

PREFACE

StandPointTM Surveys is a collaborative partnership between the Association of American Medical Colleges (AAMC) and U.S. medical schools around the country focusing on measuring and enhancing medical school faculty engagement. This evidence-based initiative is designed to build capacity for academic medical centers to understand and develop the organizational cultures and talent management practices more likely to attract and retain excellent faculty.

The StandPoint Engagement Survey

A central offering of the StandPoint Surveys initiative is the *StandPoint Faculty Engagement Survey*, the largest national workplace data collection designed to address the issues unique to faculty engagement in academic medicine. This independent, research-based survey—developed and reviewed by experts in survey design, academic medicine, talent management, and organizational development—grew from a series of in-depth focus groups with medical school clinical and basic science faculty members in 2006. After a pilot test in 2007, the StandPoint Surveys program launched with an expanded administration in 2009—marking the largest-ever collection of workplace engagement and satisfaction benchmarking data for academic medicine institutions in the U.S.

The *StandPoint Faculty Engagement Survey* assesses levels of U.S. medical school faculty engagement—defined as the emotional and cognitive attitudes that faculty members have toward their workplace experiences (i.e., what is often referred to as "job satisfaction" within the literature) and behavioral outcomes such as contribution and effort. Please refer to the Executive Summary section of this report to review the survey dimensions.

Report Contents

The following report contains the results from the Marshall University School of Medicine's participation in the StandPoint Surveys initiative and its administration of the *StandPoint Faculty Engagement Survey*. Contents of this institutional report include the following:

An Executive Summary that contains:

- o A brief methodology section with information on the survey dimensions, survey administration, and population and participant characteristics
- o Instructions for interpreting the executive summary and its data displays
- Displays of your institution's results—including tables and graphs of global satisfaction items highlighting faculty group differences and easy-to-interpret survey dimension summary scores
- o Benchmarking comparisons between your institution, your selected peer group, and all schools participating in this StandPoint cohort.

Appendices that contain:

- o A more detailed methodology section that includes data analysis techniques applied and detailed survey population information
- o A copy of the StandPoint Faculty Engagement Survey items

A Comprehensive Data Report that contains:

- o Frequency distributions, means, and other statistical reporting of all survey items
- O Data breakouts across faculty demographic groups
- o Data breakouts across departments
- o Benchmarking comparisons between your institution, your selected peer group, and all schools participating in the StandPoint cohort.

Contact

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(a) peer benchmark data and survey instrument are not included; (b) particular survey items are paraphrased and not reproduced in their entirety; and (c) cohort data are not used without prior permission from the AAMC.

EXECUTIVE SUMMARY

The Executive Summary provides an overview of the StandPoint Faculty Engagement Survey dimensions, the survey administration, population and participant characteristics, and your institution's results. This section of the report also compares a summary of your results to the four peer institutions you chose for comparison and to all medical schools in the StandPoint cohort.

Survey Dimensions

The survey consisted of items that measure faculty engagement and that assess workplace factors that may impact faculty engagement (e.g., satisfaction with faculty-related institutional policies and practices). The following table displays the survey dimensions and descriptions of the items that compose these dimensions:

Table 1: Survey Dimensions

Table 1: Survey Dimensions	
Dimension Name	Dimension Description
Nature of Work	Number of hours worked; time spent on mission areas; Role clarity and organizational commitment
Focus on Medical School Mission	Mission clarity and alignment; Commitment to mission-based excellence
Workplace Culture	Whether the workplace culture cultivates diversity, wellness, and other ideals
Department Governance	Opportunities for faculty participation in decision-making; communication from the department chair; transparency of department finances
Medical School Governance	Opportunities for faculty participation in governance; communication from the dean's office; transparency of medical school finances
Relationship with Supervisor	Supervisor's support of individual goals; good communication
Mentoring and Feedback	Quality of mentoring and feedback on career performance
Opportunities for Career and Professional Growth	Opportunities for professional development and advancement;
Promotion and Tenure Requirements	Whether promotion criteria are clear and reasonable across all mission areas
Promotion Equality	Application of promotion criteria; equal opportunities regardless of sex, race, and sexual orientation
Collegiality and Collaboration	Opportunities to collaborate with other faculty; personal "fit" (i.e. sense of belonging); interactions with colleagues; intellectual vitality within the department and medical school; appreciation by colleagues
Compensation and Benefits	Evaluation of overall compensation; health and retirement benefits
Faculty Recruitment and Retention	Success in hiring and retaining high-quality faculty
Faculty Diversity & Inclusion	Success in hiring and retaining diverse faculty
Clinical Practice	Ability to provide high quality care; how well the clinical practice functions overall
Part-time Faculty Views	Assess decisions for part-time status and support from institution
Global Satisfaction	Overall satisfaction with department and medical school as places to work, including two open-ended questions to solicit suggestions for improvement

Interpreting the Presentation of Data

Frequencies

Most survey items used a five-point response scale. For this Executive Summary, we grouped the top two response options (e.g., strongly agree or agree) and bottom two response options (e.g., strongly disagree or disagree) and presented those combined percentages for ease of interpretation. See the "Comprehensive Data Report" section for the full frequency distribution of response options for each survey item across demographic groups and departments.

Means

In addition to frequencies, this report displays the means of numerical and five-point response scale items. Unweighted means are also provided across demographic groups and departments. See the "Comprehensive Data Report" section for all survey item means across demographic groups and departments.

Summary Scores

StandPoint created summary scores representing conceptually-related items with compatible scales (e.g., all agreement response scales) within the survey dimensions. To be concise, we often present just the top two response options (e.g., percent strongly agree or agree), though summary scores can be calculated across all response options and as means. The summary scores are calculated from the following items within the survey dimensions as shown in Table 2.

Table 2: Summary Scores Shown by Survey Dimension and Item Number

Dimension Name	Dimension Description
Nature of Work	My Job (Q11a-e)*
Focus on Medical School	Focus on Medical School Mission (12a-h)
Mission	
Workplace Culture	Workplace Culture (Q13a-e)
Department Governance	Department Governance (Q15a-e and Q16a-c)
Medical School Governance	Medical School Governance (Q17a-e and Q18a-c)
Relationship with Supervisor	Relationship with Supervisor (Q19a-d)
Opportunities for Career and	Growth Opportunities (Q26a-c)
Professional Growth	
Promotion and Tenure	Promotion and Tenure Requirements (Q27a-h)
Requirements	
Promotion Equality	Promotion Equality (Q28a-d)
Collegiality and Collaboration	Collegiality and Collaboration (Q29a-f and Q30a-c)
Compensation and Benefits	Compensation and Benefits (Q31a-e)
Faculty Recruitment and	Faculty Recruitment and Retention (Q32a-d)
Retention	
Faculty Diversity & Inclusion	Faculty Diversity and Inclusion (Q33a-e)
Clinical Practice	Clinical Practice (Q36a-g)

^{*} Note: A summary score may not have the same name as the survey dimension because it represents a small subset of items from that dimension due to response-scale incompatibilities.

Survey Administration

The AAMC administered the *StandPoint Faculty Engagement Survey* from September 2014 - September 2017 via the web to all full-time and part-time medical school faculty members at the following participating institutions:

- 1. Baylor College of Medicine
- 2. Florida International University Herbert Wertheim College of Medicine
- 3. Geisinger Commonwealth Medical College
- 4. George Washington University School of Medicine and Health Sciences
- 5. Louisiana State University School of Medicine in New Orleans
- 6. Loyola University Chicago Stritch School of Medicine
- 7. Marshall University School of Medicine
- 8. Medical College of Wisconsin
- 9. New York University Langone School of Medicine
- 10. Ponce Health Sciences University School of Medicine
- 11. Rush Medical College of Rush University
- 12. Sidney Kimmel Medical College at Thomas Jefferson University
- 13. State University of New York Downstate Medical Center College of Medicine
- 14. University Hospitals (Faculty of Case Western University)
- 15. University of California, Davis, School of Medicine
- 16. University of California, Los Angeles David Geffen School of Medicine
- 17. University of Cincinnati College of Medicine
- 18. University of Florida College of Medicine
- 19. University of Louisville School of Medicine
- 20. University of Mississippi School of Medicine
- 21. University of Missouri-Columbia School of Medicine
- 22. University of Nebraska School of Medicine (Department of Medicine)
- 23. University of Nevada School of Medicine
- 24. University of New Mexico School of Medicine
- 25. University of North Carolina School of Medicine
- 26. University of South Carolina School of Medicine Greenville
- 27. University of Texas Health Science Center San Antonio School of Medicine
- 28. University of Texas Medical Branch School of Medicine
- 29. University of Texas Southwestern Medical Center Southwestern Medical School
- 30. University of Utah School of Medicine
- 31. University of Virginia School of Medicine
- 32. Wake Forest School of Medicine of Wake Forest Baptist Medical Center
- 33. Weill Cornell Medicine

Benchmarking Comparisons

This report contains your institution's results in comparison to all StandPoint cohort institutions—a grouping that contains your own institution, so that you can see the overall results for the entire cohort—and to the four institutions you selected as your peer group.

Your Peer Group

As noted, your results will be compared to the four institutions you selected as your peer group. The four medical schools that your institution selected were as follows:

- Florida International University Herbert Wertheim College of Medicine
- University of Louisville School of Medicine
- University of Missouri-Columbia School of Medicine
- University of Nevada School of Medicine

Department Reporting

To allow for benchmarking comparisons by department across institutions, StandPoint created a standardized list of 29 aggregated departments, as shown in Table 3. Detailed results by aggregated included in the "Comprehensive Data Report" section of your report.

