possible because of small sample sizes.
- Third, in many instances, faculty found the questions too detailed; respondents often chose not to answer certain questions, fearing a loss of anonymity.
- Finally, while the survey questions were pilot-tested among faculty and were revised to improve clarity and face validity, the questions have not undergone rigorous testing for validity.

Despite these limitations, this survey represents the first attempt by the Office of Faculty Affairs to measure the attitudes and opinions of the faculty. The survey provides important information about the range of opinions and attitudes held by current faculty. The survey indicates that faculty share a strong

commitment to the SOM, while also sharing certain frustrations. The open survey responses and the comments also include important suggestions for program improvement. To paraphrase Charles Dickens, the University of Colorado School of Medicine is, at once, in the best and worst of times. It has succeeded on many fronts, while it still faces unprecedented challenges.

We hope the results of this survey are helpful in stimulating discussion, opening new avenues for communication and guiding improvements in the programs of the School of Medicine. In a sense, this report represents the “State of the School,” from the faculty’s point of view.

Please address all comments and questions to Steven R. Lowenstein, M.D., M.P.H, Associate Dean for Faculty Affairs. Thank you for your participation.

SURVEY RESULTS

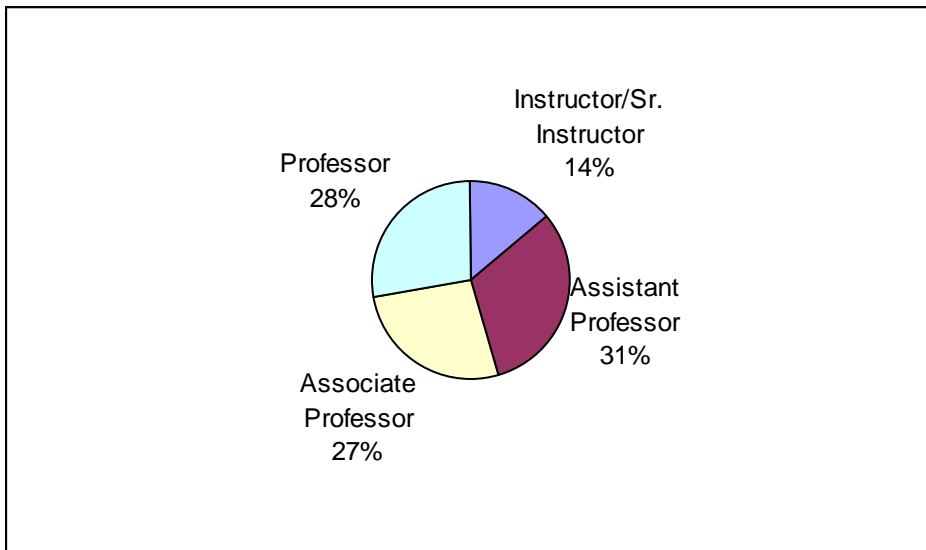
I. CHARACTERISTICS OF RESPONDENTS

Demographic Profile

Of the 542 faculty members who responded to the demographic questions, 324 (60%) were men, and 218 (40%) were women. Most (93%) were white; small minorities were Asian/Pacific Islander (4%), African-American (4%), Native American (<1%) or "Other" (<1%). Only 4% of respondents to the survey stated they were of "Spanish or Hispanic origin."

Faculty ranks and affiliations

As shown in the graph below, faculty at all ranks were well represented in the survey:



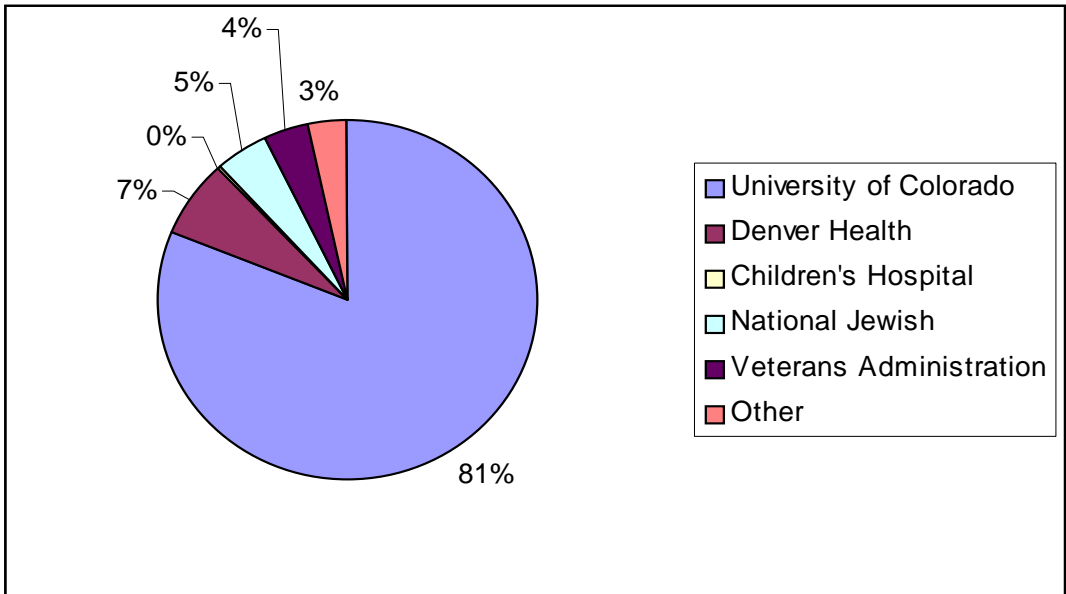
The majority of faculty (87%) listed their appointments as full-time (1.0 FTE); 9% were .50-.99 FTE, and 3% were less than .5 FTE.

Fifty-two percent of faculty had earned M.D. degrees, 29% had Ph.D. degrees, 16% had Masters degrees, and 4% listed their degrees as D.O., D.V.M., J.D., Ed.D., Sc.D. or "other."

Comment:

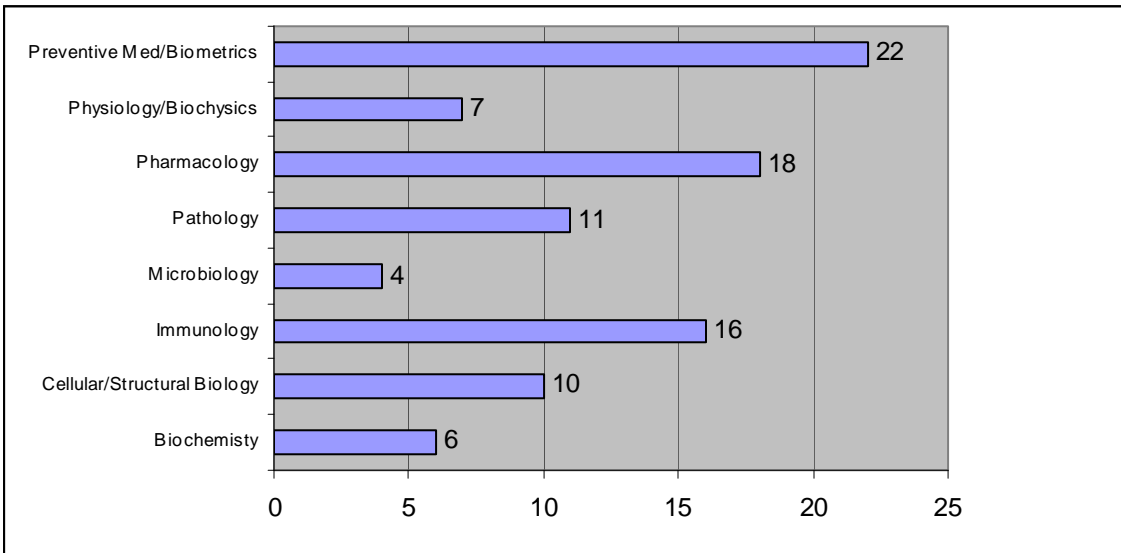
One faculty member expressed disappointment that a particular "terminal degree" (M.S.W.) was not recognized or "considered to count for promotion at UCHSC."

The majority of faculty respondents were employed by the University of Colorado. Eighty-one percent of respondents were University employees (vs. 84

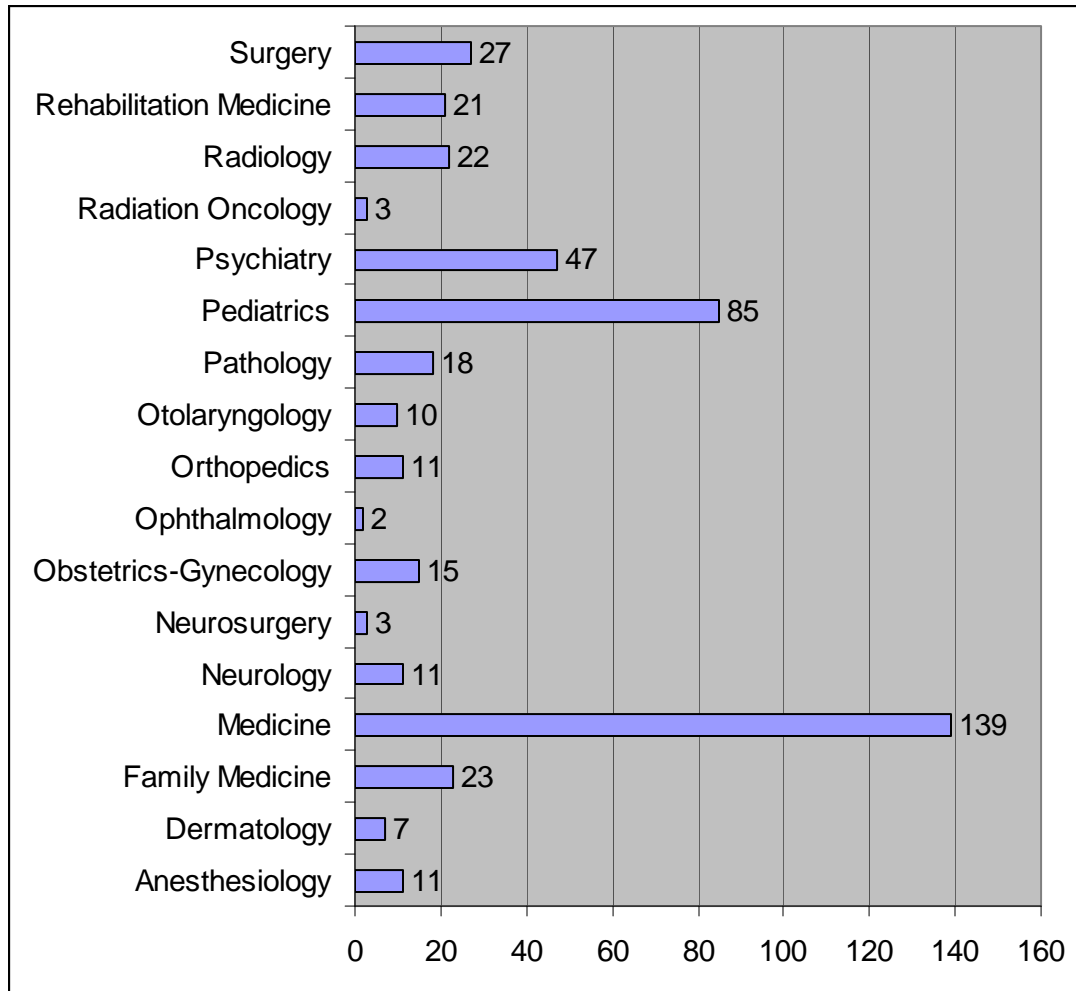


percent in the SOM faculty-at-large). In the chart below, the category “Other” was used primarily by faculty reporting “split” appointments.

Five hundred forty-nine faculty members reported their primary appointment in the School of Medicine. Of these, 94 (17%) had primary appointments in basic sciences departments, as outlined in the chart below:



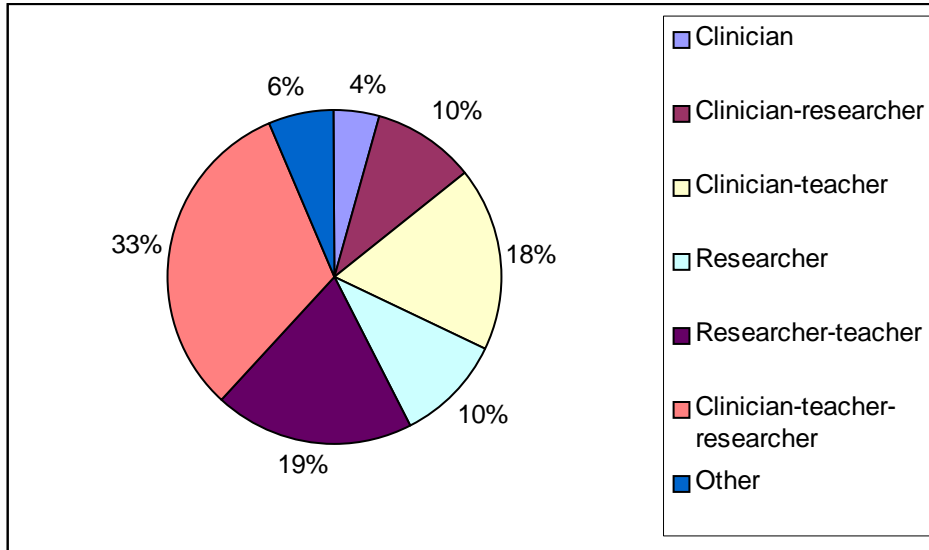
The majority of faculty respondents (455, or 83%) reported primary appointments in clinical departments. As shown below, participation in the survey varied widely among the clinical departments:



Separate questions also asked faculty about membership in various SOM programs and centers (for example, the Cancer Center, the Webb-Waring Institute, the Center for Human Nutrition, the Molecular Biology Program, the Program in Health Care Ethics, Humanities and Law and the Center on Aging).

Academic Profile

Faculty members were asked to describe their roles and assignments at the University of Colorado School of Medicine, using such terms as “researcher,” “clinician,” “clinician-teacher,” etc. Although many respondents used the “comments” section to describe overlapping, or other, job assignments, the majority of respondents chose one of the main categories.

