

Minutes of the Meeting of the Faculty Senate April 9, 2008

In Attendance: Bennett Amaechi, Krista Bowers, James Evans, Peter Gakunga, Daniel Johnson, Keith Krolick, William Morgan, Mark Nadeau, Barry Norling, Catherine Ortega, Rajeshwar Rao Tekmmal, David Vines, Renee Yew.

Absent: Deborah Baruch-Bienen, Margaret Brackley, William Clark, Sally Combest, Christopher Franka, Rebecca Garcia-Michels, Mickey Parsons, Catherine Robichaux, Helen Sorenson, Leticia Vargas, Ronald Verrett.

Guests: Dr. Theresa Chiang, VP for Academic Administration
Dr. Pedro L. Delgado, Associate Dean for Faculty Development and Professionalism

Convened: 4:05 PM

University Topics: Updates

Dr. Theresa Chiang, VP for Academic Administration

- 1). Faculty were encouraged to attend the Mario Capecchi Lecture on April 15.
- 2). On May 8th at 11 a.m. we will be celebrating the re-naming of the central campus to the Joe R and Teresa Lozano Long campus. All faculty, staff and students are welcome to attend the ceremony which will be held in front of the main courtyard area, outside of the AAB.
- 3). Search for the Dean of the Graduate School continues.
- 5). Dr. Shine will serve as interim Chancellor for the UT system.

University Topics: Faculty Satisfaction Survey

Dr. Pedro L. Delgado

Dielmann Professor and Chairman, Department of Psychiatry

Associate Dean for Faculty Development and Professionalism, School of Medicine

Dr. Delgado overviewed the process in which the Association of American Medical Colleges (AAMC) recently partnered with the Collaborative on Academic Careers in Higher Education (COACHE) at the Harvard Graduate School of Education to create a Medical Faculty Job Satisfaction Survey, a diagnostic and comparative management tool customized to the medical school environment. This 115-item, 9-theme satisfaction survey was developed using focus groups and literature reviews. Ten Medical Schools were chosen from a group that volunteered to participate in this initial pilot program and the survey was sent electronically to faculty lists in late March 2007.

Dr. Delgado described the response data which were presented in aggregate for our site in comparison to a peer group of academic health centers and to all schools participating (peers + 4 additional schools). Within each site, responses are contrasted between men and women, minority and non-minority, and clinical and basic science faculty. The response rate at UTHSCSA was 37% (293 of 794) which was comparable to all others. A general summary of the surveys finds:

Significant dissatisfaction exists amongst our clinical faculty with compensation and the perquisites offered by our Health Science Center, our clinical facilities and their administration, the percentage of time spent for teaching, research, administration, and clinical care as well as the value that the Medical School and the Department places on each of these, and the Dean's priorities for the School. The Health Science Center was perceived as not valuing entrepreneurialism or cultivating excellence. Women and minority faculty were in less agreement that we offer equal opportunities. Minority faculty reported relatively less satisfaction with the quality of personal and professional interactions with their peers, less agreement that their work was appreciated by students, and less agreement that they would choose this medical school again. Basic Science Faculty were relatively more satisfied in most areas with the exception of benefits, where they are more dissatisfied than Clinical Faculty.

The themes from open-ended questioning included improving perquisites (childcare, partner benefits, journal access), the need to re-emphasize academic and scientific excellence by focusing on long term development of faculty and less on clinical income, more collaborative research opportunities, and improving lines of communication by fostering transparency. The faculty wanted to be more informed about the direction of the school's focus throughout the process rather than just at the end when decisions have already been made.

Examples of some data collected are listed below:

Highest Satisfaction Items

- 75% or more satisfied or very satisfied
 - Quality of mentoring received (85%)
 - Retirement benefits (79%)
 - Work appreciated by immediate supervisor (78%)

- 70% - 74% satisfied or very satisfied
 - Quality of patient care provided (74%)
 - Autonomy in your work (73%)
 - Health benefits (72%)
 - Faculty in your department get along well (72%)
 - Would choose an academic career again (72%)
 - Work appreciated by students/residents (71%)
 - Med School offers opportunities regardless of race/ethnicity (71%)
 - Usefulness of feedback from unit/head (71%)

- 60% - 69% satisfied or very satisfied
 - My departmental colleagues respect my efforts to balance home/work (69%)
 - Med School offers opportunities regardless of gender (68%)
 - Work appreciated by other faculty (68%)
 - Promotion: what I must do in research/scholarship is clear (68%); reasonable (64%)
 - Your department as a place to work (67%)
 - Your control over your schedule (66%)
 - Contributions valued by Division Chief for teaching (67%) or patient care (61%)

- Quality of personal (65%) and professional (66%) interactions with departmental colleagues
- How well you “fit” in your department (65%)
- Frequency of feedback from unit/head (64%)
- Value department places on teaching (62%)
- Department is successful in recruiting women (61%)
- Communication from Chair about department (61%)
- Would choose this Med School again (60%)

Areas of Greatest Dissatisfaction

■ **40% or more are either dissatisfied or very dissatisfied with:**

- Incentive compensation, such as bonuses (43% total; **48% of Clinical** and 31% of Basic)
- Your overall compensation (41% total; 45% of Clinical and 30% of Basic)
- This medical school does a good job explaining its overall finances to faculty (41% total; 42% Clinical and 39% Basic)
- Clinical site dissatisfaction:
 - Responsiveness in meeting physician requests (45%)
 - Communication between physicians and senior administrators (45%)
 - Communication to physicians about this location's financial status (44%)
 - Support from administrative or office staff for your clinical practice (43%)

■ **30-40 % are either dissatisfied or very dissatisfied with:**

- Salary compared to colleagues with similar qualifications in other departments (37%)
- Clinical site dissatisfaction:
 - How well this clinical location functions overall (33%)
 - Quality of equipment (33%), availability of supplies (37%) and space (39%) for your clinical practice
 - Opportunities for physician input in management decisions (35%)
 - Support from non-physician clinical staff for your clinical practice (33%)
- I have the administrative support I need to do my job well (37%)
- My department does a good job explaining departmental finances to faculty (30%)
- My department is successful in retaining high quality faculty members (35%)
- My medical school is successful in retaining high quality faculty members (33%)
- Criteria for promotion are consistently applied to faculty across comparable positions (30%)
- Value your medical school places on teaching/education (31%)
- Percentage of time you currently spend on research/scholarship (33%)

The meeting was adjourned at 5:00 PM.