Table 3: Aggregated Departments by Basic Science and Clinical

Basic Science Departments	Clinical Departments
Anatomy	Anesthesiology
Biochemistry	Dermatology
Genetics	Emergency Medicine
Microbiology	Family Medicine
Molecular & Cellular Biology	Medicine
Neurosciences	Neurology
Pharmacology	Neurosurgery
Physiology	OB/GYN
Other Basic Science Departments	Ophthalmology
	Orthopedic Surgery
	Otolaryngology
	Pathology
	Pediatrics
	Physical Medicine and Rehabilitation
	Psychiatry
	Radiation Oncology
	Radiology
	Surgery
	Urology
	Other Clinical Departments

Survey Population and Response Rates

The survey population was determined by a database of medical school faculty that institutions provided to StandPoint. Survey respondents were defined as those faculty members who answered at least one question after item 7 (i.e., after the demographic items). Thus, participants must have completed a minimum of one core survey item to be included in our analysis of results. The number of survey respondents displayed for a given item refers to the number of survey-eligible and valid respondents who answered a given item.

Table 4 displays the survey response rates by respondent characteristics for your institution, your institution's peer group, and all StandPoint Institutions. Table 5 displays the number of faculty eligible to participate in the survey (i.e., the population) and the total number of respondents.

Table 4: Population Data and Response Rates by Respondent Characteristics

		s at Your			
	Insti	tution		Response R	ates
	Population	Survey Respondents	Your Institution	Your Peer Group	All StandPoint Institutions
All Faculty	308	194	63.0%	64.6%	63.5%
Appointment Status Full-Time Part-Time	259 49	176 18	68.0% 36.7%	68.1% 41.0%	68.6% 51.1%
Department Type					
Basic Science Clinical	34 274	29 165	85.3% 60.2%	72.8% 62.4%	74.1% 62.1%
Rank					
Senior (i.e., Full or Associate) Junior (i.e., Assistant)	N/A N/A	120 66	N/A N/A	N/A N/A	N/A N/A
Gender					
Male Female	201 107	126 68	62.7% 63.6%	64.0% 65.7%	66.6% 65.9%
Race/Ethnicity					
Majority (i.e., White or Asian)	286	180	62.9%	68.0%	72.1%
Minority (i.e., all other)	22	14	63.6%	64.7%	66.7%
Administrative Title					
Administrative Title Non-Administrative Title	N/A N/A	73 113	N/A N/A	N/A N/A	N/A N/A

Note: StandPoint did not collect faculty population data on rank and administrative titles, so response rates could not be calculated for these groups. Additionally, race data was not available for all faculty in the sample.

Table 5: Population Data and Response Rates by Comparison Groups

	Your Institution	Your Peer Group	All StandPoint Institutions
Number of Faculty Eligible for Survey	308	2119	34913
Number of Respondents	194	1369	22176
Response Rate	63.0%	64.6%	63.5%

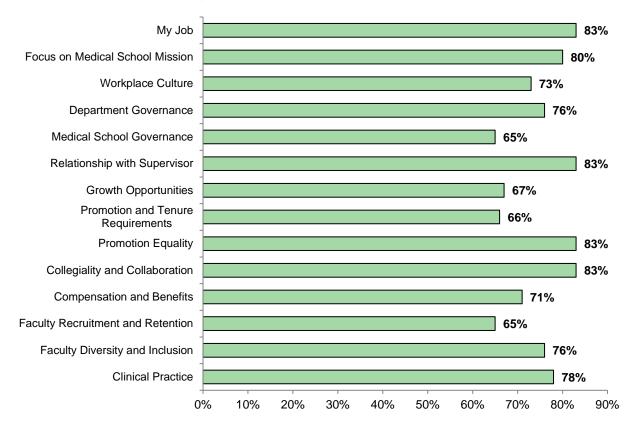
RESULTS OVERVIEW

Summary Scores across All Faculty

StandPoint created summary scores representing conceptually-related items with compatible scales (e.g., all agreement response scales) within the survey dimensions. Page 1 of this Executive Summary contains a table that displays the survey dimensions and item numbers from which these summary scores were calculated.

The summary scores in Figure 1 represent the overall top two response options (e.g., strongly agree or agree) across all faculty members at your institution.

Figure 1: Summary Scores (Top Two %) Across All Faculty at Your Institution



Summary Scores by Respondent Characteristics

Table 6 displays summary scores for the overall top two response options (e.g., strongly agree or agree) by appointment status (full-time or part-time), department type (basic science or clinical), rank (senior [i.e., full or associate] or junior [i.e., assistant]), gender, race/ethnicity (majority [i.e., White or Asian] or minority [i.e., all other]), and administrative title (holds administrative title or does not hold administrative title).

Table 6: Summary Scores (Top Two %) by Demographic Groups

		ntment itus		rtment ype	Ra	ınk	Ge	ender	Race/E	thnicity	Admini Ti	strative tle
Summary Score	Full- Time	Part- Time	Basic Science	Clinical	Senior	Junior	Male	Female	Majority	Minority	Admin. Title	Non- Admin. Title
My Job	83	80	77	84	84	81	85	79	83	91	89	80
Focus on Medical School Mission	80	75	79	80	79	82	80	79	80	81	85	77
Workplace Culture	73	66	63	75	69	78	71	77	73	73	76	73
Department Governance	76	72	77	75	75	79	77	74	77	59	84	71
Medical School Governance	65	68	60	66	63	71	64	67	65	61	70	63
Relationship with Supervisor	82	92	74	85	80	88	85	80	83	83	88	80
Growth Opportunities	68	60	52	70	67	70	69	64	67	63	76	62
Promotion and Tenure Requirements	67	42	75	64	71	60	67	63	65	73	76	61
Promotion Equality	82	87	83	82	82	83	86	76	83	72	85	82
Collegiality and Collaboration	84	75	72	85	83	83	85	79	83	80	90	80
Compensation and Benefits	71	69	43	76	67	77	70	72	71	67	78	66
Faculty Recruitment and Retention	65	60	39	69	60	75	60	74	65	64	65	64
Faculty Diversity and Inclusion	76	78	75	76	74	80	75	78	77	58	75	77
Clinical Practice	79	63	n<5	78	80	76	79	76	78	72	89	70

Top 10 and Bottom 10 Survey Items

The following lists display the "top 10" survey items at your institution (i.e., the items with the highest percentage of faculty choosing the top two response options on scales of agreement or satisfaction and the "bottom 10" survey items at your institution (i.e., the items with the lowest percentage of faculty choosing the top two response options on scales of agreement or satisfaction). This excludes satisfaction with mentoring and part-time faculty items.

Top 10 Survey Items at Your Institution:

	Top two %	<u>Top survey items</u>
1.	90.9	Q29B: I am satisfied with the quality of professional interaction I have with
		departmental colleagues
2.	89.4	Q11D: I feel personally driven to help this medical school succeed
3.	88.8	Q30B: The faculty in my department usually get along well together
4.	88.2	Q29A: I am satisfied with the quality of personal interaction I have with
		departmental colleagues
5.	87.7	Q28D: My medical school offers equal opportunities to all faculty members
		regardless of sexual orientation
6.	87.6	Q12G: Overall, my school fosters clinical excellence
7.	86.8	Q12A: My medical school's mission is clear
8.	86.8	Q36F: My ability to provide a high quality of patient care in this location
9.	85.6	Q25A: The feedback I receive from my unit head is generally useful [asked if Q23 =
		"Yes"]
10 .	85.2	Q19B: My supervisor sets a good example to reflect this medical school's values

Bottom 10 Survey Items at Your Institution:

	Top two %	Bottom survey items
1.	50.0	Q32C: My medical school is successful in retaining high quality faculty members
2.	55.2	Q31B: My incentive-based compensation, such as bonuses or merit pay
3.	55.6	Q13E: I feel that the workplace culture at this medical school cultivates faculty wellness
4.	55.7	Q17B: Senior leadership is transparent about medical school finances
5.	59.0	Q17A: There is sufficient communication from the dean's office to the faculty about the medical school
6.	59.6	Q27D: Research/scholarship: To be promoted in rank, what I must do in this mission area is reasonable to me
7.	60.1	Q18B: There are sufficient opportunities for faculty participation in the governance of this medical school
8.	60.4	Q27H: Administration/Institutional Service: To be promoted in rank, what I must do in this mission area is reasonable to me
9.	62.2	Q27G: Administration/Institutional Service: To be promoted in rank, what I must do in this mission area is clear to me
10.	63.9	Q32A: My medical school is successful in hiring high quality faculty members

GLOBAL SATISFACTION

This section of the Executive Summary displays data on the four global satisfaction items: satisfaction with your medical school, satisfaction with your department, whether faculty would recommend your institution as a place to work, and whether faculty would again choose to work at your medical school. In addition, we provide data on the survey item asking faculty members whether they have any plans to leave their institution in the near future.

Satisfaction with Your Medical School

Faculty members responded to the question, "All things considered, how satisfied or dissatisfied are you with your <u>medical school</u> as a place to work?" Figure 2 displays global satisfaction ratings with Marshall University School of Medicine as a place to work. In Figure 3, your institution's satisfaction ratings are compared to those of your peers and all StandPoint cohort institutions.