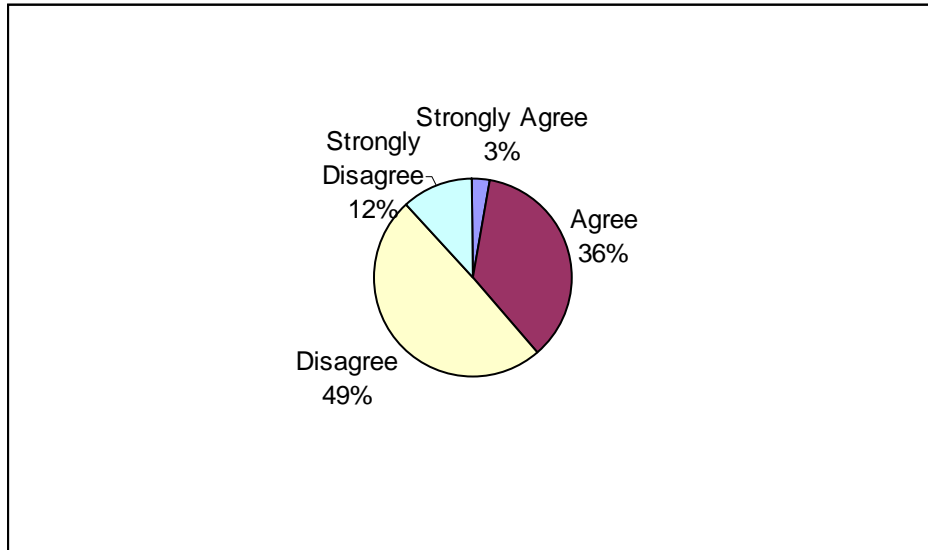


Interestingly, the largest group of faculty respondents (33%) selected the “triple threat” category of clinician-teacher-researcher.

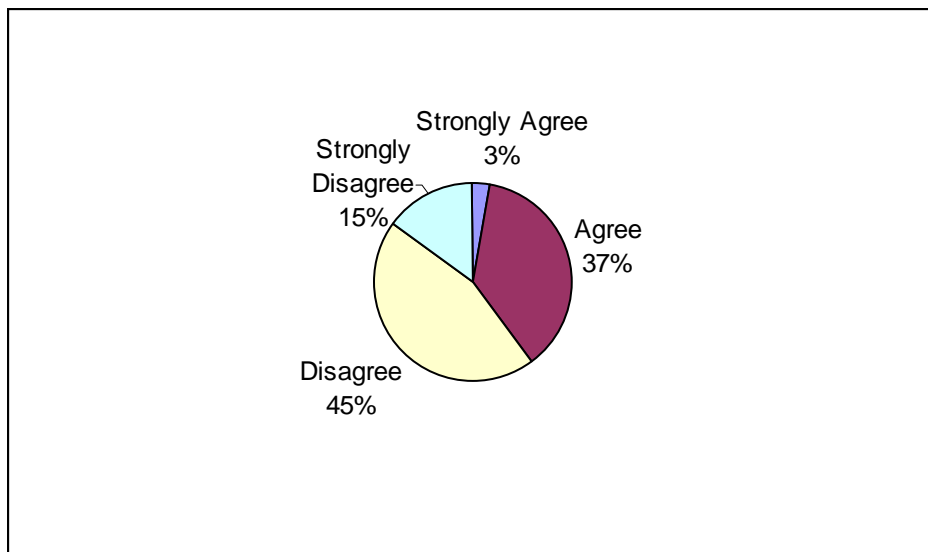
THE LARGEST GROUP OF FACULTY (ONE-THIRD OF THE TOTAL) REPORTED THEY WERE CLINICIAN-TEACHER-RESEARCHERS, OR “TRIPLE THREATS.”

II. CAREER SATISFACTION AND QUALITY OF LIFE

A. *It is easy to balance family responsibilities with career development at the UC-SOM:*



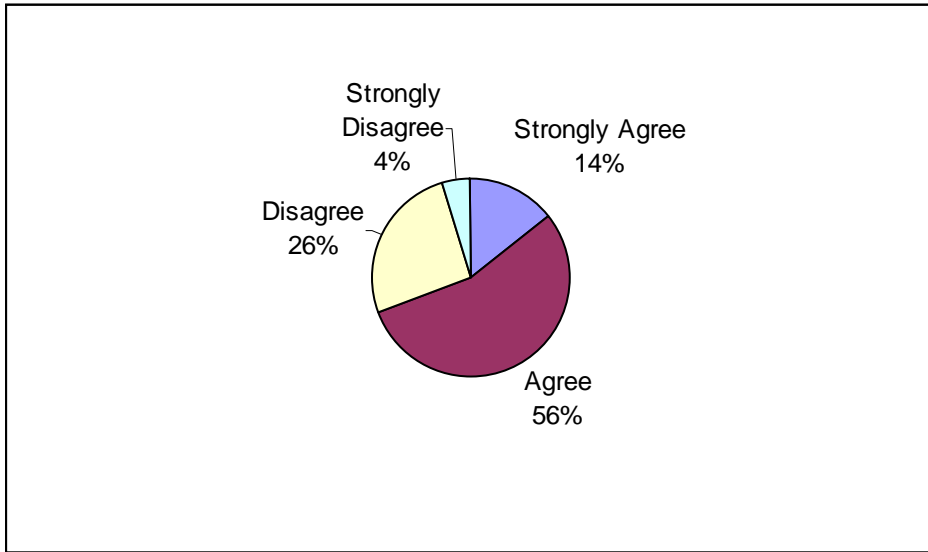
B. *I have enough time for leisure activities, rest and vacation:*



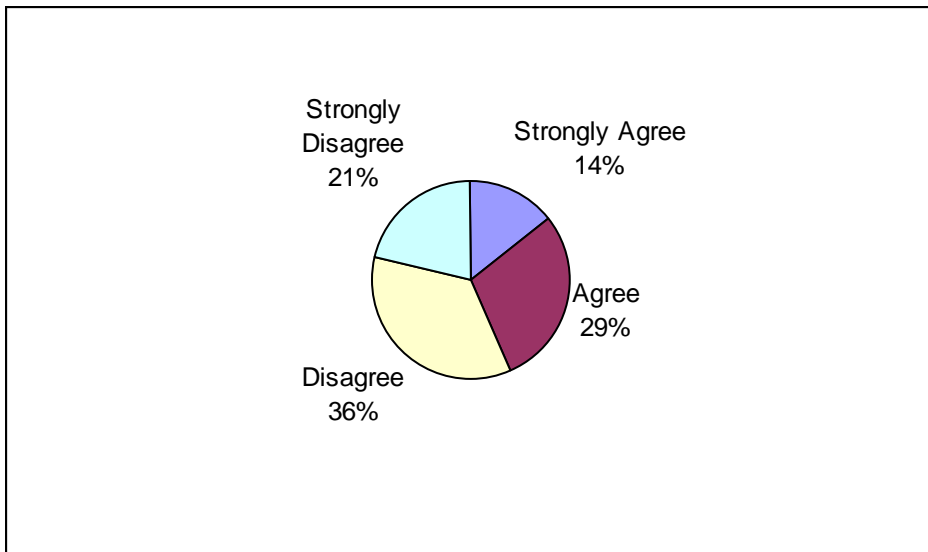
The responses to these two questions indicate that the majority of faculty finds that academic careers are demanding and that it is often difficult to balance the responsibilities of academic and family life. Just 40 percent report they have enough time for rest or vacation. Unfortunately, there are few published studies

or other benchmarks that might enable us to compare our results with results from other medical schools or other medical career settings.

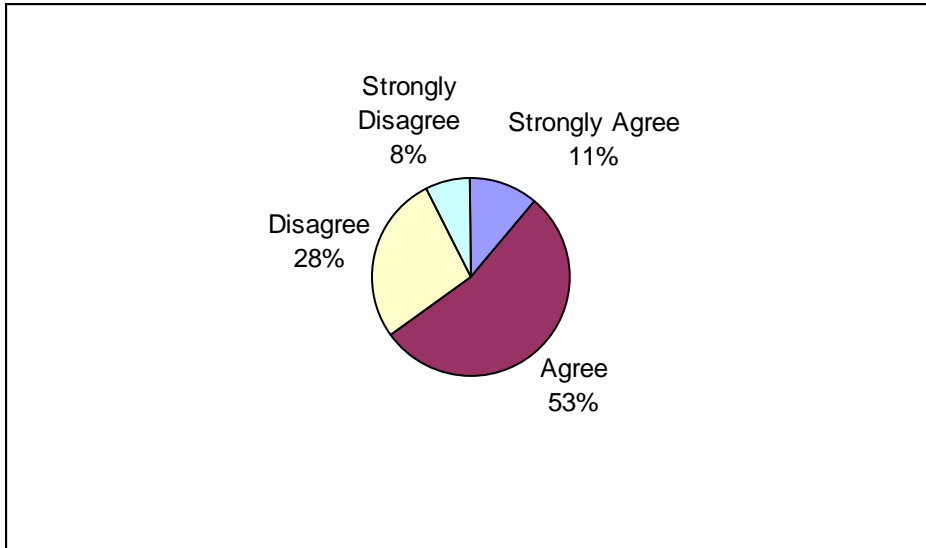
C. *My career has been progressing at a satisfactory rate since I joined the UC-SOM:*



D. *During the past year I have seriously considered leaving academic medicine:*



E. *Overall, I am optimistic about my professional future at the UC-SOM:*



43% OF FACULTY HAVE CONSIDERED LEAVING ACADEMIC MEDICINE IN THE PAST YEAR.

Most members of the faculty (70%) report satisfactory career progress. Also, the majority of faculty are optimistic about their future at the SOM (64%) and are not considering leaving academic medicine (57%). At the same time, more than one-third of faculty members (36%) are not optimistic, and 43% of faculty responding to the survey have considered leaving academic medicine in the past year.

Summary of Comments

The following comments appeared most frequently and may indicate the principal reasons that faculty members report personal stress, difficulty balancing family and academic life and intent to leave (The numbers in parentheses indicate the number of times that this comment, or a similar comment, appeared in the responses):

- Marginal income, when compared to colleagues in industry or private practice (N=41);
- Grant pressure, salary insecurity and dependence on soft money (N=17);

- Multiple, unreasonable teaching, research, administrative and clinical expectations; not enough academic time (N= “too numerous to count”):
 - TEACHING, RESEARCH, SPENDING TIME WITH STUDENTS AND RESIDENTS ARE ALL ACTIVITIES THAT MUST BE CRAMMED INTO THE FEW HOURS THAT ARE LEFT AT THE END OF A BUSY WEEK. WHAT’S THE POINT?
 - TOO MUCH EMPHASIS ON CLINICAL EARNINGS, AS OPPOSED TO ACADEMIC CAREERS. NOW IT’S JUST A JOB, NOT AN ACADEMIC CAREER...SOON THERE WILL BE NO ENTHUSIASTIC CLINICIANS LEFT.
 - JACK OF ALL TRADES, MASTER OF NONE ... THE INCREASING CLINICAL WORKLOAD LEADS TO INADEQUATE TIME FOR EXCELLENCE IN TEACHING OR ANYTHING ELSE.

TEACHING, RESEARCH, SPENDING TIME WITH STUDENTS AND RESIDENTS ARE ALL ACTIVITIES THAT MUST BE CRAMMED INTO THE FEW HOURS THAT ARE LEFT AT THE END OF A BUSY WEEK. WHAT’S THE POINT?

- Paperwork, bureaucracy, administrative aggravations, charting demands, UPI and PEOPLESOFT (N=52):
 - THE REGULATORY ENVIRONMENT IMPEDES ABILITY TO CONDUCT RESEARCH; NOW, IT IS EASIER TO CONDUCT RESEARCH IN THE PRIVATE PRACTICE OR INDUSTRY SETTING;
 - IT IS ESPECIALLY [BAD] WITH RESPECT TO COMIRB AND PAPER WORK FOR GRANTS THROUGH AFFILIATED INSTITUTIONS
 - JCAHO AND HCFA HAVE MICROMANAGED US TO A RIDICULOUS LEVEL, PUTTING USELESS PAPERWORK AHEAD OF PATIENT CARE...BUT I DON’T THINK BEUAROCRACY IS WORSE HERE THAN ANYWHERE ELSE;
 - EVERYTHING HAS GOTTEN WORSE WITH PEOPLESOFT...THERE IS VERY LITTLE INSTITUTIONAL SUPPORT FOR RESEARCH ADMINISTRATION ... RULES AND ADMINISTRATIVE SYSTEMS (HIRING, COMIRB, PEOPLESOFT, GCRC) HAVE BECOME A REAL DRAG ON EFFICIENCY, ENTHUSIASM AND PROGRESS.
 - THE PAPERWORK IS NOT OVERWHELMING – [BUT] IT IS REGULARLY IRRITATING.
 - UPI IS INCREDIBLY INEFFICIENT – STILL REVIEWING BILLING CHARTS FROM A YEAR AGO. THERE ARE MAJOR PROBLEMS WITH RELATIONSHIPS WITH REFERRING PROVIDERS. UPI BANKROLLS TENS OF MILLIONS AND DOES NOTHING TO IMPROVE OUR LOT.

THE REGULATORY ENVIRONMENT IMPEDES OUR ABILITY TO CONDUCT RESEARCH; NOW, IT IS EASIER TO CONDUCT RESEARCH IN THE PRIVATE PRACTICE OR INDUSTRY SETTING

- Lack of state, Regental and institutional support, and lack of philanthropy, for higher education and advanced research (N=19)
 - THIS IS A ROOT PROBLEM THAT PLACES A TREMENDOUS LOAD ON THE FACULTY TO PERFORM ALL THEIR FUNCTIONS AS ACADEMICS AND CLINICIANS ON A CASH-AND-CARRY BASIS.
 - THIS IS A HARSH ENVIRONMENT – INSTITUTIONAL SUPPORT FOR ALL ACTIVITIES OF ACADEMIC MEDICINE IS LACKING;
 - PEOPLE SUCCEED BY THEIR OWN WILL, WITH LITTLE SUPPORT FROM THE STATE OR THE INSTITUTION.
 - THE ADMINISTRATION'S MAIN ROLE IS TO ACT AS A BARRIER TO GRANTS, CONTRACTS AND INVENTIONS. THE HOSPITAL DOESN'T GIVE A HOOT ABOUT TEACHING OR RESEARCH – UNLESS IT MAKES MONEY.

THE PAPERWORK IS NOT OVERWHELMING – [BUT] IT IS REGULARLY IRRITATING

- Fitzsimons (N=39)

THE SACRIFICE, EXPENSE AND INCONVENIENCE OF THE MOVE [TO FITZSIMONS] ARE IN THE LONG-TERM INTERESTS OF THE PUBLIC AND THE INSTITUTION...BUT MANY OF THE FACULTY JUST COMPLAIN...WHERE IS THEIR SENSE OF VISION AND THE COMMON GOOD?

- FITZSIMONS IS A COSTLY CENTER THAT IT IS DRAINING THE LIFE OUT OF EVERYTHING ELSE.
- BRICKS AND MORTAR ARE NOW THE ORDER OF THE DAY, WITH FAILURE OF THE MASTER PLAN (VERSION 5.6) TO PROVIDE CREDIBLE FINANCING FOR THE SOM SITE.
- THIS PROJECT MAY BE IN THE LONG TERM BEST INTERESTS OF THE PEOPLE AND THE UCHSC, BUT IT IS A STEP BACKWARDS FOR US NOW. IT WON'T BENEFIT ME DURING MY TENURE HERE. SO MUCH THOUGHT, ENERGY AND FINANCES PLACED ON THE

FUTURE LEAVES THE PRESENT TEACHING AND RESEARCH NEEDS NEGLECTED.

- THE FITZSIMONS MOVE IS AN EXAMPLE OF ABSENCE OF ANY JOINT GOVERNANCE. WHETHER IT'S THE RESEARCH BUILDING OR EDUCATIONAL SPACE, OR ANY OTHER COMPONENT OF THE MASTER PLAN, DELEGATES OF THE ADMINISTRATION WALK IN AND TELL FACULTY WHAT HAS HAPPENED. THE TERM "MASTER PLAN" IS AN APT ONE; ALL THE DECISIONS ARE "DONE DEALS" BY THE MASTERS.

SO MUCH THOUGHT, ENERGY AND FINANCES PLACED ON THE FUTURE [OF FITZSIMONS] LEAVES THE PRESENT TEACHING AND RESEARCH NEEDS NEGLECTED.

- FITZSIMONS IS A WONDERFUL OPPORTUNITY, BUT MANY OF THE FACULTY JUST COMPLAIN RATHER THAN HELP FACILITATE THE MOVE. WHERE IS THEIR SENSE OF VISION AND COMMON GOOD?
- THE TREMENDOUS SACRIFICE, EXPENSE AND INCONVENIENCE OF THE MOVE [TO FITZSIMONS] ARE IN THE LONG-TERM INTEREST OF THE PUBLIC AND THE INSTITUTION; WHAT I AM DISGRUNTLED BY IS THE UBIQUITY OF ARROGANCE AMONG THE HIGHEST RANK[S] OF INSTITUTIONAL LEADERS"

THE TERM "MASTER PLAN" IS AN APT ONE; ALL THE DECISIONS ARE "DONE DEALS" BY THE MASTERS

Despite these areas of concern, frustration and disappointment, the survey data indicate that the majority of faculty remain engaged, optimistic and committed to their careers, to academic medicine and to the University of Colorado School of Medicine.

Although there were numerous comments regarding non-competitive salaries, very few respondents mentioned other aspects of compensation. There were two requests for domestic partner benefits. There were also several specific comments about the need for more liberal vacation benefits. Representative comments include:

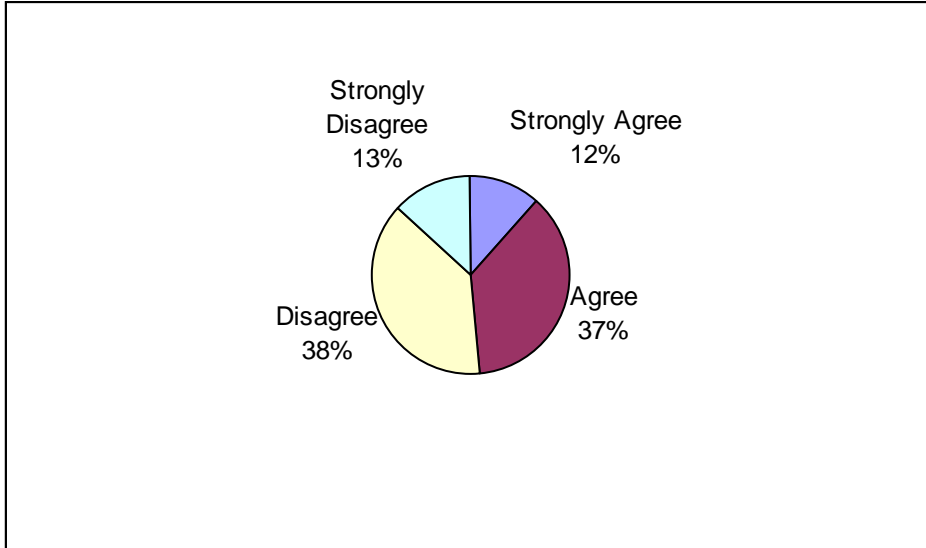
- "VACATION IS INADEQUATE AND SHOULD INCREASE WITH SENIORITY;"

- “IT IS OBVIOUS THAT INCOME IN ACADEMIC MEDICINE WILL NEVER APPROACH PRIVATE PRACTICE, BUT VACATION TIME SHOULD.”

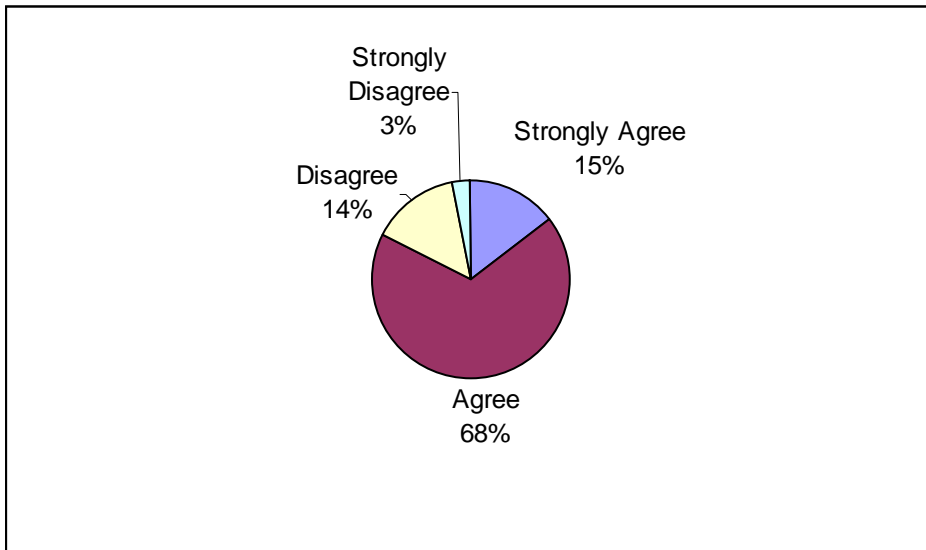
**VACATION IS
INADEQUATE
AND SHOULD
INCREASE
WITH
SENIORITY**

III. FACULTY DEVELOPMENT

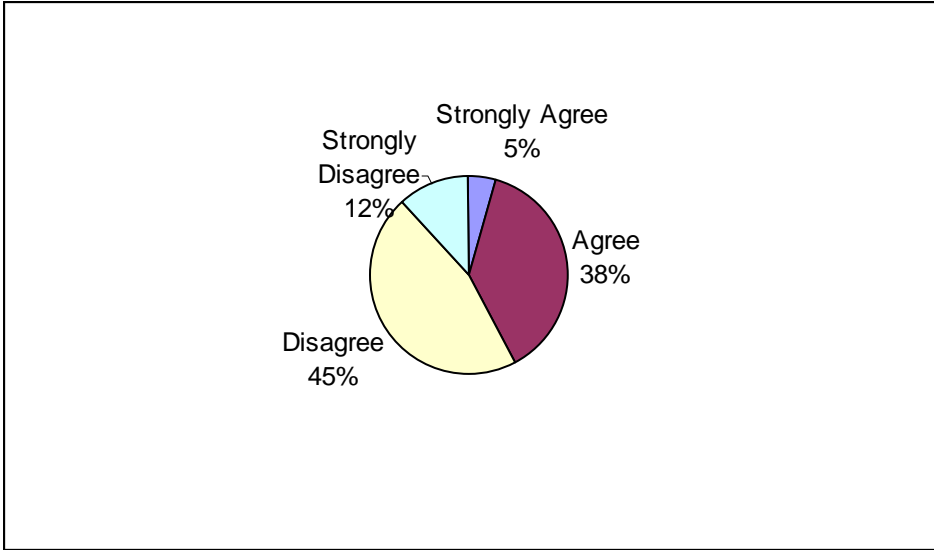
A. *I have had adequate mentoring as a faculty member at the UC-SOM:*



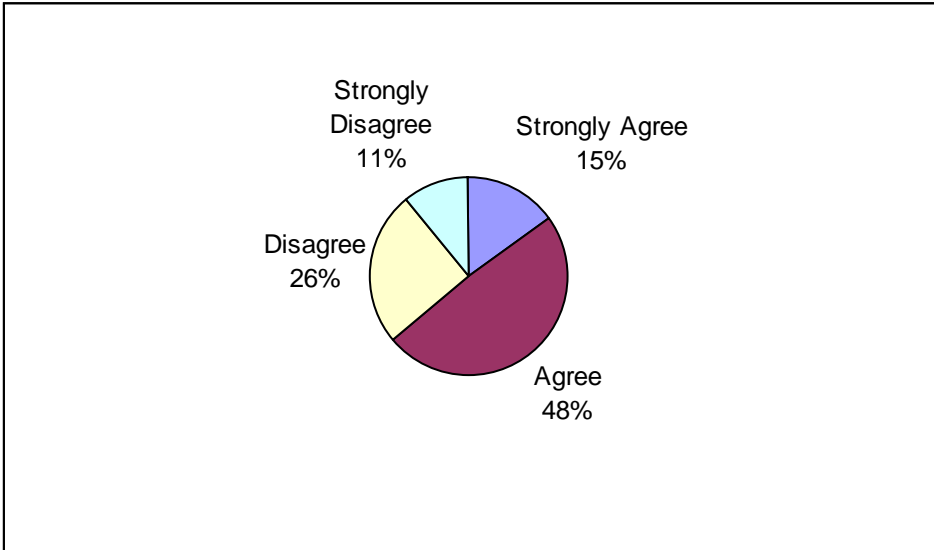
B. *I understand the criteria by which I will be judged for promotion or tenure:*



C. *My department has an effective program of faculty development.*

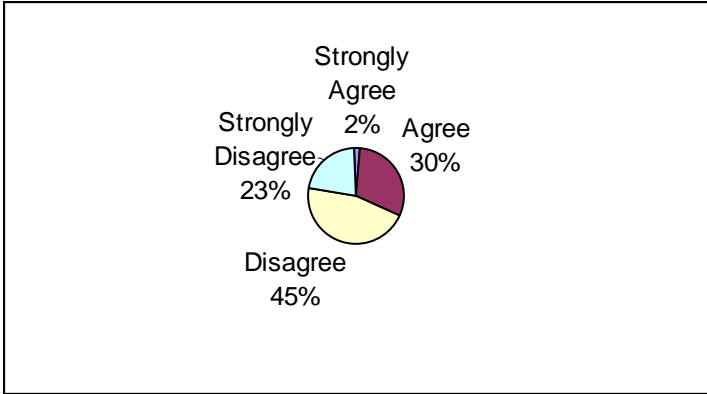


D. *My department chair (or Division Head) has evaluated my academic progress regularly and provided constructive criticism and feedback:*

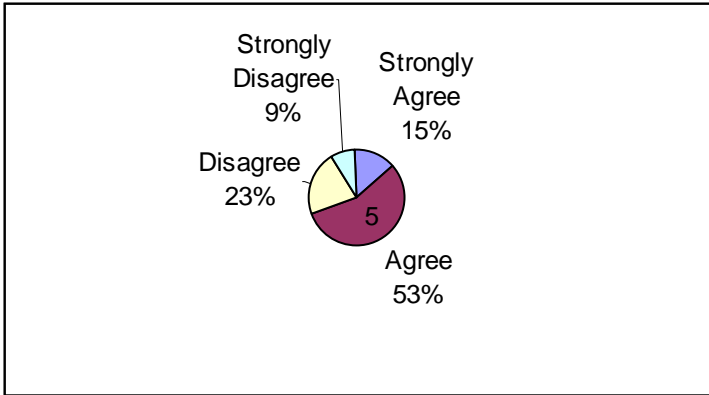


MY JUNIOR COLLEAGUES HAVE NO IDEA WHAT TO DO TO BE PROMOTED AND SEE THE WORLD AS A PLACE TO JUST DO 'ONE MORE CASE.'

E. *Faculty time spent in the delivery of clinical services is appropriately recognized in the evaluation and promotion process.*



CLINICAL SERVICE IS GROSSLY UNDER-RECOGNIZED AND UNDER-REWARDED...YOU WILL NOT BE ABLE TO RETAIN JUNIOR FACULTY IF YOU DO NOT REWARD THEM FOR THE CONSIDERABLE CLINICAL WORK THAT THEY DO.



A. *In recruiting faculty, my department has been effective in identifying qualified women and under-represented minorities*

Representative Comments

Inadequate recognition of clinical service

- Job assignments are inconsistent with promotion requirements
- My junior colleagues have no idea what to do to be promoted and see the world as a place to just do 'one more case.'

- Promotion is based heavily on academic achievements, giving inadequate weight to clinical achievements—thus, we have lost many excellent clinicians over the past 4 years.
- Clinical service is grossly under-recognized, under-appreciated, under-rewarded and undervalued...There is no incentive to excel in clinical work.
- The only criteria for any real recognition appear to be grant funding or publications. Clinical work is not rewarded nearly as much as research productivity in the medical school.
- You will not be able to retain junior faculty if you do not adequately reward them from the considerable clinical work that they do.

JUNIOR FACULTY ARE OFTEN USED AS WORKHORSES TO KEEP THE EDUCATIONAL AND CLINICAL ACTIVITIES OF THE INSTITUTIONS RUNNING

Inadequate recognition of teaching

- Teaching is beginning to be rewarded, but there is still an emphasis on judging promotion and prestige based only on research.
- Some value is given to teaching in terms of promotion, and clinical activities are given some credit --- but clearly, the primary value of the medical school is research.
- Teaching, clinical work and administration are all discounted in the promotion review....[In fact] the more one contributes to teaching, the department or the campus, the less one's chances of being promoted.
- Publication is still the number one thing, superceding service in teaching and patient care.

Mentoring and career development

- It is very difficult to begin research projects.
- I was told one day to 'find a mentor;' That was the entire discussion, and no assistance was offered.
- SOM administration does not pay adequate attention to junior faculty and their needs for career development; often, junior faculty are used as workhorses to keep the educational and clinical activities of the institutions running.
- As a senior faculty member, it is difficult to mentor junior faculty, given limited resources and time...[and often] mentors have no track record or training to be mentors.
- I have to use mentors out of state.
- As junior faculty, we are all on our own, and we know it. This is not a very friendly or nurturing environment in which to work.
- Assigned mentors don't work ---I have chosen to seek advice from many faculty who are successful in one area or another. Opportunities to find mentors exist if you have initiative

- Despite regular meetings regarding my academic progress, feedback has been vague, to say the least, and not helpful ...in delineating specific objectives to enhance my career.
- Mentoring program at this institution is weak, with certain departments being exceptions. My department has improved greatly in mentoring functions.
- I have not had a formal evaluation in 4 years.
- Haven't had an academic meeting with my either of my chairmen in my 13 years at UCHSC.
- My department still struggles with insufficient time for career development. I am evaluated every year, but my department chairman doesn't really understand what I do.
- "It is easy to underestimate how much time, energy and resources will be needed to recruit, mentor and develop faculty, especially physicians, of a diverse nature."
- I have never had a mentor and yet am supposed to mentor other assistant professors, (which I do not have the time or expertise to do).
- The UC-SOM and Denver Health have been wonderful to me. I was well-mentored and had every opportunity a faculty member could want.