Figure 2: Satisfaction with Marshall University School of Medicine

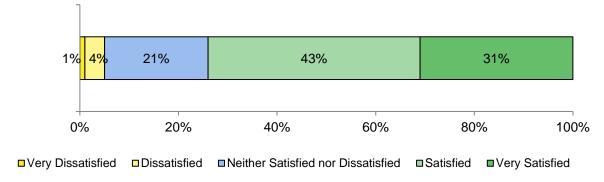
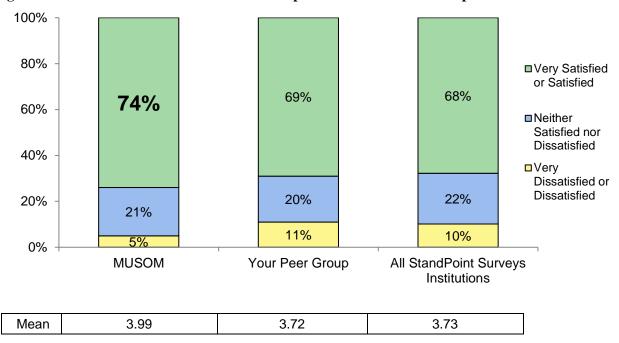


Figure 3: Satisfaction with Medical School Comparison to Your Peer Group and the Cohort



Satisfaction with Your Medical School by Respondent Characteristics

Table 7 displays the ratings for global satisfaction with your medical school segmented by appointment status (full-time or part-time), department type (basic science or clinical), rank (senior [i.e., full or associate] or junior [i.e., assistant]), gender, race/ethnicity (majority [i.e., White or Asian] or minority [i.e., all other]), and administrative title (holds administrative title or does not hold administrative title).

Table 7: Differences in Global Satisfaction with Medical School by Respondent Characteristics

Respondent Characteristic	Number of Respondents	Very Satisfied or Satisfied	Neither Satisfied nor Dissatisfied	Very Dissatisfied or Dissatisfied	Mean
All Faculty	186	74%	21%	5%	3.99
Appointment Status					
Full-time	170	75%	21%	4%	4.02
Part-time	16	63%	25%	12%	3.69
Department Type					
Basic Science	27	52%	37%	11%	3.56
Clinical	159	77%	19%	4%	4.06
Rank					
Senior	119	72%	22%	6%	3.95
Junior	61	77%	20%	3%	4.05
Gender					
Male	123	73%	20%	7%	3.96
Female	63	75%	24%	1%	4.05
Race/Ethnicity					
Majority	173	74%	21%	5%	4.00
Minority	13	69%	23%	8%	3.85
Administrative Title					
Administrative Title	72	78%	18%	4%	4.11
Non-Administrative Title	106	73%	22%	5%	3.92

Global Satisfaction with Your Department

Figures 4 and 5 display responses to the item, "All things considered, how satisfied or dissatisfied are you with your <u>department</u> as a place to work?" These data are broken out by the benchmarking department categories, with your department categories in parentheses. Departments with less than 5 respondents are not shown.

Figure 4: Differences in Global Satisfaction within Basic Science Departments

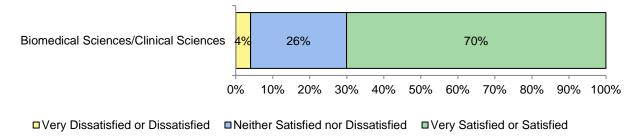
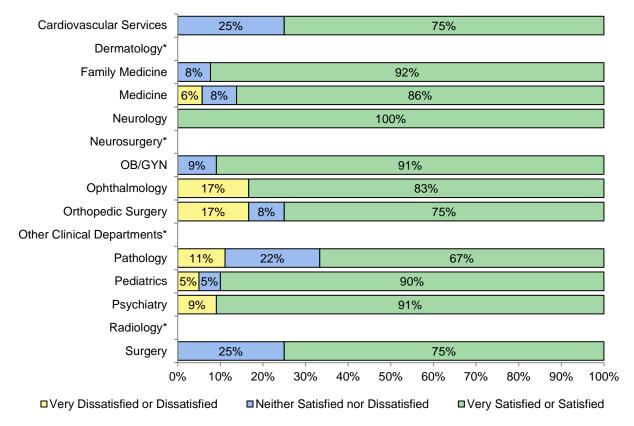


Figure 5: Differences in Global Satisfaction within Clinical Departments

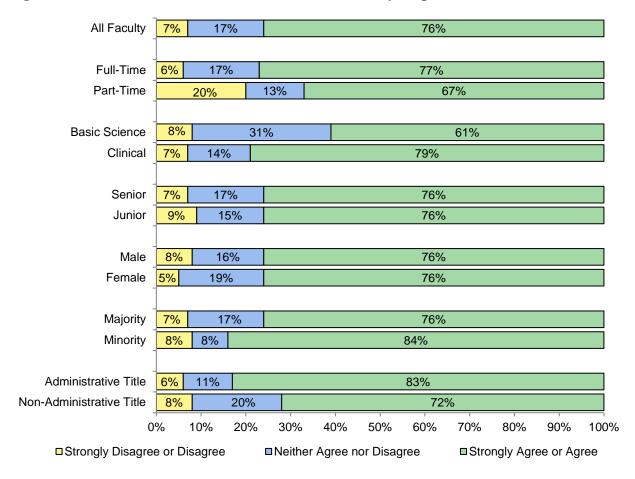


^{*}Note: IRB requires suppression of data cells with n<5 faculty respondents.

Would Again Choose to Work at Medical School

Figure 6 displays responses to the item, "If I had it to do all over, I would again choose to work at this medical school." These results are segmented by appointment status (full-time or part-time), department type (basic science or clinical), rank (senior [i.e., full or associate] or junior [i.e., assistant]), gender, race/ethnicity (majority [i.e., White or Asian] or minority [i.e., all other]), and administrative title (holds administrative title or does not hold administrative title).

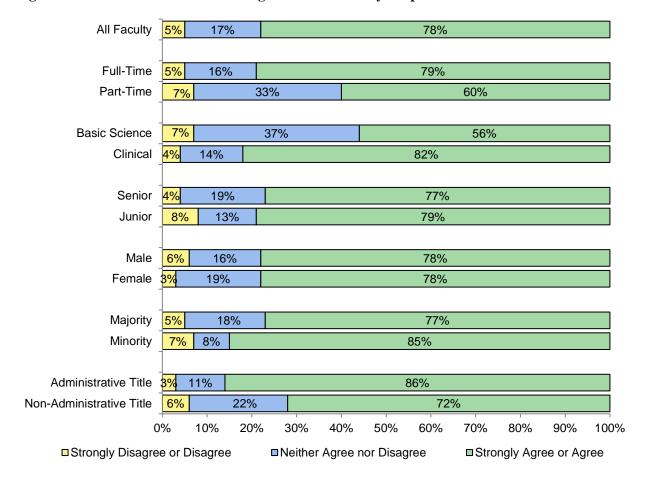
Figure 6: Differences in Choice to Work at Medical School by Respondent Characteristics



Would Recommend Medical School to Others

Figure 7 displays responses to the item, "I would recommend this medical school to others as a place to work." These results are segmented by appointment status (full-time or part-time), department type (basic science or clinical), rank (senior [i.e., full or associate] or junior [i.e., assistant]), gender, race/ethnicity (majority [i.e., White or Asian] or minority [i.e., all other]), and administrative title (holds administrative title or does not hold administrative title).

Figure 7: Differences in Recommending Medical School by Respondent Characteristics



Turnover Intentions

Survey respondents indicated whether they intended to retire (Q38), leave the medical school (Q39), or leave academic medicine within the next two years (Q40). Figure 8 displays the results for your institution. Skip logic separates respondents based on answers to each question. (e.g. those responding highly likely or very likely to retirement plans are excluded from the next question).

Figure 8a: Turnover Intentions regarding Likelihood of Retirement

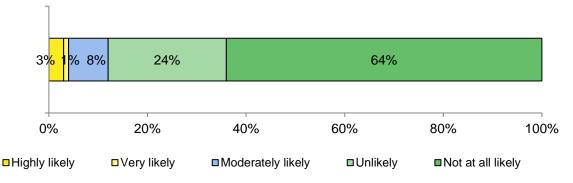


Figure 8b: Turnover Intentions regarding Likelihood of Medical School

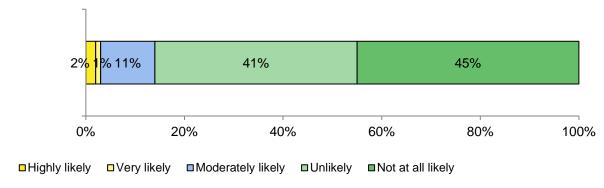
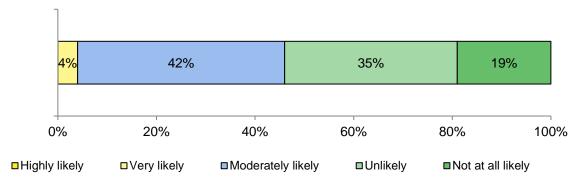


Figure 8c: Turnover Intentions regarding Likelihood of Leaving Academic Medicine



NATURE OF WORK

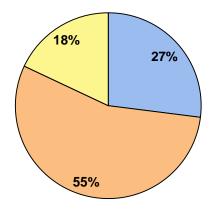
Respondents estimated the total number of hours spent on all work activities in an average calendar week and the percentage of time spent on each mission area. Mission areas included:

- **Teaching/Education:** teaching, grading, course preparation, developing new curricula, advising or supervising students or residents, working with student or resident groups
- **Research/Scholarship:** research, reviewing or preparing articles or books, attending or preparing for professional meetings or conferences, reviewing or writing proposals, seeking outside funding
- Patient Care/Client Services: medical service, counseling patients or families, administrative tasks associated with clinical service
- Administration/Institutional Service: university, medical school, health system, faculty practice or department administrative duties, meetings, committee work

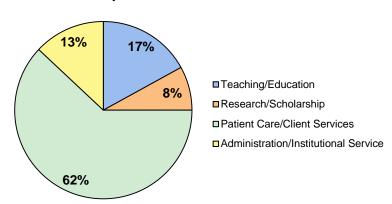
Figure 9 displays the percentage of time that full-time faculty members. Please note the number of hours per mission area was calculated based on the percentage applied to the average total hours.