ASSIGNED MENTORS DON'T WORK. YOU HAVE TO SEEK ADVICE FROM MANY FACULTY WHO ARE SUCCESSFUL IN ONE AREA OR ANOTHER. OPPORTUNITIES TO FIND MENTORS EXIST, IF YOU HAVE THE INITIATIVE.

Promotion requirements and standards

- I understand the promotion criteria by which I should be judged, but I don't think that holds much relationship to the criteria by which I will be judged.
- All anyone cares about is if you have a grant, especially an R01.
- Too little value is placed on teaching and clinical service.
- There is a lack of flexibility in the promotion process to account for different working environments and differences in opportunities to teach.
- In primary care [fields], excellent patient care and teaching should be more than enough to promote---it's our job!
- Clinical care is undervalued ... one problem is how to evaluate it. Does anyone have any idea how excellence in clinical service is recognized?
- General internists and other generalists are viewed as dispensable, are paid consistently less and can barely get recognition---yet we perform the majority of clinical care and teaching and mentoring of our students and residents.

DOES ANYONE HAVE ANY IDEA HOW CLINICAL EXCELLENCE IS RECOGNIZED AND REWARDED?

- Delivering clinical service is a barrier to promotion; indeed, neglecting clinical care is rewarded.
- “Who knows how promotions work? The process is shrouded in secrecy.”
- “As long as basic scientists judge our promotion, clinical excellence will be a meaningless mission of the university.”
- “The single most important criterion for promotion is grant money...that’s the way I understand the “criteria.”

THE SCHOOL OF MEDICINE AND DENVER HEALTH HAVE BEEN WONDERFUL TO ME. I WAS WELL MENTORED AND HAD EVERY OPPORTUNITY A FACULTY MEMBER COULD WANT.

WHO KNOWS HOW PROMOTIONS WORK? THE PROCESS IS SHROUDED IN SECRECY. I UNDERSTAND THE PROMOTION CRITERIA BY WHICH I *SHOULD* BE JUDGED...BUT HOW *WILL* I BE JUDGED?

- “My department and the SOM value revenue to the exclusion of academic pursuits.”

Status of women and under-represented minorities

- Female faculty experience isolation, lack of advancement or inadequate salary, support, mentors
- Our division does not have a friendly environment toward women scientists.
- Salaries for women are still below those of their male peers.
- There is a clear bias against women, with insurmountable barriers to advancement.” In our department, many women have left in recent years.
- My department has been successful in recruiting women, but ineffective in promoting and retaining women.”
- Our department has a national reputation for not being supportive of women and minorities.”
- Overall, the SOM could be much more creative in supporting faculty, especially women, who are struggling to balance academic careers and parenting.
- Recruiting of women – yes; minorities – no. I don’t see many efforts to recruit/retain qualified ethnic minority faculty.
- Minorities are hard to find, but we keep trying.

- The Dean has not been supportive in our recruitment of minorities in terms of helping with competitive start-up packages.

THERE IS A LACK OF FLEXIBILITY IN THE PROMOTION PROCESS TO ACCOUNT FOR DIFFERENT WORKING ENVIRONMENTS AND DIFFERENCES IN OPPORTUNITIES TO TEACH.

IT'S EASY TO UNDERESTIMATE HOW MUCH TIME, ENERGY AND RESOURCES WILL BE NEEDED TO RECRUIT, MENTOR AND DEVELOP FACULTY...ESPECIALLY PHYSICIANS

IN PRIMARY CARE FIELDS, EXCELLENT PATIENT CARE AND TEACHING SHOULD BE MORE THAN ENOUGH TO PROMOTE---IT'S OUR JOB!

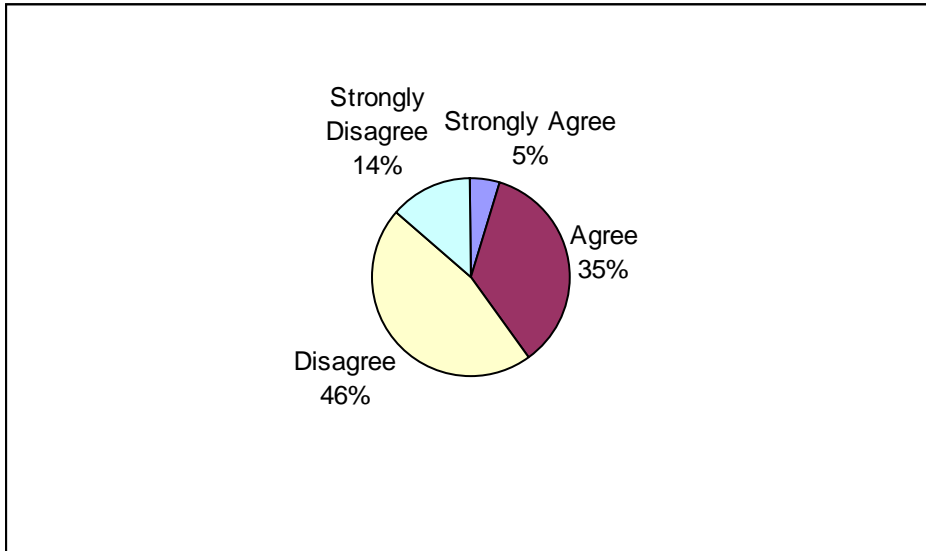
Other comments

- There needs to be a more defined research track; research faculty are treated as second-class citizens; they are designated faculty but not recognized as such.
- Tenure is no longer meaningful. I would support removing tenure or establishing a second non-tenure track.
- No opportunities for Instructors or Masters-trained faculty to advance (Mentioned frequently by faculty in the CMHIP/Circle Program); my department head does not associate with Instructors, who are not even allowed to attend faculty meetings.
- The UC-SOM needs to recognize the talents and contributions of its instructors and senior instructors and provide more avenues for recognition and advancement.
- Nurse practitioners have a subordinate role in terms of academic or clinical acknowledgment, though our patient satisfaction numbers rise exponentially
- There are no opportunities for pure research scientists to advance

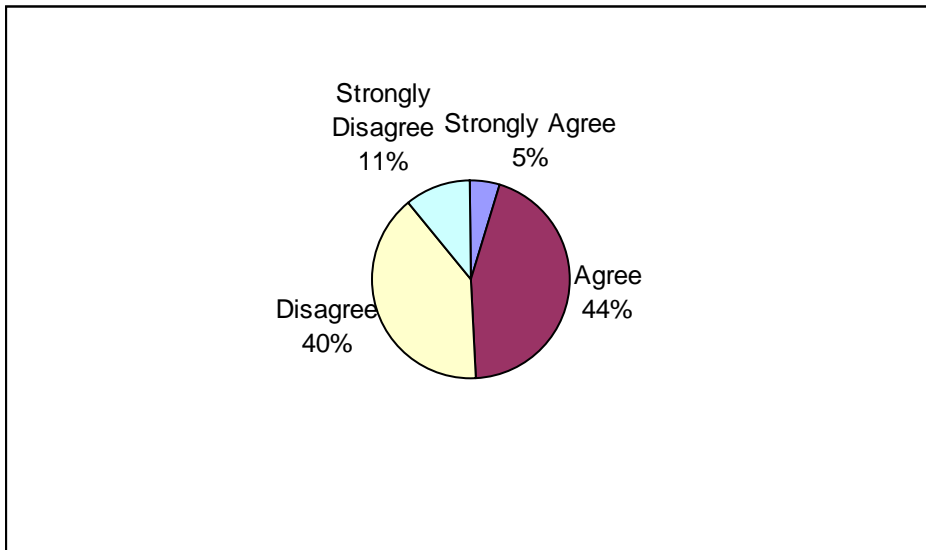
The survey data and open comments, summarized in the above sections, suggest that, to many faculty members, clinical practice and billing pressures have crowded out all their opportunities to teach and engage in scholarship. There is not enough time for academic work, given the ascendancy of clinical obligations. There is a general sense that neither clinical service nor teaching is rewarded adequately in the promotion process, and that the promotion process is probably not flexible enough to account for diverse job requirements. Some faculty report that mentoring is inadequate, while others comment that mentors are available and that a variety of mentors is sometimes needed.

IV. RESEARCH AND SCHOLARSHIP

A. *I have enough time for scholarly pursuits*



B. *At the UC-SOM there are state-of-the-art facilities, resources and programs to support faculty in their role as scholars.*



Representative Comments

- There is pressure [to conduct] research, but no time, opportunity, space or support; research is just added "like a second job;"
- University is not very supportive of research...supporting the research enterprise only at "shoestring" or "mediocre" levels;

- Little value placed on clinical research;
- Not enough time or resources for research at Denver Health
- “Carrying out cutting-edge scientific research is difficult in this environment [which has] an ever-increasing emphasis on money as the only real measure of success.” Research is rated only in terms of “dollars/square foot;”
- The number of graduate students is low, and the quality of the graduate students is poor;
- There is inadequate training in grant writing and obtaining external funding.”
- It is difficult to recruit post-doctoral fellows, since UCHSC does not have a very good reputation in the basic sciences.
- Technology is the key for biomedical research. We should be putting more money into medical and research technology.

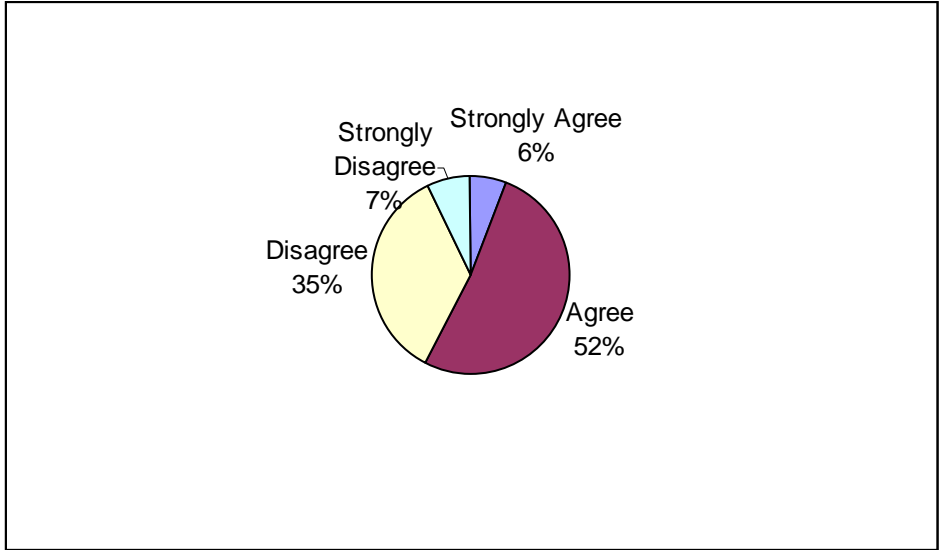
THE NUMBER OF GRADUATE STUDENTS IS LOW AND THE QUALITY IS POOR

- There is a lack of *internal* research grant support and a lack of endowment for research, evident in the paucity of grant support as seed money for new research projects. Younger faculty would benefit from more internal funding sources which could be used for obtaining preliminary data.
- Faculty who are primarily clinical need help in identifying and applying for research grants and other sources of research funding.
- The bureaucracy for doing research is overwhelming.
- The ICR system lacks fairness or equity.

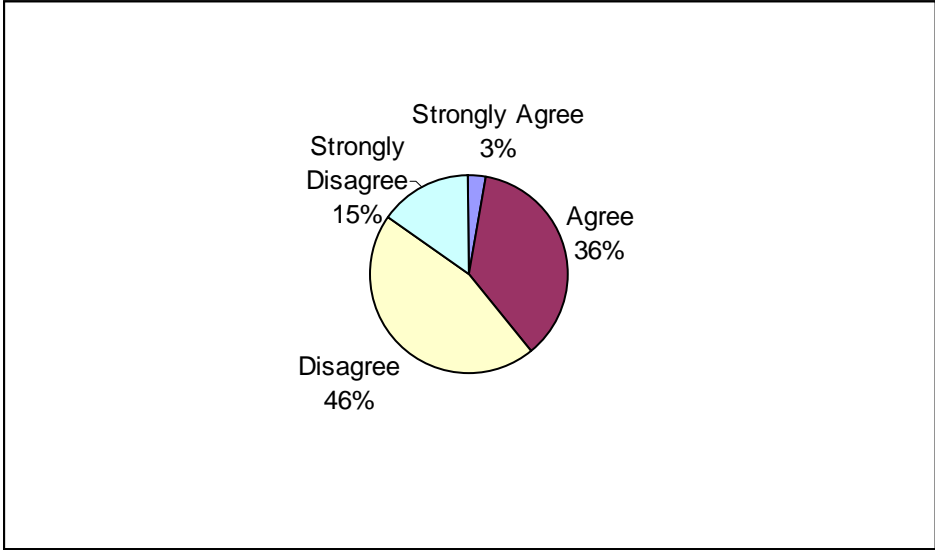
YOUNGER FACULTY WOULD BENEFIT FROM MORE *INTERNAL* FUNDING SOURCES WHICH COULD BE USED FOR OBTAINING PRELIMINARY DATA.