Figure 9: Average Work Week for Full-time Faculty Members in Basic Science Departments vs. Clinical Departments

Basic Science Departments



Clinical Departments



	Mean
Mission Area	Hours
Teaching/Education	15.2
Research/Scholarship	30.9
Patient Care/Client Services	0.1
Administration/Institutional Service	10.0
Total Hours	56.2

Total Hours	53.0
Administration/Institutional Service	6.8
Patient Care/Client Services	32.9
Research/Scholarship	4.0
Teaching/Education	9.3
Mission Area	Hours
	Mean

Time Spent on Mission Areas

Respondents rated whether they spent too little or too much time on each mission area. The results are displayed in Table 8.

Table 8: Time Spent on Mission Areas

Item	N	Far Too Much or Too Much	About Right	Far Too Little or Too Little
Basic Science Departments				
Teaching/Education	29	17%	73%	10%
Research/Scholarship	26	11%	54%	35%
Patient Care/Client Services	N<5	N<5	N<5	N<5
Administration/Institutional Service	23	30%	61%	9%
Clinical Departments				
Teaching/Education	158	1%	72%	27%
Research/Scholarship	153	4%	42%	54%
Patient Care/Client Services	155	32%	64%	4%
Administration/Institutional Service	150	11%	75%	14%

Q10: Please rate the percentage of time/effort you currently devote to each of the following activities.

Table 9: My Job

Item	N	Strongly Agree or Agree	Neither Agree nor Disagree	Strongly Disagree or Disagree	2017 Mean
I am satisfied with my autonomy at work	192	85%	10%	5%	4.24
My day-to-day activities give me a sense of accomplishment	192	84%	12%	4%	4.26
My role here is clear to me	191	84%	11%	5%	4.23
I feel personally driven to help this medical school succeed*	189	89%	8%	3%	4.43
My effort assigned to service, teaching, research accurately reflects how my time is actually spent in the workplace**	183	73%	18%	9%	3.91
MY JOB SUMMARY SCORE		83%	12%	5%	4.22

Q11: Please indicate your level of agreement or disagreement with the following statements.

^{*}Note: This item stated "I am usually willing to give more than what is expected of me in my job" prior to 2017.

^{**}Note: This item was not included in the survey prior to 2017.

FOCUS ON MEDICAL SCHOOL MISSION

Respondents indicated their agreement or disagreement with items related to Marshall University School of Medicine's mission (Table 10).

Table 10: Focus on Medical School's Mission

İtem	N	Strongly Agree or Agree	Neither Agree nor Disagree	Strongly Disagree or Disagree	2017 Mean
My medical school's mission is clear	189	87%	10%	3%	4.16
Overall, my medical school is accomplishing its mission	182	81%	14%	5%	4.06
The stated values of the medical school match the actual values of the institution	184	75%	18%	7%	3.98
It is clear how my day-to-day activities support the medical school's mission	186	79%	17%	4%	4.10
Overall, my school fosters teaching excellence	188	76%	16%	8%	3.97
Overall, my school fosters research excellence*	187	68%	22%	10%	3.81
Overall, my school fosters clinical excellence*	177	88%	9%	3%	4.23
Diversity, inclusion, and equity are recognized as components of institutional excellence*	189	85%	11%	4%	4.17
MEDICAL SCHOOL MISSION SUMMARY SCORE		80%	14%	6%	4.06

Q12: Please indicate your level of agreement or disagreement with the following statements

*Note: This item was not included in the survey prior to 2017.

Value of Mission Areas

Faculty rated the amount of value they perceived their medical school (Table 11) and their department (Table 12) place on the four mission areas. For a description of each mission area, please refer to page 18.

Table 11: Medical School Value of Mission Areas

Item	N	Far Too Much or Too Much	About Right	Far Too Little or Too Little
Teaching/Education	185	4%	78%	18%
Research/Scholarship	186	25%	61%	14%
Patient Care/Client Services	165	9%	77%	14%
Administration/Institutional Service	179	10%	82%	8%

Q14: Please rate the value that you believe your medical school places on each of the following mission areas.

Table 12: Departmental Value of Mission Areas

Item	N	Far Too Much or Too Much	About Right	Far Too Little or Too Little
Teaching/Education	189	3%	83%	14%
Research/Scholarship	186	6%	69%	25%
Patient Care/Client Services	159	13%	82%	5%
Administration/Institutional Service	179	7%	85%	8%

Q14: Please rate the value that you believe your department places on each of the following mission areas.

Workplace Culture

Respondents indicated their agreement or disagreement with whether Marshall University School of Medicine's culture cultivates collegiality, diversity, innovation, and excellence in performance (Table 13).

Table 13: Workplace Culture

Item	N	Strongly Agree or Agree	Neither Agree nor Disagree	Strongly Disagree or Disagree	2017 Mean
Collegiality	188	85%	10%	5%	4.13
Diversity	188	84%	12%	4%	4.10
Innovation	188	65%	27%	8%	3.76
Excellence in performance	190	74%	20%	6%	3.96
Faculty wellness*	187	56%	28%	16%	3.49
WORKPLACE CULTURE SUMMARY SCORE		73%	19%	8%	3.89

Q13: I feel that the workplace culture at this medical school cultivates...

DEPARTMENT GOVERNANCE

Respondents indicated their agreement or disagreement with items related to the governance of their department (Table 14).

Table 14: Department Governance

Item	N	Strongly Agree or Agree	Neither Agree nor Disagree	Strongly Disagree or Disagree	2017 Mean
There is sufficient communication from the department chair's office to the faculty about the department	178	74%	16%	10%	3.97
My chair is transparent about departmental finances *	175	69%	20%	11%	3.93
The department chair's priorities for the department are clear	176	76%	18%	6%	4.07
The chair's priorities for the department are reasonable	170	82%	14%	4%	4.20
In general, the department chair's priorities are aligned with the dean's priorities	143	76%	23%	1%	4.03
The pace of decision making in the department is reasonable	169	77%	14%	9%	3.91
There are sufficient opportunities for faculty participation in the governance of this department	170	68%	19%	13%	3.78
The department chair sets a good example to reflect our medical school's values	171	84%	11%	5%	4.29
DEPARTMENT GOVERNANCE SUMMARY SCORE		76%	16%	8%	4.02

Question 15-16: Please indicate your level of agreement or disagreement with the following statements.

^{*}Note: This item was not included in the survey prior to 2017.

^{*}Note: This item stated, "My department does a good job explaining departmental finances to the faculty", prior to 2017.

MEDICAL SCHOOL GOVERNANCE

Respondents indicated their agreement or disagreement with items related to the governance of Marshall University School of Medicine (Table 15).

Table 15: Medical School Governance

		Strongly Agree or	Neither Agree nor	Strongly Disagree or	2017
Item	N	Agree	Disagree	Disagree	Mean
There is sufficient communication from the dean's office to the faculty about the medical school	178	59%	28%	13%	3.61
Senior leadership is transparent about medical school finances*	174	56%	25%	19%	3.50
The dean's priorities for the medical school are clear	178	78%	17%	5%	3.97
The dean's priorities for the medical school are reasonable	173	65%	24%	11%	3.73
In general, the dean's priorities are aligned with the medical school's mission	169	68%	24%	8%	3.83
The pace of decision making in the dean's office is reasonable	150	68%	29%	3%	3.85
There are sufficient opportunities for faculty participation in the governance of this medical school	173	60%	29%	11%	3.66
Faculty can express their opinions about the medical school without fear of retribution	164	65%	26%	9%	3.76
MEDICAL SCHOOL GOVERNANCE SUMMARY SCORE		65%	25%	10%	3.74

Question 17-18: Please indicate your level of agreement or disagreement with the following statements.

*Note: This items stated "Senior leadership does a good job explaining medical school finances to the faculty" prior to 2017.

RELATIONSHIP WITH SUPERVISOR

Table 16 displays respondents' level of agreement or disagreement with statements about their supervisor.

Table 16: Supervisor

Item	N	Strongly Agree or Agree	Neither Agree nor Disagree	Strongly Disagree or Disagree	2017 Mean
I feel appreciated by my supervisor	185	83%	11%	6%	4.12
My supervisor sets a good example to reflect this medical school's values	183	85%	11%	4%	4.22
My supervisor actively encourages my career development	184	79%	14%	7%	4.07
My supervisor listens to what I have to say	183	84%	11%	5%	4.18
RELATIONSHIP WITH SUPERVISOR SUMMARY SCORE		83%	12%	5%	4.15

Question 19: Please indicate your level of agreement or disagreement with each of the following statements about the <u>supervisor</u> <u>who completes your performance review</u>.