V. THE TEACHING ENVIRONMENT

A. *I have enough time to teach:*

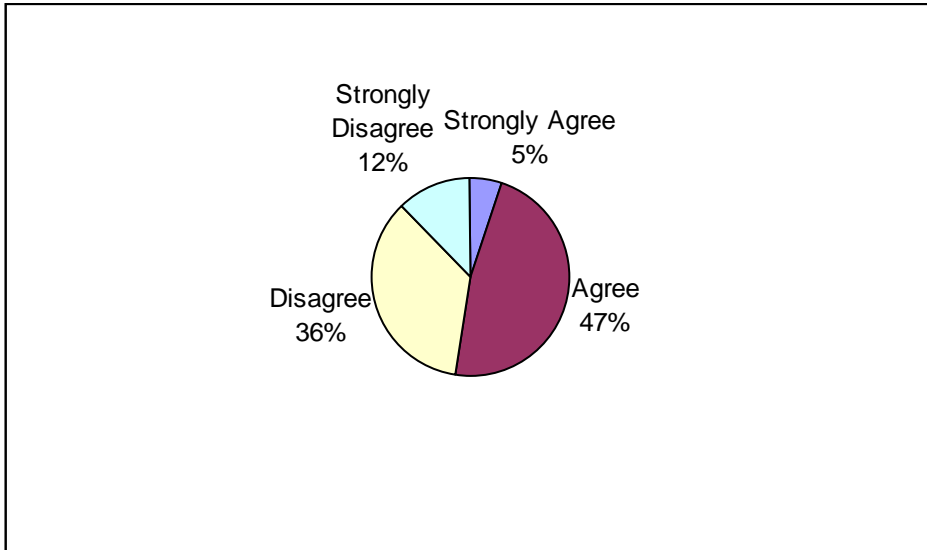


B. *At the UC-SOM there is adequate recognition of innovative and high quality teaching:*

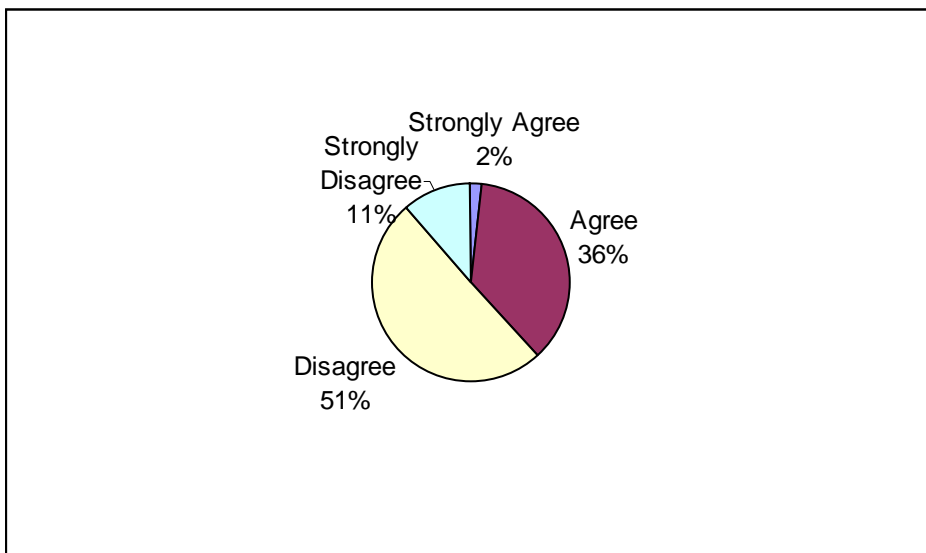


Note: An additional 188 respondents (34% of the total) answered “I don’t know” to this question.

C. *At the UC-SOM there are state-of-the-art facilities, resources and programs to support faculty in their role as teachers:*

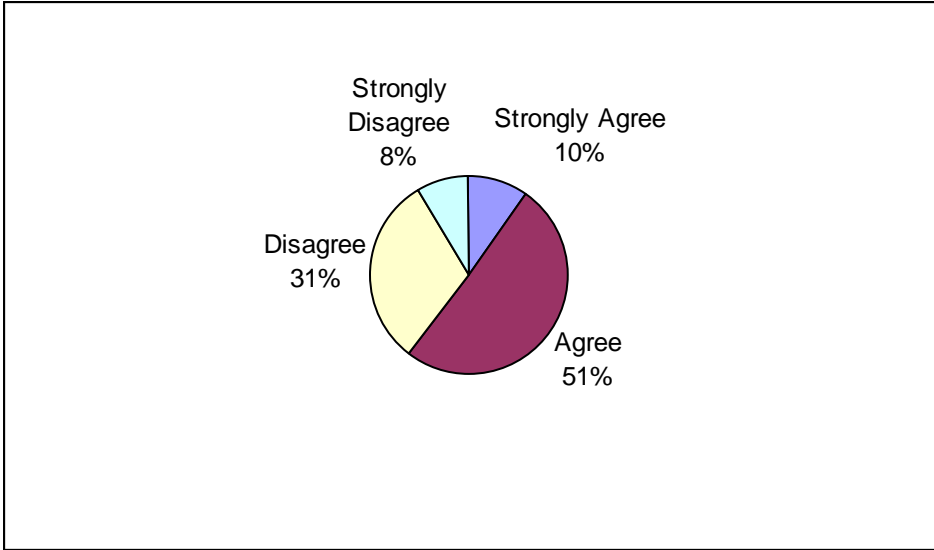


D. *The UC-SOM provides adequate training in teaching methods:*

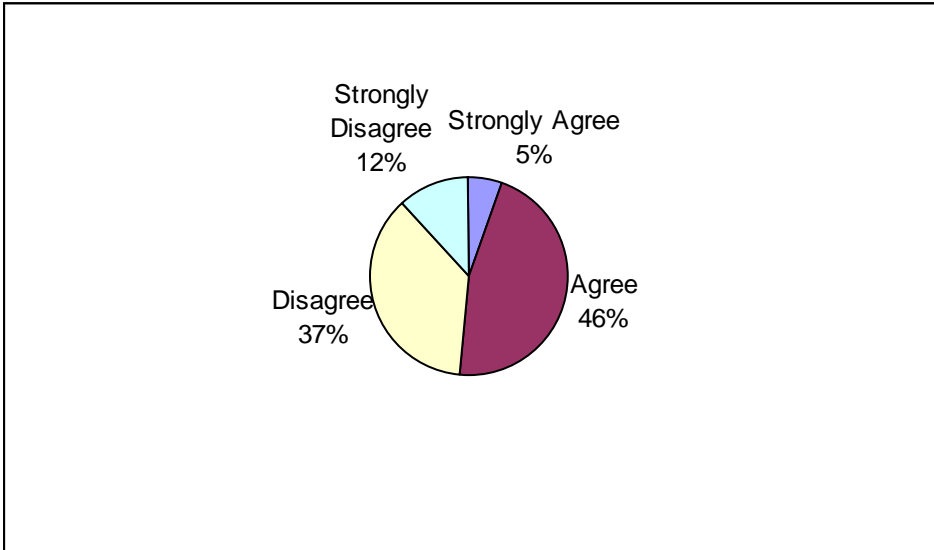


Note: An additional 153 respondents (28% of the total) answered “I don’t know” to this question about training in teaching methods.

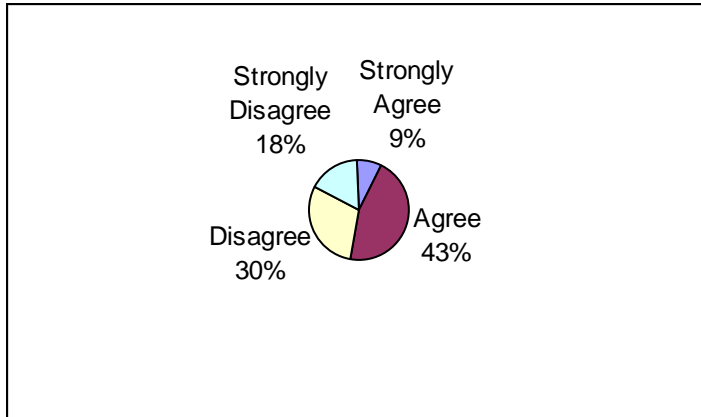
E. *In my department, teaching activities (courses, syllabi, instructional tools) are reviewed and improved regularly:*



F. *My department has established an environment that fosters and rewards teaching excellence:*



G. *The hospital administration cares about and promotes the education of medical students and residents:*



Representative Comments

- The environment for teaching has deteriorated seriously over the past 10 years. Teaching is not valued, recognized or supported; it is considered to be “non-productive work that brings in no dollars.”

WHAT ABOUT TIME, SALARY AND INFRASTRUCTURE SUPPORT, AND ENDOWMENTS FOR TEACHING...SO WE CAN TEACH IN THE WAY STUDENTS AND HOUSESTAFF DESERVE

- The institution is really ambivalent about teaching—one is encouraged to spend a lot of time doing it, but then one is penalized by the effort lost in getting grants.
- There needs to be some financial recognition for quality teaching efforts ... If faculty are [expected] to focus more on teaching, there needs to be better compensation. Some value given to teaching in promotion but not in terms of salary support.
- Where are the endowments for the teachers?
- There is inadequate time for teaching because of clinical responsibilities;
- Excellence in teaching is...counterproductive to career success at UCSM.
- I worry about burnout...The clinical teacher is really at risk.
- We are encouraged to teach and teach, but little account is taken of the excessive toll it takes. For promotion, the very job of teaching should be enough.

WE ARE ENCOURAGED TO TEACH AND TEACH, BUT LITTLE ACCOUNT IS TAKEN OF THE EXCESSIVE TOLL IT TAKES. FOR PROMOTION, THE VERY JOB OF TEACHING SHOULD BE ENOUGH.

- Faculty are resistant to changes in curriculum design and teaching methods...there really are few teaching scholars.”
- I do not know anything about methods used in teaching or who has won recognition as a good teacher.”
- There is not a good system of communication [among teachers]; those of us who teach basic sciences need more feedback from clinicians regarding what should be taught and at what level of detail. . There is poor integration of basic sciences teaching and clinical teaching.
- More time for teaching courses and methods training is needed.
- Getting help as a teacher should be required; most of our teachers are, frankly, dreadful.”
- Courses for teachers are given during clinical hours---impossible to attend them.
- The campus has an office, but the SOM provides no resources to improve teaching that I am aware of. There is much more support needed for teaching methods than simply giving workshops.

THERE IS NOT A VERY GOOD SYSTEM OF COMMUNICATION AMONG TEACHERS; THOSE OF US WHO TEACH BASIC SCIENCES NEED MORE FEEDBACK FROM CLINICIANS REGARDING WHAT SHOULD BE TAUGHT AND AT WHAT LEVEL OF DETAIL. THERE IS POOR INTEGRATION OF BASIC SCIENCES AND CLINICAL TEACHING

- The Office of Education has not added that much to this campus...and consumes valuable resources that could be put to better use.
- We need more MD, not Ph.D., teaching role models.”
- Evaluation of high quality teaching is driven solely by student “popularity,” and not by the quality of teaching.
- The LCME might want to ask how much money is being raised for teaching, in the current frenzy of Fitzsimons money-raising
- If I cannot teach effectively, because the University or the Department cannot afford even an extra \$1,000 to hire teaching support staff for the medical students, then the system is not working very well.”

- We have worked very hard to improve the quality of care for patients ... but what about time, infrastructure and financial support so we can teach in the way students and housestaff deserve.

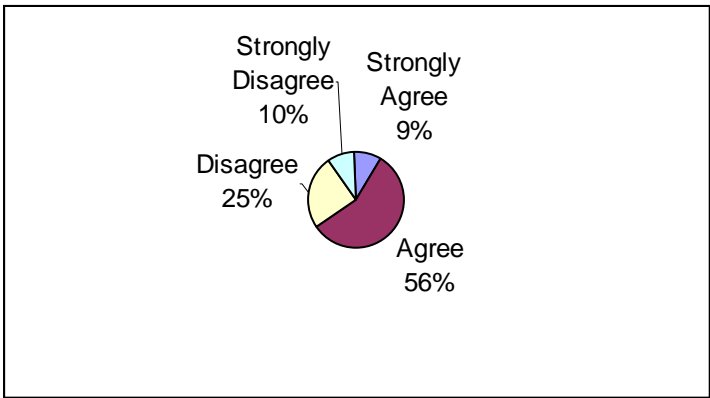
THE LCME MIGHT WANT TO ASK HOW MUCH MONEY IS BEING RAISED FOR TEACHING, IN THE CURRENT FRENZY OF FITZSIMONS MONEY-RAISING

- The hospital has no commitment to faculty or to education, as witnessed by their unwillingness to provide faculty offices.
- The hospital doesn't understand or support academic principles; the hospital is moving more and more away from principles of teaching ... and more toward an overwhelming focus on the financial bottom line.
- Addition of CAM has greatly reduced opportunity to teach residents and has decreased level of care given to patients.
- Feedback is given to departments with respect to medical school, but not graduate school, teaching.

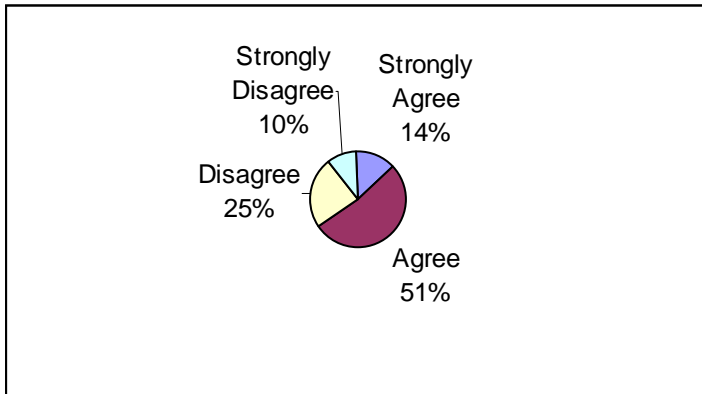
EVALUATION OF HIGH QUALITY TEACHING IS DRIVEN SOLELY BY STUDENT "POPULARITY," AND NOT BY THE QUALITY OF TEACHING.

V. THE CLINICAL PROGRAMS

A. *At the UC-SOM there are state-of-the-art facilities, resources and programs to support faculty in their role as clinicians:*



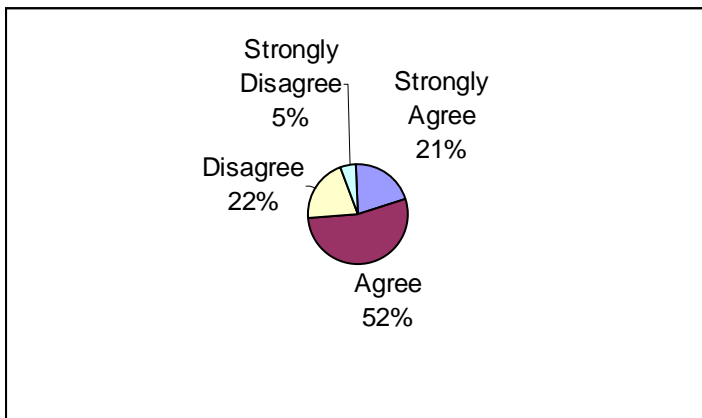
B. *My department (or division) recognizes and supports excellence in clinical service:*



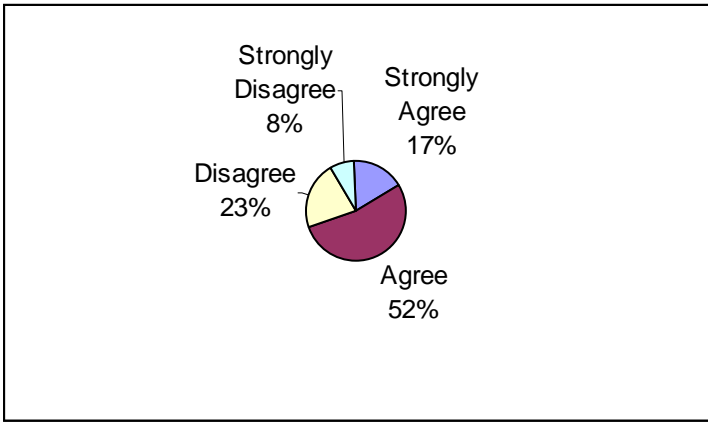
WE URGENTLY NEED AN ELECTRONIC MEDICAL RECORD. EVEN THE 20-YEAR – OLD MILITARY SYSTEM SHINES IN COMPARISON TO THE PAPER TRAIL, SCRATCH-OUTS, MEDICATION ERRORS AND MISSING LAB TESTS THAT WE HAVE NOW.