MENTORING AND FEEDBACK

Faculty were asked to rate their agreement or disagreement with the importance and quality of the mentoring and feedback at Marshall University School of Medicine (Table 17).

Table 17: Mentoring and Feedback

Item	N	Strongly Agree or Agree	Neither Agree nor Disagree	Strongly Disagree or Disagree	2017 Mean
Having a formal mentor at my institution is important to me.	187	45%	36%	19%	3.39
I am satisfied with the quality of formal mentoring that I receive.	52	83%	15%	2%	4.13
Receiving regular feedback about my job performance is important to me.	185	78%	20%	2%	4.10
The feedback I receive from my unit head is generally useful.	146	86%	13%	1%	4.10
I am satisfied with how frequently I receive feedback from my unit head.	147	82%	13%	5%	4.01

Questions 21-22, 24-25: Please indicate your level of agreement or disagreement with the following statements.

OPPORTUNITIES FOR CAREER AND PROFESSIONAL GROWTH

Growth Opportunities

Table 18 displays respondents' satisfaction with the opportunities and pace of professional advancement at Marshall University School of Medicine.

Table 18: Growth Opportunities at Marshall University School of Medicine

Item	N	Strongly Agree or Agree	Neither Agree nor Disagree	Strongly Disagree or Disagree	2017 Mean
I am interested in opportunities for new roles and responsibilities at this medical school*	186	66%	22%	12%	3.75
I am satisfied with the pace of my professional advancement at this medical school	187	70%	20%	10%	3.81
I am satisfied with my opportunities for professional development at this medical school	187	66%	19%	15%	3.67
GROWTH OPPORTUNITY SUMMARY SCORE		67%	21%	12%	3.74

Question 26: Please indicate your level of agreement or disagreement with the following statements.

^{*}Note: This item stated "Further professional advancement at this medical school is important to me" prior to 2017.

Promotion and Tenure Requirements

Table 19 displays respondents' satisfaction with the promotion and tenure criteria at Marshall University School of Medicine and their agreement or disagreement with the clarity and reasonableness of the criteria within each mission area. Please refer to page 18 for a definition of each mission area.

Table 19: Promotion and Tenure Requirements at Marshall University School of Medicine

		Strongly Agree or	Neither Agree nor	Strongly Disagree or	2017
Item	N	Agree	Disagree	Disagree	Mean
Teaching/Education					
To be promoted in rank, what I must do in this mission area is <u>clear</u> to me	167	68%	18%	14%	3.69
To be promoted in rank, what I must do in this mission area is <u>reasonable</u> to me	158	70%	25%	5%	3.80
Research/Scholarship					
To be promoted in rank, what I must do in this mission area is <u>clear</u> to me	168	66%	19%	15%	3.65
To be promoted in rank, what I must do in this mission area is reasonable to me	156	60%	31%	9%	3.65
Patient Care/Client Services					
To be promoted in rank, what I must do in this mission area is clear to me	142	69%	16%	15%	3.71
To be promoted in rank, what I must do in this mission area is <u>reasonable</u> to me	136	70%	26%	4%	3.85
Administration/Institutional Service					
To be promoted in rank, what I must do in this mission area is <u>clear</u> to me	164	62%	20%	18%	3.55
To be promoted in rank, what I must do in this mission area is reasonable to me	154	60%	33%	7%	3.65
PROMOTION AND TENURE CRITERIA SUMMARY SCORE		66%	23%	11%	3.69

Question 27: Please indicate your level of agreement or disagreement with the following statements about several mission areas.

Promotion Equality

Respondents rated whether Marshall University School of Medicine offers equal promotion opportunities to all faculty members regardless of gender, race and ethnicity, or sexual orientation (Table 20).

Table 20: Promotion Equality

Item	N	Strongly Agree or Agree	Neither Agree nor Disagree	Strongly Disagree or Disagree	2017 Mean
At my medical school the criteria for promotion are consistently applied to faculty across comparable positions	147	74%	21%	5%	3.94
My medical school offers equal opportunities to all faculty members regardless of gender	172	83%	10%	7%	4.14
My medical school offers equal opportunities to all faculty members regardless of race/ethnicity	173	85%	12%	3%	4.24
My medical school offers equal opportunities to all faculty members regardless of sexual orientation	163	88%	10%	2%	4.29
PROMOTION EQUALITY SUMMARY SCORE		83%	13%	4%	4.16

Question 28: Please indicate your level of agreement or disagreement with each of the following statements.

COLLEGIALITY AND COLLABORATION

Respondents indicated their agreement or disagreement with statements related to collegiality and collaboration at the medical school and within their department, including their satisfaction with the quality of their interactions with departmental colleagues, their sense of belonging, and the intellectual vitality at the medical school and within their department (Table 21).

Table 21: Collegiality and Collaboration

Item	N	Strongly Agree or Agree	Neither Agree nor Disagree	Strongly Disagree or Disagree	2017 Mean
I am satisfied with the quality of personal interaction I have with departmental colleagues	186	88%	9%	3%	4.23
I am satisfied with the quality of professional interaction I have with departmental colleagues	186	91%	6%	3%	4.26
I am satisfied with how well I "fit" (i.e., my sense of belonging) in my department	186	83%	12%	5%	4.16
I am satisfied with how well I "fit" (i.e., my sense of belonging) in my medical school	186	73%	20%	7%	3.95
I am satisfied with the intellectual vitality in my department	184	82%	13%	5%	4.05
I am satisfied with the intellectual vitality in my medical school	182	77%	19%	4%	3.93
My departmental colleagues are respectful of my efforts to balance work and home responsibilities	187	81%	12%	7%	4.09
The faculty in my department usually get along well together	187	89%	8%	3%	4.30
I feel appreciated by my departmental colleagues	187	84%	11%	5%	4.19
COLLEGIALITY & COLLABORATION SUMMARY SCORE		83%	12%	5%	4.13

Question 29: Please indicate your level of agreement or disagreement with the following aspects of your workplace culture. Question 30: Please indicate your level of agreement or disagreement with the following statements.

COMPENSATION AND BENEFITS

Respondents rated their satisfaction or dissatisfaction with their compensation and benefits (Table 22).

Table 22: Compensation and Benefits

Item	N	Very Satisfied or Satisfied	Neither Satisfied nor Dissatisfied	Very Dissatisfied or Dissatisfied	2017 Mean
My overall compensation	184	64%	19%	17%	3.57
My incentive-based compensation, such as bonuses	181	55%	26%	19%	3.49
Health benefits	184	74%	16%	10%	3.78
Retirement benefits	184	84%	11%	5%	4.01
My overall benefits package	183	77%	17%	6%	3.86
COMPENSATION AND BENEFITS SUMMARY SCORE		71%	18%	11%	3.74

Question 31: Please indicate your level of satisfaction or dissatisfaction with each of the following aspects of compensation.

FACULTY RECRUITMENT AND RETENTION

Table 23 displays respondents' agreement or disagreement with whether Marshall University School of Medicine and their department are successful in recruiting and retaining high quality faculty members.

Table 23: Recruitment and Retention

Item	N	Strongly Agree or Agree	Neither Agree nor Disagree	Strongly Disagree or Disagree	2017 Mean
My medical school is successful in hiring high quality faculty members	169	64%	24%	12%	3.62
My <u>department</u> is successful in hiring high quality faculty members	181	75%	16%	9%	3.87
My medical school is successful in retaining high quality faculty members	168	50%	27%	23%	3.33
My <u>department</u> is successful in retaining high quality faculty members	180	68%	17%	15%	3.73
FACULTY RECRUITMENT AND RETENTION SUMMARY SCORE		65%	20%	15%	3.64

Question 32: Please indicate your level of agreement or disagreement with the following statements.

FACULTY DIVERSITY & INCLUSION

Table 24 displays respondents' agreement or disagreement with whether their department is successful in recruiting and retaining female and racial/ethnic minority faculty members.

Table 24: Faculty Diversity

		Strongly Agree or	Neither Agree nor	Strongly Disagree or	2017
_Item	N	Agree	Disagree	Disagree	Mean
My department is successful in recruiting female faculty members	177	84%	11%	5%	4.14
My department is successful in recruiting racial/ethnic minority faculty members	174	75%	17%	8%	3.91
My department is successful in retaining female faculty members	171	78%	16%	6%	4.06
My department is successful in retaining racial/ethnic minority faculty members	166	68%	24%	8%	3.84
Diversity is represented at all levels of the medical school*	171	75%	16%	9%	3.85
FACULTY DIVERSITY SUMMARY SCORE		76%	17%	7%	3.96

Question 33: Please indicate your level of agreement or disagreement with the following statements.

*Note: This item was not included in the survey prior to 2017.

CLINICAL PRACTICE

Respondents who are actively engaged in the clinical care of patients were asked about their satisfaction with various aspects of the location where they spend most of their time in clinical practice. Institutions were allowed to specify clinical practice locations from which faculty could choose to respond.