I NEVER SEE MY PCP ANYMORE. HE IS TOO FAR AWAY AND TOO BUSY TO CARE.

C. *Faculty at the UC-SOM provide high quality clinical care:*



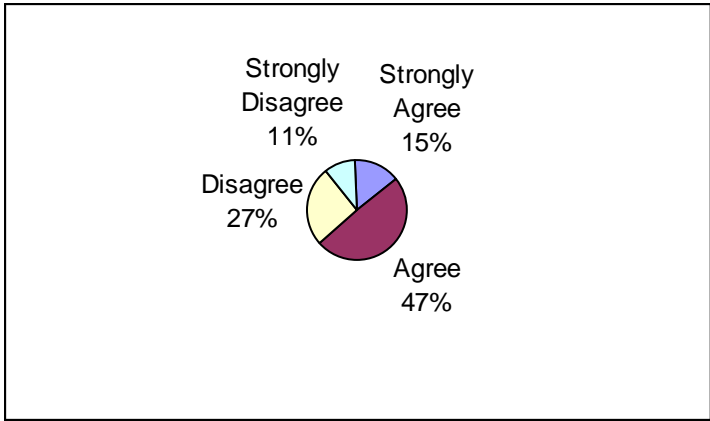
D. *At the hospital where I practice, the facilities, equipment and support services are appropriate for delivery of exemplary patient care:*



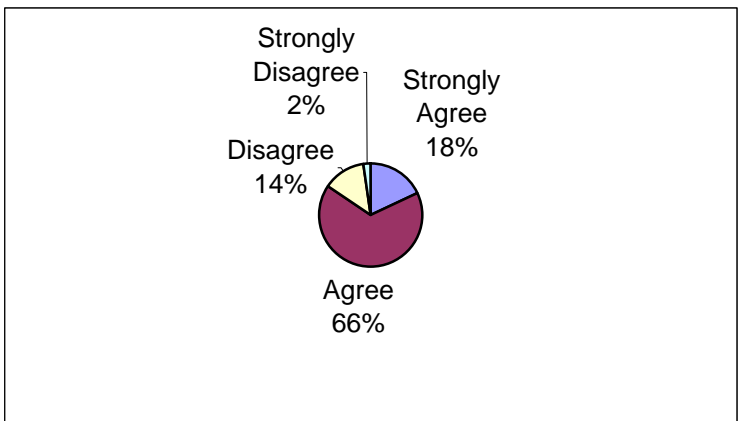
THERE IS A REAL LACK OF COMMUNICATION BETWEEN SPECIALISTS AND PCP'S; NOTHING IS MORE IMPORTANT TO EXCELLENT PATIENT CARE THAN COMMUNICATION, AND IT DOESN'T HAPPEN.

HIGH QUALITY CARE IS THERE ONLY FOR VERY COMPLEX PATIENTS...FOR ROUTINE PROBLEMS, LIKE FRACTURES, CARE IS FRAGMENTED AND DELAYS ARE EXCESSIVE.

E. In the ambulatory care setting where I practice the facilities, equipment and support services are appropriate for delivery of exemplary patient care:



F. *At the UCHSC the health care **system** delivers high quality clinical care to patients:*



Representative Comments

Inadequate support in clinical practice settings

- What needs to be fixed to make the clinical enterprise work? The answer is scheduling, secretarial, technology and information systems, physician control and authority, staffing, general support and facilities).
- We have inadequate technology and resources for conducting clinical, practice-based research.
- I understand that resources are limited; clinical services are handled here as well as can be expected.
- There are not nearly enough nurses, medical assistants and other support staff.
- Resources are limited at Denver Health and so are inappropriate for exemplary patient care but are appropriate for average patient care.
- I never see my PCP anymore, he is too far away and too busy to care.
- Speaking as a patient, service to patients at the CAM has been dreadful.

- There is a real lack of communication between specialists and PCP's; nothing is more important to excellent patient care than communication, and it doesn't happen.
- There is strong support for clinical services at TCH, but not at UCH
- There is an abysmal waiting time [when PCP's want to] arrange subspecialty referral; (waits of 2-4 months are typical).
- Communication with outside MD's is weak and hurts our image.
- We urgently need an Electronic Medical Record; even the 20 year-old military system shines in comparison to the paper trail, scratch-outs, medication errors, lab tests falling through the cracks that we have now.
- The support at the ACAM is just as it was before we moved – very spotty. Although patients do get good care, it is not in a timely fashion. The new Anschutz building is beautiful, but it is poorly organized and understaffed to provide good care.”
- As clinician-scientists we are swamped with patient care issues that should be handled by medical assistants.
- High quality care is there only for very complex patients; for routine problems, like fractures, care is fragmented and delays in care are excessive.
- Please listen to the needs of the faculty trying to see a patient with 6 problems every 15 minutes, with inefficient systems.
- We need to model our clinics for the future. EMR's and clinics with rapid check-in are urgently needed. Too much of academic clinician's time is devoted to performance of patient-related duties that are not relevant (such as helping clinics run, filling out forms, calling physicians who never received your letters, and fixing multiple scheduling errors). UCHSC may be “state-of-the-art in knowledge, but it is worthless if it doesn't translate into excellent patient care.”

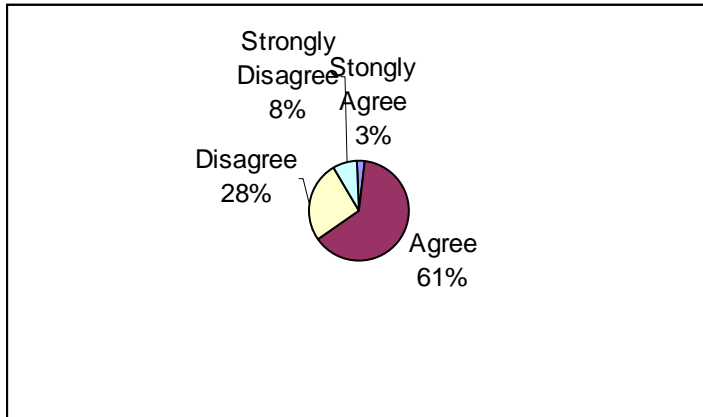
Indigent care

- There is no commitment to indigent care.
- The lack of mission to provide outpatient care to indigent patients is disturbing; an uncaring attitude and poor example to students, residents and the community as a whole.
- Indigent patients should not be treated by our institution as second-class citizens.
- There are no positive core values about indigent care; I for one would donate my time if it were coordinated to reflect core, positive values.
- Hospital decisions to serve the indigent only when their conditions are emergent are both self-defeating and unethical for an academic institution.

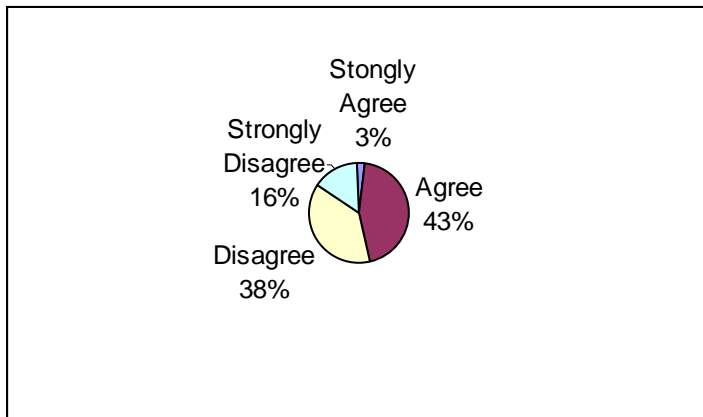
OUR HOSPITAL HAS NO MISSION TO PROVIDE OUTPATIENT CARE TO INDIGENT PATIENTS. THEY SHOULD NOT BE TREATED BY OUR INSTITUTION AS SECOND-CLASS CITIZENS ... OUR UNCARING ATTITUDE IS A POOR EXAMPLE TO STUDENTS, RESIDENTS AND THE COMMUNITY AS A WHOLE.

- **VI. PARTICIPATION IN GOVERNANCE AND INSTITUTIONAL DECISION-MAKING**

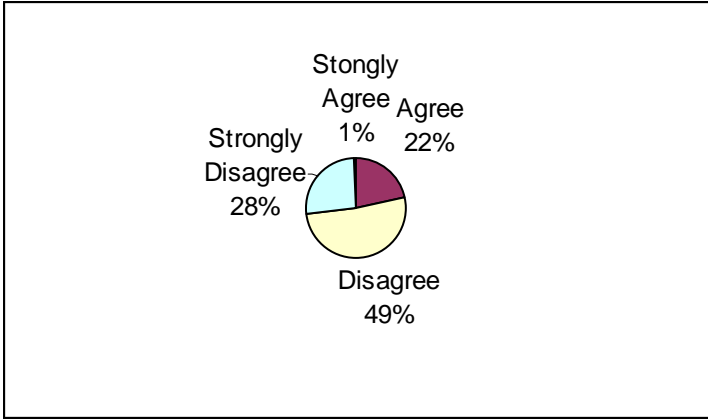
A. *At the UC-SOM the faculty has reasonable and appropriate opportunities to participate in institutional governance and decision-making:*



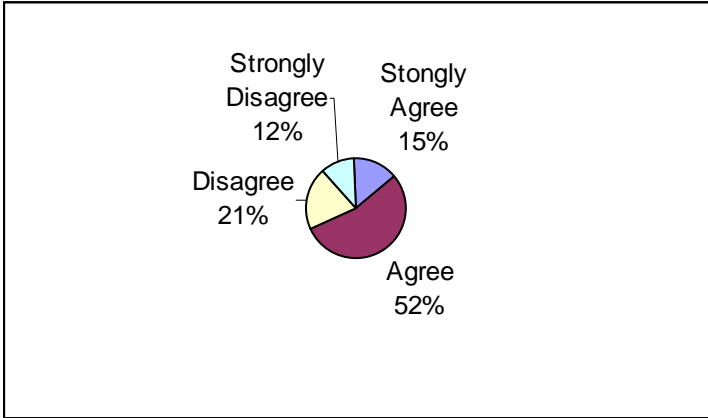
B. *At the UC-SOM the faculty has reasonable and appropriate opportunities to influence institutional governance and decision-making:*



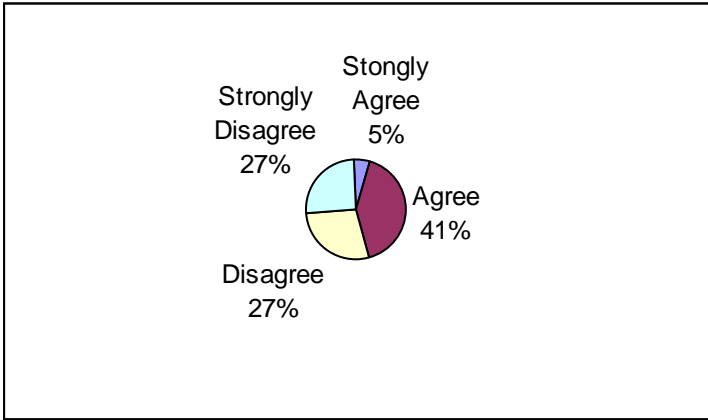
C. *The views of faculty physicians are considered appropriately in the allocation of resources at the University of Colorado Hospital:*



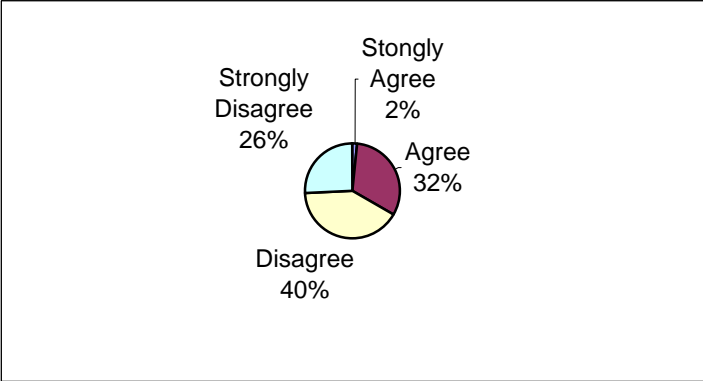
D. The Dean of the UC-SOM understands the demands placed on faculty and supports them in their academic work.



E. The Chancellor of the UCHSC understands the demands placed on faculty and supports them in their academic work.



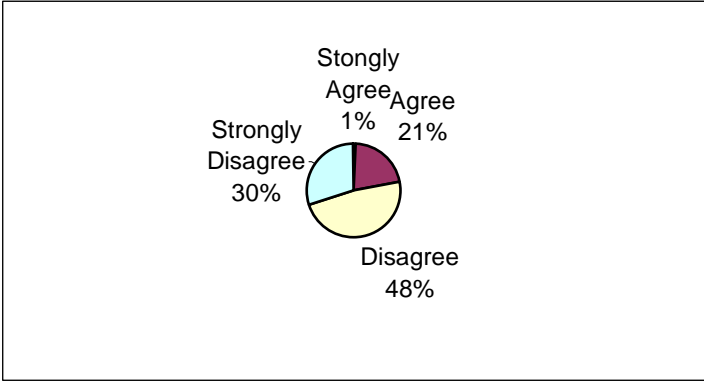
F. Faculty at the UC-SOM have an appropriate opportunity to influence the selection of institutional leaders.



THE DEAN TRIES, BUT THIS IS A WEAK SYSTEM...WHY IS THE DEAN NOT THE *HEAD* OF THE HOSPITAL BOARD, RATHER THAN NOT EVEN BEING A MEMBER

THIS IS A SUPPORTIVE ENVIRONMENT WITH A DEAN WHO TAKES SERIOUSLY HIS ROLE AS LEADER AND MENTOR...I HAVE NEVER REGRETTEED COMING HERE

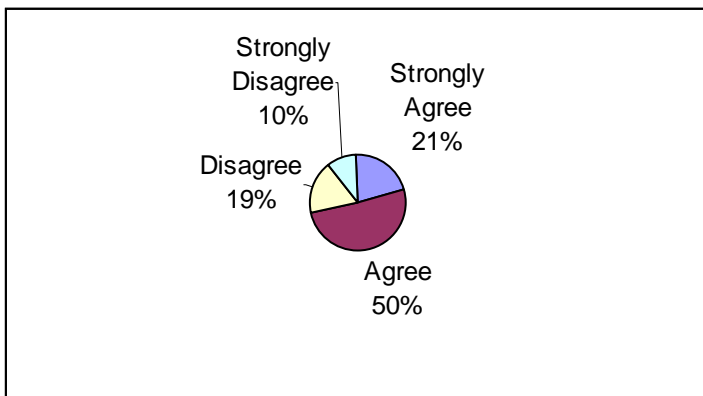
G. Faculty at the UC-SOM have an appropriate opportunity to comment on the performance of institutional leaders.



When asked about their own participation on School of Medicine or UCHSC committees during the past three years (excluding departmental committees), the majority of faculty reported (55%) they had participated on institutional committees, while 45% had not.

THE DEAN'S VISION IS INSPIRED BY A FEW DEPARTMENT CHAIRS...NOT BY THE FACULTY. THE INSTITUTION'S LEADERSHIP IS FEUDALISTIC

H. My department chair (or division head) communicates openly with the faculty regarding the structure, administration and finances of the department:



Representative Comments

- The SOM Dean provides support as best he can, but he doesn't seem to have enough infrastructure support to work with.
- The administration is very cooperative with faculty governance; still, there are communication lapses that could be improved.
- I used to think we had some role, and then came Fitzsimons, which was forced on us without discussion and which continues to be planned without faculty input.
- There is no sense that the administration is there to help the faculty. Little is done to help support faculty endeavors.
- Faculty are totally disenfranchised. Rank and file faculty, the centers and clinics and the Faculty Senate have no administrative input. Decisions are made and then "sold" to the faculty. There are mechanisms for faculty input, but they are ignored or bypassed regularly in an arbitrary and autocratic manner.

FITZSIMONS CONTINUES TO BE PLANNED WITHOUT FACULTY INPUT

I HAVE BEEN ON THE FACULTY SENATE FOR SEVERAL YEARS, AND THERE IS NO EVIDENCE IT HAS ANY REAL ROLE IN GOVERNANCE. EITHER GIVE THE SENATE REAL POWER OR DISSOLVE IT. THERE ARE OPPORTUNITITES TO VOICE OPINIONS, BUT IT ISN'T CLEAR THAT ANYBODY AT THE TOP IS LISTENING.

- Fitzsimons is a prime example of the division between faculty input and decision-making. The institution of PeopleSoft is another horrendous example of the gap between bureaucrats and the faculty.
- The institution would benefit from a restructuring of the administration, to unify the leadership of the SOM and hospital (the academic and clinical components of the campus) under an effective chancellor.
- When chairpersons are selected, input from the departmental faculty is considered unimportant and is often discarded. Selection of chairs has not been entirely successful.
- We need a system whereby department chairs are accountable, so that if they are not doing a good job they will be replaced. Term limits for chairs, subject to faculty secret ballots, would be most helpful.
- The Dean's vision is inspired by a few department chairs...not by the faculty. The institutional administration is feudalistic.
- Chairs have an inordinate amount of power. They should be more accountable to the faculty, not just to the Dean.

WE NEED A SYSTEM WHERE DEPARTMENT CHAIRS ARE ACCOUNTABLE...THEY HAVE INORDINATE POWER AND WHOULD BE MORE ACCOUNTABLE TO THE FACULTY, NOT JUST TO THE DEAN.

TRUST BETWEEN THE FACULTY, THE DEAN AND THE CHANCELLOR IS CRITICAL – ALONG WITH VERACITY, KEEPING PROMISES AND A DEMONSTRATION THAT THE FACULTY IS ACTUALLY BEING HEARD.

- Opportunities exist every 3-5 years to comment on the performance of the Dean. But there has been no effort for faculty, chairs or deans to comment to the President on the performance of the Chancellor.

- The Dean has an incredibly difficult job and he does a good job. The Chancellor seems out of touch with the reality experienced by faculty and students.
- Trust between the faculty and the Dean and Chancellor is critical - along with veracity, keeping promises, and a demonstration that the faculty is being heard.
- There is a rising lack of confidence by the faculty in the School's leadership...and appointing more assistant and associate deans is not the answer.

THE LEADERSHIP AT THE SOM, UCH AND UCHSC OFTEN HAVE DIFFERING AND CONFLICTING INTERESTS AND PRIORITIES. THERE ARE TOO MANY SEPARATE SILOS. THE RESULT IS THAT THERE IS NEGATIVE SYNERGISM --- WE HAVE A SYSTEM THAT IS LESS THAN THE SUM OF ITS PARTS

- Hospital decisions never appear to represent faculty interests or consensus.
- The leadership at the SOM, UCH and UCHSC often have differing and conflicting interests and priorities. There are too many separate silos. The result is that there is negative synergism --- we have a system that is less than the sum of its parts.
- As faculty, we are told what will happen and that we need to adjust; we are not in the decision-making loop. Fiscal policy regarding the move to Fitzsimons has been uniquely autocratic.
- I have been on the Faculty Senate for several years. There is no evidence whatsoever that the faculty has any role in governance in this school. Governance is controlled completely by the department chairs and those above them.
- In a nutshell, faculty views are ignored by the Chancellor's office...and to some extent by the Office of the Dean.
- Only a few anointed faculty have the Dean or chairmen's ear.
- The Dean does not appreciate the importance of graduate education.
- Either give the Faculty Senate real power or dissolve it. It and its committees are a waste of time. There is no sense that the administration is interested in faculty concerns. There are opportunities to voice opinions, but it isn't clear that anybody at the top is listening.
- When will the leadership enlist the state and the legislature to commit to making this a top clinical operation? Lack of legislative support limits the ability of the UC-SOM to be in the top 20.
- The Dean tries...but this is a weak system. Why is the Dean not the *head* of the hospital board, rather than not even being a member? Physician representation on the UCH Board is a joke; there is no representation.
- The UCH is too autonomous, not responsive enough to the medical school; it and its CEO operate independently and in many ways hostile to the SOM.

- There is little democracy at National Jewish, and faculty generally have limited input into institutional decisions.
- Research faculty are never heard; their voices don't count.
- Instructors have no voice on this campus; even in our own departments, we are told we are "not real faculty," even though we do the bulk of teaching and clinical care. We have no voice in the faculty governance and are not eligible for most incentives.
- This is a supportive environment with a Dean who takes seriously his role as leader and mentor. My previous environment had a punitive individual in that role. I have never regretted coming here.
- There is excessive taxing of earnings by Dean and the SOM.
- The Chancellor and Dean do not stand up to strong department chairs, which dilutes overall success of UCHSC as an institution.
- Our institutional leadership, at level of the Dean and Chancellor, do not understand "technology and the future."
- Chairs have an enormous amount of power. They should be much more accountable to the faculty, not just to the Dean, whose main concern

RESEARCH FACULTY ARE NEVER HEARD...THEIR VOICES DON'T COUNT

seems to be that the chair [positions] be filled."

INSTRUCTORS HAVE NO VOICE ON THIS CAMPUS, NOT EVEN IN OUR OWN DEPARTMENTS...WE'RE TOLD WE ARE NOT "REAL FACULTY," EVEN THOUGH WE DO THE BULK OF THE TEACHING AND CLINICAL CARE.

I.

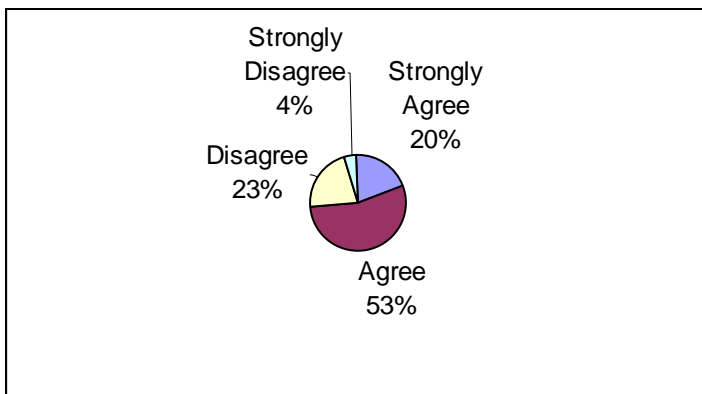
- We experience a lack of support by our department chair.
- It is the faculty that performs the work, but we are scarcely valued.
- The department's finances are not open, the salary distribution is unfair, mostly due to politics related to department chair;
- Our department finances are a mystery shrouded in enigma; there is vast mistrust of the department.
- Our chair is a micro-manager.

OUR DEPARTMENT FINANCES ARE A MYSTERY SHROUDED IN ENIGMA... THERE IS VAST MISTRUST OF THE DEPARTMENT

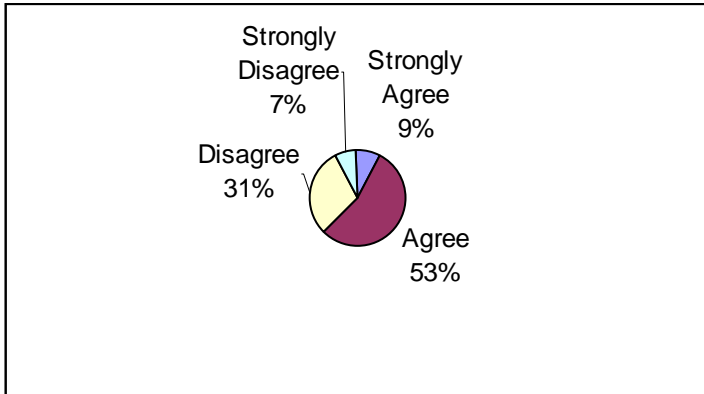
- The chair is more concerned about personal progress.
- A major departmental problem is ineffective communications.
- The overriding priority to our division and department head is revenue generation; scholarship and patient care only considered as they relate to revenue sources.”
- My division has been supportive, but my department cares only about money.
- Our Chair is chronically preoccupied with UCHSC-level activities (e.g., Fitzsimons) and has little time to focus on the department.

VI. GENERAL COMMENTS

A. *I have had adequate opportunities to network with colleagues and professionals outside the UC-SOM:*

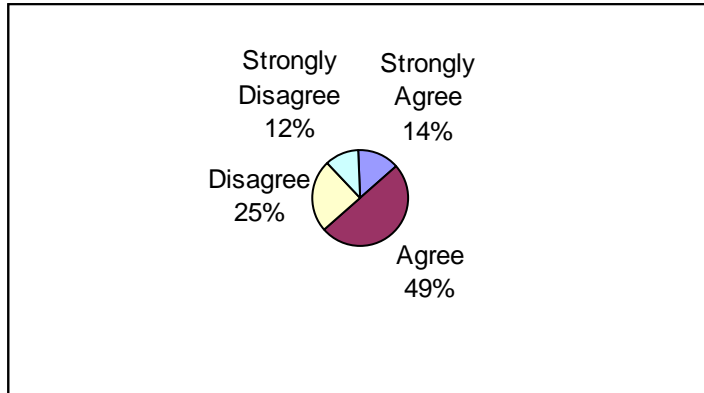


B. *At the UC-SOM there is adequate collegial interaction, communication and collaboration:*



I TRULY LOVE WORKING HERE. THE BIGGEST PROBLEM IS MINIMAL COMMUNICATION. THERE ISN'T ENOUGH TIME TO GO DIGGING FOR RESOURCES OR SUPPORT, BUT EVERY TIME I HAVE LOOKED, I HAVE FOUND IT.

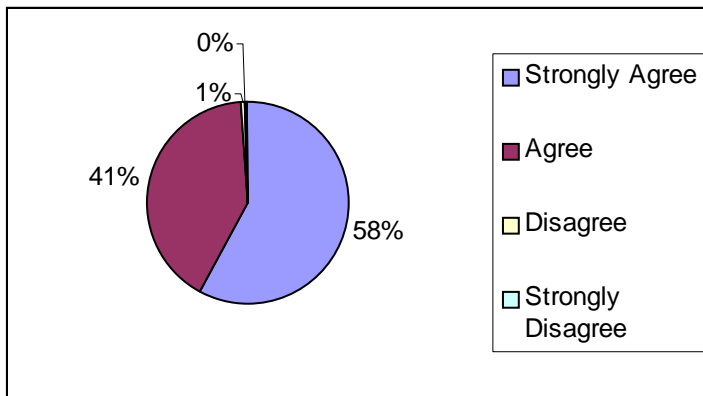
C. *There is a feeling of academic community and unity in my department (or division).*



I HAVE FOUND UCHSC AND THE SOM TO BE A VERY SUPPORTIVE AND REWARDING PLACE TO WORK FOR THE PAST 38 YEARS...DEAN KRUGMAN IS AN EXCEPTIONAL LEADER – CERTAINLY THE BEST OF THE MANY GOOD DEANS DURING TENURE HERE.

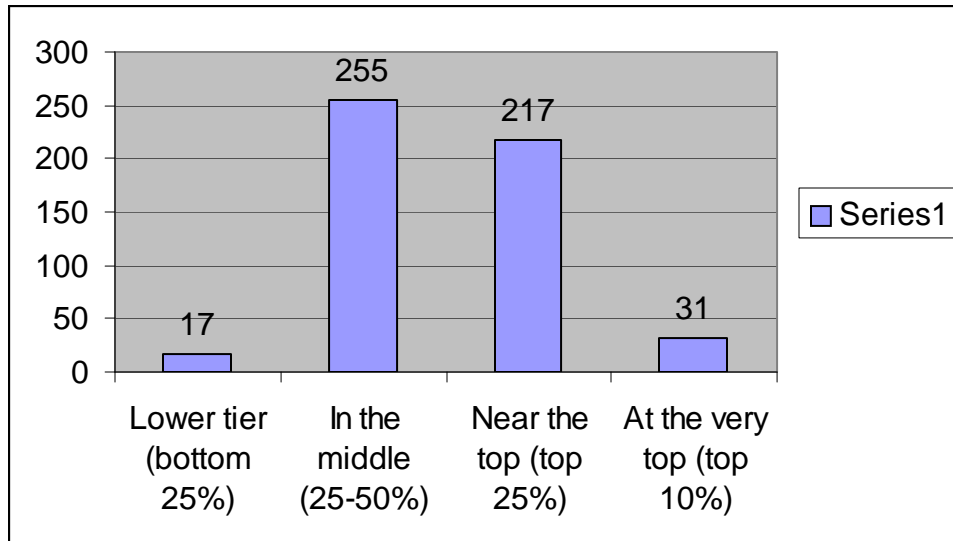
D. *I really care about the future success of the University of Colorado School of Medicine:*

**99% OF FACULTY
“REALLY CARE”
ABOUT THE FUTURE
SUCCESS OF THE
SCHOOL OF
MEDICINE**



Support for the SOM, as measured by this question, was stronger than the response to any other question on the survey.