Table 25: Clinical Practice (all locations combined)

Item	N	Very Satisfied or Satisfied	Neither Satisfied nor Dissatisfied	Very Dissatisfied or Dissatisfied	2017 Mean
Opportunities for faculty input in management or administrative decisions	151	70%	16%	14%	3.75
Senior leadership's transparency regrading clinical finances*	149	72%	17%	11%	3.86
The teamwork between faculty and other clinical staff	150	84%	12%	4%	4.16
Communication between faculty and senior administrators	150	71%	18%	11%	3.87
Location's responsiveness in meeting your requests as a care provider	149	76%	17%	7%	3.99
My ability to provide a high quality of patient care in this location	152	87%	9%	4%	4.22
How well this clinical location functions overall as it relates to patient care	151	84%	13%	3%	4.18
CLINICAL PRACTICE SUMMARY SCOR	E	78%	14%	8%	4.01

Question 36: Please indicate your level of satisfaction or dissatisfaction with each of the following statements based on your clinical practice location.

^{*}Note: This items stated "Communication to physicians about this location's financial status" prior to 2017.

PART-TIME FACULTY VIEWS

In addition to their responses to all of the other questions in the survey, part-time faculty respondents indicated their agreement or disagreement with items related to expectations and support provided to them as part-time status faculty members (Table 26).

Table 26: Expectations

Item	N	Strongly Agree or Agree	Neither Agree nor Disagree	Strongly Disagree or Disagree	2017 Mean
My institution has clear expectations for part-time faculty	13	46%	39%	15%	3.38
My institution provides necessary resources for part-time faculty	13	54%	31%	15%	3.62
My supervisor is supportive of my part-time arrangement	13	77%	23%	0%	4.23
Part-time faculty are able to serve in leadership positions at my institution	13	61%	31%	8%	3.69
My institution promotes the cultural acceptance of part-time work	13	46%	46%	8%	3.46

Question PT3: Please indicate your level of agreement or disagreement with the following statements.

Table 27 displays respondents' satisfaction or dissatisfaction with various components of their part-time position.

Table 27: Activities

Item	N	Very Satisfied or Satisfied	Neither Satisfied nor Dissatisfied	Very Dissatisfied or Dissatisfied	2017 Mean
Current part-time arrangement	12	75%	17%	8%	3.83
Ability to meet department or division needs	12	67%	25%	8%	3.67
Ability to fulfill job responsibilities (i.e., being able to accomplish what you need to do)	12	58%	17%	25%	3.50
Opportunities for advancement	11	36%	55%	9%	3.36
Ability to manage workload	12	58%	17%	25%	3.50
Access to professional development opportunities	12	58%	25%	17%	3.58
My protected time for certain activities (e.g., research, administration)	12	75%	92%	8%	3.83
Ability to return to or obtain a full-time position, if desired	12	67%	33%	0%	3.92

Question PT4: Please indicate your level of satisfaction or dissatisfaction with each of the following activities given your part-time status.

BENCHMARKING COMPARISONS

Table 28 reflects the top two response options (e.g., percent strongly agree or agree) for survey agreement- and satisfaction-scale items across all respondents. These percentages are then compared to those of your peer group and the cohort.

Table 28: Item Comparison to Peer Group and All StandPoint Institutions

	You	Peer	Cohort
	Тор	Тор	Top
	two	two	two
MY JOB SUMMARY SCORE	83%	82%	82%
11a. I am satisfied with my autonomy at work	85%	79%	79%
11b. My day-to-day activities give me a sense of accomplishment	84%	81%	81%
11c. My role here is clear to me	84%	78%	77%
11d. I feel personally driven to help this medical school succeed	89%	95%	93%
11e. My effort assigned to service, teaching, research accurately reflects how my time is actually spent in the workplace	73%	73%	66%
FOCUS ON MEDICAL SCHOOL MISSION SUMMARY SCORE	80%	68%	69%
12a. My medical school's mission is clear	87%	73%	73%
12b. Overall, my medical school is accomplishing its mission	81%	65%	69%
12c. The stated values of the medical school match the actual values of the institution	75%	65%	65%
12d. It is clear how my day-to-day activities support the medical school's mission	79%	72%	69%
12e. Overall, my school fosters teaching excellence	76%	67%	67%
12f. Overall, my school fosters research excellence	68%	N/A	64%
12g. Overall, my school fosters clinical excellence	88%	N/A	79%
12h. Diversity, inclusion, and equity are recognized as components of institutional excellence.	85%	N/A	77%
WORKPLACE CULTURE SUMMARY SCORE	73%	67%	70%
13a. I feel that the workplace culture at this medical school cultivates collegiality	85%	74%	75%
13b. I feel that the workplace culture at this medical school cultivates diversity	84%	71%	73%
13c. I feel that the workplace culture at this medical school cultivates innovation	65%	60%	65%
13d. I feel that the workplace culture at this medical school cultivates excellence in performance	74%	63%	70%
13e. I feel that the workplace culture at this medical school cultivates faculty wellness	56%	N/A	46%

	You	Peer	Cohort
	Top	Тор	Top
	two	two	two
DEPARTMENT GOVERNANCE SUMMARY SCORE	76%	66%	65%
15a. There is sufficient communication from the department chair's office to the faculty about the department	74%	67%	68%
15b. My chair is transparent about departmental finances	69%	54%	54%
15c. The department chair's priorities for the department are <u>clear</u>	76%	69%	68%
15d. The chair's priorities for the department are <u>reasonable</u>	82%	71%	69%
15e. In general, the department chair's priorities are aligned with the dean's priorities	76%	70%	70%
16a. The pace of decision making in the department is reasonable	77%	63%	60%
16b. There are sufficient opportunities for faculty participation in the governance of this department	68%	58%	57%
16c. The department chair sets a good example to reflect our medical school's values	84%	76%	76%
MEDICAL SCHOOL GOVERNANCE SUMMARY SCORE	65%	53%	48%
17a. There is sufficient communication from the dean's office to the	59%	52%	48%
faculty about the medical school			
17b. Senior leadership is transparent about medical school finances	56%	30%	30%
17c. The dean's priorities for the medical school are <u>clear</u>	78%	57%	54%
17d. The dean's priorities for the medical school are reasonable	65%	62%	56%
17e. In general, the dean's priorities are aligned with the medical school's mission	68%	67%	62%
18a. The pace of decision making in the dean's office is reasonable	68%	47%	44%
18b. There are sufficient opportunities for faculty participation in the governance of this medical school	60%	53%	47%
18c. Faculty can express their opinions about the medical school without fear of retribution	65%	54%	48%
RELATIONSHIP WITH SUPERVISOR SUMMARY SCORE	83%	74%	73%
19a. I feel appreciated by my supervisor	83%	75%	74%
19b. My supervisor sets a good example to reflect this medical school's values	85%	76%	75%
19c. My supervisor actively encourages my career development	79%	68%	69%
19d. My supervisor listens to what I have to say	84%	76%	76%
21. Having a formal mentor at my institution is important to me	45%	56%	62%
22. I am satisfied with the quality of formal mentoring that I receive	83%	81%	78%
24. Receiving regular feedback about my job performance is important to me	78%	83%	81%
25a. The feedback I receive from my unit head is generally useful	86%	78%	78%
25b. I am satisfied with how frequently I receive feedback from my unit head	82%	79%	79%

	You	Peer	Cohort
	Тор	Тор	Тор
	two	two	two
GROWTH OPPORTUNITIES SUMMARY SCORE	67%	66%	66%
26a. I am interested in opportunities for new roles and responsibilities at this medical school	66%	81%	81%
26b. I am satisfied with the pace of my professional advancement at this medical school	70%	60%	59%
26c. I am satisfied with my opportunities for professional development at this medical school	66%	57%	57%
PROMOTION AND TENURE SUMMARY SCORE	66%	60%	60%
27a_a. Teaching/Education : To be promoted in rank, what I must do in this mission area is <u>clear</u> to me	68%	62%	64%
27a_b. Teaching/Education : To be promoted in rank, what I must do in this mission area is <u>reasonable</u> to me	70%	63%	63%
27b_a. Research/Scholarship : To be promoted in rank, what I must do in this mission area is <u>clear</u> to me	66%	64%	67%
27b_b. Research/Scholarship : To be promoted in rank, what I must do in this mission area is <u>reasonable</u> to me	60%	59%	59%
27c_a. Patient Care/Client Services : To be promoted in rank, what I must do in this mission area is <u>clear</u> to me	69%	62%	62%
27c_b. Patient Care/Client Services: To be promoted in rank, what I must do in this mission area is reasonable to me	70%	59%	60%
27d_a. Administration/Institutional Service : To be promoted in rank, what I must do in this mission area is <u>clear</u> to me	62%	54%	53%
27d_b. Administration/Institutional Service : To be promoted in rank, what I must do in this mission area is <u>reasonable</u> to me	60%	54%	53%
PROMOTION EQUALITY SUMMARY SCORE	83%	76%	74%
28a. At my medical school the criteria for promotion are consistently applied to faculty across comparable positions	74%	56%	55%
28b. My medical school offers equal opportunities to all faculty members regardless of gender	83%	81%	78%
28c. My medical school offers equal opportunities to all faculty members regardless of race/ethnicity	85%	82%	80%
28d. My medical school offers equal opportunities to all faculty members regardless of sexual orientation	88%	84%	83%
COLLEGIALITY AND COLLABORATION SUMMARY SCORE	83%	75%	76%
29a. I am satisfied with the quality of <u>personal</u> interaction I have with departmental colleagues	88%	80%	82%
29b. I am satisfied with the quality of <u>professional</u> interaction I have with departmental colleagues	91%	81%	83%
29c. I am satisfied with how well I "fit" (i.e., my sense of belonging) in my department	83%	76%	76%
29d. I am satisfied with how well I "fit" (i.e., my sense of belonging) in my medical school	73%	67%	64%
29e. I am satisfied with the intellectual vitality in my department	82%	71%	75%
29f. I am satisfied with the intellectual vitality in my medical school	77%	62%	69%
30a. My departmental colleagues are respectful of my efforts to balance work and home responsibilities	81%	76%	75%
30b. The faculty in my department usually get along well together	89%	84%	84%
30c. I feel appreciated by my departmental colleagues	84%	77%	76%
COMPENSATION AND BENEFITS SUMMARY SCORE	71%	68%	64%