E. *Please rank the UC-SOM, considering its entire faculty and its programs in research, education and clinical care. Compared to other medical schools nationally, the UC-SOM ranks:*



All told, 217 faculty members (42% of all respondents) ranked the UC-SOM in the top 25% of medical schools; an additional 31 respondents (6% ranked the University of Colorado in the top 10 percent).

Other questions addressed paperwork and bureaucracy at the School of Medicine. When asked whether the SOM rules, paperwork and bureaucracy were overwhelming, most respondents agreed (29% strongly agreed and 47% agreed). Only 24% of faculty felt that rules, paperwork and bureaucracy were *not* overwhelming.

Representative Comments

- There is room for much greater collaboration across departments. I often see duplication and wonder if inter-departmental synergy could be enhanced.
- This is a wonderful place to work.... I think the administration and collegial opportunities are superb.
- I truly love working here. The biggest problem is minimal communication. There isn't enough time to go digging for resources or support, but every time I have looked, I have found it.
- The UC-SOM and Denver Health have been wonderful to me. Dean Krugman is a great asset. I have a great career that has been very rewarding. I was well-mentored and had every opportunity a faculty member could want. Efforts need to continue to pull the institutions together.
- I see faculty, including myself, worn out from not having enough support from the institution for teaching and scholarly activities.
- The SOM is a very collegial institution with a great depth of exceptional faculty. The state is an insignificant contributor, and there is insufficient philanthropy.
- The lack of attention to the intellectual pleasures of academic life is complete, We will be research or clinical machines, not people, and our students will suffer horribly.

- I have written several negative comments. But I have enjoyed working at UCHSC, mainly because of the people. There are problems with leadership and resources, but they are quite universal in academic medical centers. We need to try to do better, and particularly to provide more support for junior faculty.
- My impression, and that of many of my colleagues, is of an excellent-to-outstanding faculty trapped in a mediocre institution.
- Lack of resources to recruit and retain (and recognize) excellent faculty is a severe and chronic problem that is demoralizing.
- It is disillusioning to see this once up and coming institution being dismantled by ineffective administrators. I feel I am on a ship that is slowly sinking.
- I have found the UCHSC and the SOM to be a very supportive and rewarding place work for the past 38 years. Hard work both clinical and academic, has been rewarded and appreciated. Dean Krugman is an exceptional leader - certainly the best of the many good deans the SOM has had during my tenure here.
- Collegiality: Ph.D.'s are treated as second-class citizens compared to MD's. A basic sense of collegiality is lacking. There is not a sense of academic community.

I HAVE WRITTEN SEVERAL NEGATIVE COMMENTS. BUT I HAVE ENJOYED WORKING AT UCHSC, MAINLY BECAUSE OF THE PEOPLE. THERE ARE PROBLEMS WITH LEADERSHIP AND RESOURCES, BUT THEY ARE QUITE UNIVERSAL IN ACADEMIC MEDICAL CENTERS. WE NEED TO TRY TO COMMUNICATE BETTER, AND PARTICULARLY TO PROVIDE MORE SUPPORT FOR JUNIOR FACULTY.

VII. ABOUT THE SURVEY

Representative Comments About the Faculty Survey

- There is a strong bias toward physicians over basic scientists, as is even obvious in this survey.
- This survey is a step in the right direction, and I hope you will share [the results] with the Executive Committee, Senate and faculty assembly.
- The administration should know that all is not right at UCHSC.
- Thanks for listening.

**THE ADMINISTRATION SHOULD
KNOW THAT ALL IS NOT RIGHT
AT UCHSC**

CONCLUSIONS

This survey was conducted with a simple and straightforward objective: To learn more about the “state of the School” from the faculty’s point of view. The questions in the survey covered a variety of topics that are important to faculty, including career progress and satisfaction, participation in institutional governance and the environment for teaching, patient care and research.

The data from this survey may not be representative of the faculty-at-large, given the low response rate. Furthermore, the data are necessarily general and, perhaps, not as useful as the information that might be obtained from one-on-one interviews with faculty. Nonetheless, the data from this survey may provide some important information. We expect that these results will stimulate discussion about the unprecedented challenges that the School of Medicine currently faces. We hope that the survey will highlight factors that are affecting the professional development of faculty members, both positively and negatively. We also hope that the survey will improve communication, help strengthen the School’s programs, and ensure that individual faculty members, and the School as a whole, succeed. Indeed, one cannot succeed without the other. The success of an academic medical center is measured by what faculty members do --- how well faculty teach, their grants, scientific discoveries and accomplishments, how well and how much they write, and by the clinical care they deliver. At the University of Colorado School of Medicine, 94 percent of all revenues derive from the activities of the faculty. As noted by Thomas Kinney, former Dean of the Duke University School of Medicine and AAMC past-president, “All great medical centers have great faculty; there is no other way to do it.”

Major Conclusions

The results of this survey indicate that the faculty share a strong commitment to the School of Medicine. Most feel a sense of “connectedness” to the School’s missions. In fact, 99% (by far the most overwhelming response to any question in the survey) stated they “really care” about the future success of the School of Medicine. At the same time, there are shared frustrations:

- Most members of the faculty (70%) report satisfactory career progress. Also, the majority of faculty are optimistic about their future at the SOM (64%) and are not considering leaving academic medicine (57%). At the same time, more than one-third of faculty members (36%) are *not* optimistic, and 43% of

faculty responding to the survey have considered leaving academic medicine in the past year.

- Many clinician-educators are approaching “burnout,” faced with multiple, unrelenting clinical and related administrative demands. In many departments there is a such clear emphasis on clinical revenue and the business of medicine that there is not enough time for scholarship, and there is not enough time for teaching “in the way that students and housestaff deserve.” Only 40% of all faculty feel they have enough time for scholarly pursuits, and research is often “added on at the end, like a second job.” As one respondent pointed out, “Teaching, research and spending time with students and residents are all activities that must be crammed into a few hours that are left at the end of the week...what’s the point?” Faculty also report other areas of concern, including inadequate training in grant-writing and scientific methods, lack of qualified graduate students, inadequate technologic resources and lack of internal start-up monies for clinical investigators. Only one-third of respondents stated that clinical excellence is adequately rewarded; as one respondent asked, does anyone really know how clinical excellence is evaluated around here?” Junior faculty members, especially Instructors, were described as the clinical and teaching workhorses, who are not recognized or rewarded adequately. Is this a place, one faculty member asked, just “to do one more case?”
- The environment for teaching was criticized. In particular, numerous faculty members commented that teaching is not evaluated in a rigorous, defined manner (“It is still just a popularity contest”). Many other comments criticized the perceived lack of importance placed on teaching in the promotions process. Other faculty noted that, even though some value is given to teaching in the promotions process, teaching is not rewarded in terms of salary support. The lack of time and financial support for teaching was also mentioned frequently. Also, faculty observed that there is inadequate training in teaching, and that course syllabi and teaching materials are often not reviewed regularly by departments. Finally, basic scientists called for more communication with clinician-teachers regarding “what should be taught and at what level of detail.” There were critical comments about the lack of integration of the clinical and basic sciences teaching.
- Clinicians repeatedly cited the lack of information systems and adequate medical records, lack of medical assistants and poor systems for communication among providers as major impediments to excellence in patient care. There was a sense that no one is helping to solve the problems faced by “busy faculty, trying to a patient with 6 problems, every 15 minutes, with inefficient systems.” There was a sense of communication gridlock in the outpatient clinical enterprise. Many faculty believe that the medical care that is delivered at the University of Colorado School of Medicine is outstanding for patients with unusual and complex problems, but perhaps less outstanding

for routine patients with common complaints. There were numerous comments citing the lack of adequate outpatient care for indigent patients as a shameful situation.

- Not surprisingly, paperwork and bureaucracy were listed as major sources of frustration (although several respondents stated that these problems were no worse than at other institutions). Bureaucracy and regulations ranged from “regularly irritating” to “overwhelming.” PeopleSoft and the rapidly escalating research requirements under COMIRB and affiliated hospital regulations have made things worse, becoming “a drag on efficiency, enthusiasm and progress.” One faculty member asserted that it is now easier to conduct research in the private and industrial settings.
- Numerous respondents mentioned the lack of state support, and the lack of private philanthropy, as key impediment to progress and as “root causes” of the SOM’s problems. SOM and UCHSC administrators were admonished to do more to win financial support from both sources.
- More comments were received about the Fitzsimons project than about any other issue, and they are summarized in detail on pages 12-13. Most faculty appeared to be supportive of the move to Fitzsimons, noted that it represents and unprecedented opportunity that is “in the long-term interests of the public and the institution.” At the same time, faculty noted that this investment in the long-term good comes at a price --- namely, leaving “the present teaching and research needs [of many faculty and students] neglected.” Fitzsimons was considered by many to be both a step forward and a step backward. Faculty commented specifically about the funding formulae used to pay for the construction at Fitzsimons (reallocation of ICR funds and lack of state money and philanthropy), the time-table of the Fitzsimons move and challenges posed by the split campus. Most important, Faculty members were highly critical of the decision-making processes, which too often excluded faculty members. As outlined in the comments about participation in institutional governance, faculty members felt they were well-informed about “master planning” at Fitzsimons but had little meaningful input or influence. The perceived arrogance of institutional decision makers was cited. Fitzsimons was considered a “prime example” of the lack of shared governance” that is called for by Regent laws.
- In the area of faculty participation and influence in institutional governance, the results were mixed. On one hand, most respondents (64%) stated they had appropriate opportunities to participate in school-wide governance and decision-making. However, a much smaller proportion (46%) felt they had appropriate opportunities to actually *influence* decisions. Even comments from long-time participants on the Faculty Senate and other SOM committees indicated that participation and influence were not one and the same. As state by one survey respondent, “[while we talk in committees about key SOM

issues], it is not clear anyone is listening.” “Either give the Senate real power, or dissolve it.” There was a sense that the organizational charts and committees were in place, but that participation was often a wasted effort. Several comments were specifically critical of the influence exerted by department chairs; there were calls for more accountability of the chairs, to the faculty as well as to the dean. Very few faculty (23% of respondents) reported that “the views of faculty physicians are considered appropriately in the allocation of resources at the University of Colorado Hospital.” The hiring of chairs was cited as another example of reaching decisions while ignoring or bypassing faculty input.

- Many faculty members made comments about the institution’s leaders. There were many supportive comments, and there were some that were more harsh. Many faculty members observed that there should be more effective communication and coordination among various parties (hospital CEO’s and Boards, the Dean and the Chancellor), along with more trust. There was a perceived “negative synergism - a system that is less than the sum of its parts.” Only a small proportion of faculty (22%) felt they had an appropriate opportunity to comment on the performance of institutional leaders.
- In the important area of faculty support and mentorship, the results were also mixed. Overall, only 49% of respondents felt they had received adequate mentoring, and just 43% report that their departments have effective mentoring programs. A higher proportion of faculty members (63%) stated they were receiving constructive annual reviews and feedback from their chairs or division heads. Some respondents reported little if any mentoring by senior faculty and a sense that the environment is harsh, demanding and unforgiving and that junior faculty, in particular, are seldom-appreciated clinical and teaching “workhorses.” Senior faculty, in turn, note that they have little time, and have had little training, to be effective mentors to their junior colleagues. At the same time, the comments demonstrate that some faculty have found ready mentors and an environment that is understanding, supportive and encouraging. Some assert that assigning a mentor is an ineffective strategy - rather, faculty members often may need several mentors, which they can, and must, find for themselves.
- The majority of the faculty (70%) reported that their careers are progressing satisfactorily; about (30%) did not agree. The survey did not address specific faculty concerns or help to identify specific obstacles to career development. One can infer from the comments that numerous obstacles exist, including lack of protected time, lack of available and trained mentors, lack of research, educational or leadership training, lack of clarity regarding promotion requirements, lack of concordance between the School’s promotions requirements and the requirements and job assignments in particular departments and divisions, and perhaps other factors. Additional, focused

surveys may be warranted to determine the most important barriers to career success.

- More than 83% of faculty stated that they understood the criteria for promotion and tenure. Many also highlighted areas where those criteria for promotion, and their own job assignments, were not in alignment. In particular, clinicians and clinician-teachers often observed that teaching and clinical service were not rewarded adequately by the School's promotions process, that research and publications remained the more influential currency. As faculty members stated repeatedly, in different ways, "In primary care fields, excellent patient care and teaching should be more than enough to promote --- it's our job."
- Finally, faculty listed other areas of frustration and disappointment. These included inadequate salary and lack of adequate vacation, especially for senior faculty. Faculty also cited the pressures of obtaining and renewing grants. There were comments about inflexible workloads, especially for women or other faculty with family responsibilities. There were also comments regarding instructors and research faculty, who reported they are treated as second-class citizens, not "real faculty."

APPENDIX A: INTERNAL RELIABILITY MEASURES

Cronbach's alpha was used to assess the internal reliability of the summary scores. Scores were in a highly acceptable range (.70-.87), with the exception of the scholarship score (.55).

Quality of life: This score included two items regarding balance of work and life. Summary scores could range from 2 to 8. There are 491 valid scores. Overall mean=4.6. Cronbach's alpha= .80.

Satisfaction: This score included three items regarding career satisfaction and professional future. Summary scores could range from 3 to 12. One item (I have seriously considered leaving academic medicine) was reverse scored so that 1=strongly agree. There are 368 valid scores. Overall mean=8.2. Cronbach's alpha= .77.

Networking: This score included one item regarding opportunities to work with colleagues outside of UC-SOM. Scores could range from 1 to 4. There are 512 valid scores. Overall mean=2.9.

Scholarship: This score included two items regarding resources to support scholarly activities and time for scholarly pursuits. Scores could range from 2 to 8. There are 395 valid scores. Overall mean=4.7. Cronbach's alpha= .55.

Teaching: This score included six items regarding resources, time, recognition, and institutional support of teaching activities. Scores could range from 6 to 24. There are 153 valid scores. Overall mean=14.6. Cronbach's alpha= .70.

Clinical: This score included seven items regarding recognition of and institutional support for high quality clinical services and patient care. Scores could range from 7 to 28. There are 170 valid scores. Overall mean=19.2. Cronbach's alpha= .80.

Faculty development: This score included five items regarding the fostering of career development and clarity of promotion criteria. Scores could range from 5 to 20. There are 270 valid scores. Overall mean=12.6. Cronbach's alpha= .75.

Governance: This score included ten items regarding communication of and input into governance of departments and the institution as a whole. Specific items referred to department chairs, the Dean, and the Chancellor. One item asked about serving on committees, and was scored 1 for having served and 0 for not having served. Scores could range from 9 to 37. There are 80 valid scores. Overall mean=22.4. Cronbach's alpha= .87.