31a. My overall compensation	64%	58%	55%
31b. My incentive-based compensation, such as bonuses	55%	38%	42%
31c. Health benefits	74%	77%	74%
31d. Retirement benefits	84%	81%	75%
31e. My overall benefits package	77%	76%	71%
FACULTY RECRUITMENT AND RETENTION SUMMARY SCORE	65%	56%	62%
32a. My medical school is successful in hiring high quality faculty members	64%	57%	69%
32b. My department is successful in hiring high quality faculty members	75%	66%	70%
32c. My medical school is successful in retaining high quality faculty members	50%	44%	51%
32d. My department is successful in retaining high quality faculty members	68%	57%	57%
FACULT DIVERSITY AND INCLUSION SUMMARY SCORE	76%	69%	70%
33a. My department is successful in recruiting female faculty members	84%	79%	81%
33b. My department is successful in recruiting <u>racial/ethnic minority</u> faculty members	75%	62%	65%
33c. My department is successful in retaining female faculty members	78%	74%	72%
33d. My department is successful in retaining racial/ethnic minority faculty members	68%	60%	64%
33e. Diversity is represented at all levels of the medical school.	75%	N/A	59%
CLINICAL PRACTICE SUMMARY SCORE	78%	56%	57%
36a. Opportunities for physician input in management or administrative decisions	70%	48%	49%
36b. Senior leadership's transparency regrading clinical finances	72%	40%	39%
36b. Senior leadership's transparency regrading clinical finances 36c. The teamwork between physicians and other clinical staff	72% 84%	40% 73%	39% 73%
36c. The teamwork between physicians and other clinical staff	84%	73%	73%
36c. The teamwork between physicians and other clinical staff 36d. Communication between physicians and senior administrators 36e. Location's responsiveness in meeting your requests as a	84% 71%	73%	73% 47%
36c. The teamwork between physicians and other clinical staff 36d. Communication between physicians and senior administrators 36e. Location's responsiveness in meeting your requests as a physician	84% 71% 76%	73% 46% 49%	73% 47% 50%
36c. The teamwork between physicians and other clinical staff 36d. Communication between physicians and senior administrators 36e. Location's responsiveness in meeting your requests as a physician 36f. My ability to provide a high quality of patient care in this location 36g. How well this clinical location functions overall as it relates to	84% 71% 76% 87%	73% 46% 49% 68%	73% 47% 50% 71%
36c. The teamwork between physicians and other clinical staff 36d. Communication between physicians and senior administrators 36e. Location's responsiveness in meeting your requests as a physician 36f. My ability to provide a high quality of patient care in this location 36g. How well this clinical location functions overall as it relates to patient care	84% 71% 76% 87%	73% 46% 49% 68%	73% 47% 50% 71% 66%
36c. The teamwork between physicians and other clinical staff 36d. Communication between physicians and senior administrators 36e. Location's responsiveness in meeting your requests as a physician 36f. My ability to provide a high quality of patient care in this location 36g. How well this clinical location functions overall as it relates to patient care PT3a. My institution has clear expectations for part-time faculty	84% 71% 76% 87% 84% 46%	73% 46% 49% 68% 63% 51%	73% 47% 50% 71% 66% 52%
36c. The teamwork between physicians and other clinical staff 36d. Communication between physicians and senior administrators 36e. Location's responsiveness in meeting your requests as a physician 36f. My ability to provide a high quality of patient care in this location 36g. How well this clinical location functions overall as it relates to patient care PT3a. My institution has clear expectations for part-time faculty PT3b. My institution provides necessary resources for part-time faculty	84% 71% 76% 87% 84% 46% 54%	73% 46% 49% 68% 63% 51%	73% 47% 50% 71% 66% 52% 55%
36c. The teamwork between physicians and other clinical staff 36d. Communication between physicians and senior administrators 36e. Location's responsiveness in meeting your requests as a physician 36f. My ability to provide a high quality of patient care in this location 36g. How well this clinical location functions overall as it relates to patient care PT3a. My institution has clear expectations for part-time faculty PT3b. My institution provides necessary resources for part-time faculty PT3c. My supervisor is supportive of my part-time arrangement PT3d. Part-time faculty are able to serve in leadership positions at my	84% 71% 76% 87% 84% 46% 54%	73% 46% 49% 68% 51% 59% 83%	73% 47% 50% 71% 66% 52% 55% 83%

PT4b. Ability to meet department or division needs	67%	75%	75%
PT4c. Ability to fulfill job responsibilities (i.e., being able to accomplish what you need to do)	58%	75%	73%
PT4d. Opportunities for advancement	36%	49%	49%
PT4e. Ability to manage workload	58%	74%	68%
PT4f. Access to professional development opportunities	58%	57%	61%
PT4g. My protected time for certain activities (e.g., research, administration)	75%	50%	50%
PT4h. Ability to return to or obtain a full-time position, if desired	67%	53%	60%
37a. All things considered, how satisfied or dissatisfied are you with your <u>department</u> as a place to work?	82%	7%5	75%
37b. All things considered, how satisfied or dissatisfied are you with your medical school as a place to work?	74%	69%	68%
41a. I would recommend this medical school to others as a place to work	78%	N/A	75%
41b. If I had it to do all over, I would again choose to work at this medical school	76%	75%	76%

Extended Methodology

Survey Design

The *StandPoint Engagement Survey* was developed and reviewed by experts in survey design and medical faculty affairs from the AAMC and its member institutions. The survey was tested in focus groups and a rigorous pilot study, which included a survey administration to the census of faculty at 10 medical schools, and after which we made further refinements to the instrument. After the pilot in 2008, the StandPoint program launched with an expanded administration in 2009—marking the largest-ever collection of workplace engagement and satisfaction benchmarking data for academic medicine institutions in the U.S. The survey has since been revised in 2011 and 2017.

The web-based survey was designed for full-time and part-time faculty to assess their perceptions of satisfaction with their work-life. It consisted of 46 standard items for all schools, plus up to 15 custom questions specific to each school. Topical issues addressed by the survey included the nature of faculty members' work, institutional culture, feedback and mentoring, compensation and benefits, institutional governance and leadership, and clinical practice.

Survey Administration and Reporting

The AAMC conducts the survey administration and prepare the data reports for each institution. To complete these tasks, each school provided a database with names and e-mail addresses of eligible full-time and part-time faculty members to include in the survey. Over 30,000 faculty are included in the combined survey database.

Each participating institution was responsible for initiating a variety of pre-survey communications to its faculty members notifying them of the survey and encouraging their participation. StandPoint schools utilized a number of different communication techniques prior to the administration to build momentum for participation. Approximately one week prior to the survey launch, the AAMC sent a pre-notification e-mail about the survey from an administrator within their institution. Next, AAMC sent each faculty an invitation to participate which contained a unique and confidential web survey link. Over the course of the survey administration, AAMC sent up to five reminder e-mails to faculty members who had not yet responded. Each communication from the AAMC was sent from the email address, StandPointSurveys@aamc.org. Additionally, some individual institutions elected to send additional internal reminders to boost response rates.

USC Greenville surveyed from September 23rd until November 10th, 2014. The University of Louisville and UC Davis administered the survey from November 11th through December 24th, 2014. Sidney Kimmel Medical College surveyed from December 1st through January 15th, 2015. MCW, UNM, and University of Missouri-Columbia surveyed between February 2nd and March 10th, 2015. SUNY Downstate surveyed between March 10th and May 1st, 2015. Ponce surveyed between August 17th and September 21st, 2015. University of Cincinnati surveyed between September 1st and October 10th 2015. Louisiana State University – New Orleans surveyed between October 13th and November 15th, 2015. The University of Virginia surveyed between October 13th and November 22nd, 2015. The University of Florida surveyed between January 21st and March 7th, 2016. UCLA surveyed between February 17th and April 15th, 2016. The University of Nevada surveyed between March 1st and April 21st, 2016. Loyola University Stritch School of Medicine surveyed between March 29th and May 11th, 2016. NYU surveyed between April 27th and June 12th, 2016. Baylor surveyed between May 4th and June 26th, 2016. University of Utah surveyed between May 24th and July 25th, 2016. UTHSCSA surveyed between June 7th and July 24th, 2016. UNC surveyed between June 13th and July 31st, 2016. UTMB surveyed between June 14th and August 1st, 2016. FIU surveyed between September 7th and October 22nd, 2016. TCMC surveyed between October 11th and November 8th, 2016. UTSW surveyed between October 11th and November 20th, 2016. UMMC surveyed between October 12th and November 20th, 2016. University Hospitals surveyed between October 26th and December 18th, 2016. Rush and GW surveyed between January 31st and March, 12th 2017. Weill Cornell Medical College surveyed between April 11th and June 1st, 2017.

Wake Forest surveyed between June 6th and July 14th, 2017. The overall response rate for all schools was 63.5%. Response rates for individual schools ranged between 45% and 82%.

The AAMC designed universal templates in Microsoft Word and Excel for the Institutional Data Reports. The AAMC generated these reports by populating the templates with links to data tables produced using an automated process built using software designed for statistical analysis.

Data Conditioning and Population Data

Data Conditioning

Once the survey fielding was complete, the AAMC followed a thorough data conditioning process to determine a respondent's eligibility in the inclusion of the final database and to ensure that the data contained in the final database was accurate. First, we identified all valid, survey-eligible respondents. Responses to the survey were included in the reports if the respondent answered at least one question past Q7 (i.e., at least one core survey item past the demographics) and had a valid appointment status (i.e., full-time or part-time).

We then compared respondents' survey data to information provided by institutions within their faculty databases on demographic variables, such as gender, race, and department. In cases of discrepancies, we erred on the side of accepting respondent-provided data, but carefully reviewed individual records to ensure data accuracy. If respondents did not provide demographic information, we used institution-provided information for reporting. Additionally, we removed any personally-identifying information provided by the respondent within open-ended items by substituting text with less descriptive information (e.g., changing a department name to "[my department]") or by redacting the text entirely (with "[...]") depending on the content.

Faculty Respondent Characteristics

The survey population was determined by a database of medical school faculty that institutions provided to StandPoint. Survey respondents were defined using the protocols described in the "Data Conditioning" section of this Extended Methodology. Table 3 displays the demographic characteristics of the final survey response sample. Please refer to Table 4 of the Executive Summary to see response rate information across the demographics on which we collected population data.

Table 3: Faculty Respondent Characteristics

able 5: Faculty Respondent C	Your Institution		Your Peer Group		All StandPoint Institutions	
	Number of Survey Respondents	Percent Within Sample	Number of Survey Respondents	Percent within Sample	Number of Survey Respondents	Percent within Sample
All Faculty	194	100.0%	1369	100.0%	22716	100.0%
Appointment Status						
Full-Time	176	90.7%	1259	92.0%	20293	91.8%
Part-Time	18	9.3%	110	8.0%	1813	8.2%
Department Type						
Basic Science	29	14.9%	291	22.0%	2961	13.4%
Clinical	165	85.1%	1030	78.0%	19150	86.6%
Rank						
Senior (i.e., Full or Associate)	120	64.5%	700	55.9%	11123	53.7%
Junior (i.e., Assistant)	66	35.5%	552	44.1%	9585	46.3%
Gender						
Male	126	64.9%	847	61.9%	13097	59.2%
Female	68	35.1%	522	38.1%	9020	40.8%
Race/Ethnicity						
Majority (i.e., White or Asian)	180	92.8%	1198	90.2%	18669	89.9%
Minority (i.e., all other)	14	7.2%	130	9.8%	2087	10.1%
Administrative Title		7.270	100	0.070	2007	10.170
Administrative Title	73	39.2%	588	44.3%	8808	41.0%
Non-Administrative Title	113	60.8%	740	55.7%	12696	59.0%
Department by Degree	110	00.070	7-0	33.7 70	12030	33.070
Basic Science	29	15.0%	291	22.0%	2800	13.5%
Clinical MD/DO	150	77.3%	853	64.6%	14576	70.4%
Clinical PhD/Other	150	77.3% 7.7%	177	13.4%	3342	70.4% 16.1%
	10	1.170	177	13.4%	3342	10.176
Tenure Status	113	E0 E0/	116	32.7%	6963	33.2%
On tenure track/Tenured		58.5%	446			
Not on tenure track	80	41.5%	916	67.3%	14027	66.8%
First Appointment	07	0.4.70/	007	44.00/	0400	44.00/
≤ 5 years ago	67	34.7%	607	44.6%	9169	41.6%
6-15 years ago	66	34.2%	461	33.9%	7170	32.6%
> 15 years ago	60	31.1%	292	21.5%	5671	25.8%
Age		0.00/	N1/A	.	10	0.00/
1996 and After	0	0.0%	N/A	N/A	16	0.6%
1977-1995	45	27.1%	N/A	N/A	812	29.4%
1965-1976	52	31.3%	N/A	N/A	912	33.1%
1946-1964	69	41.6%	N/A	N/A	972	35.3%
1945 and Earlier	0	0.0%	N/A	N/A	45	1.6%
Formal Mentoring Status						
Formal Mentor	54	29.2%	381	30.4%	6519	32.2%
Informal Mentor	65	35.1%	N/A	N/A	1089	5.4%
No Mentor	66	35.7%	871	69.6%	12631	62.4%
Sexual Orientation						
LGBT	3	1.8%	13	4.3%	240	4.1%
Non-LGBT	165	98.2%	287	95.7%	5610	95.9%
Clinical Care						
Active in Care	153	82.3%	790	61.4%	14832	72.9%
Not Active in Care	33	17.7%	496	38.6%	5518	27.1%

Summary Score Calculations

StandPoint created summary scores representing conceptually-related items with compatible scales (e.g., all agreement response scales) within the survey dimensions. Table 2 of the Executive Summary displays the items that compose these different summary scores.

As an example within your report, Table 16 of the Executive Summary with fabricated data below shows the "Relationship with Supervisor" summary score for your institution across consolidated response scales and as means.

Table 16: Relationship with Supervisor

Item	N	Strongly Agree or Agree	Neither Agree nor Disagree	Strongly Disagree or Disagree	Mean
I feel appreciated by my supervisor	467	68%	17%	15%	3.88
My supervisor sets a good example to reflect this medical school's values	457	69%	17%	14%	3.91
My supervisor actively encourages my career development	464	67%	18%	14%	3.83
My supervisor listens to what I have to say	470	56%	19%	25%	3.51
RELATIONSHIP WITH SUPERVISOR SUMMARY SCORE		65%	18%	17%	3.78

Q19: Please indicate your level of agreement or disagreement with the following statements.

A frequency summary score is calculated by summing the total number of respondents for a response category (e.g., the top two response options) for each item in the given dimension and dividing by the total number of respondents for each item, excluding response options like "I don't know" and "Not applicable" and missing values. Using these fabricated data, the percentage of faculty with "Strongly agree" or "Agree" responses across the four items is calculated thusly:

Total number of faculty choosing "Strongly agree" or "Agree" (not shown in Table)

Total number of faculty respondents

$$\frac{318 + 315 + 311 + 263}{467 + 457 + 464 + 470} = 65\%$$

Summary score means are calculated by dividing the sum of the item means adjusted for sample size by the number of total responses. Using the fabricated data from Table 10 above, the mean of the summary score is calculated in this manner:

Total sum of item means adjusted for sample size
$$(467*3.88) + (457*3.91) + (464*3.83) + (470*3.51)$$
Total number of faculty respondents



StandPoint Engagement Survey Items

Welcome to the 2017 AAMC StandPoint Faculty Engagement Survey.

On behalf of the Marshall University Joan C. Edwards School of Medicine (MUSOM), the Association of American Medical Colleges' (AAMC) invites you to participate in the confidential, StandPoint Faculty Engagement Survey. Data collected through this survey will be used to enhance programs and policies at MUSOM and help other participating schools expand their understanding of what makes medical schools and teaching hospitals great places to work.

Your participation in this survey is voluntary. You may skip any particular question or discontinue the survey at any time. The AAMC will maintain your privacy in all published and written data resulting from the survey. The AAMC will not use your name or email address for any other purposes.

Your individual responses to survey questions will be kept confidential. Confidential data are data that may not be released outside of the AAMC with individual or institutional identification, except with permission from the participant. Individuals may grant AAMC permission to release confidential data that describe themselves. An authorized representative of an AAMC member institution may grant AAMC permission to release confidential data that describe his or her institution in aggregate.

The AAMC will generate aggregate reports that contain institution-wide and departmental information to help your institution identify, prioritize, and implement improvements in the workplace that will increase faculty engagement. Information will not be reported in instances where respondent groups contain less than five individuals. Data from open-ended questions will be provided to your institution in deidentified, redacted form. De-identified record level data will be retained by the AAMC for research and programmatic purposes, and only de-identified aggregate analyses will be shared in publications and research presentations with the academic community. The AAMC may release de-identified responses to individuals who agree to protect the data and who agree to AAMC confidentiality policies. The AAMC will store data on secure servers and will destroy all identified data within 2 years of survey administration.

If you experience any technical issues accessing this survey or wish to withdraw from this survey, please contact the Survey Help Desk at 202-828-0521 Monday-Friday, 9:00am – 5:00pm EST or email StandPointSurveys@aamc.org. If you have any questions about the StandPoint Faculty Engagement Survey research efforts, please contact StandPoint at StandPoint@aamc.org. If you have any questions or concerns about the confidentiality of this survey or your rights as a participant, please contact the AAMC Human Subjects Research Protection program at humansubjects@aamc.org.

By participating, you will be contributing valuable information to your institution. The AAMC has taken numerous steps to protect participants in the StandPoint Faculty Engagement Survey. IRB requirements require that you are informed that if the information collected were to become public with individual identification it could prove personally uncomfortable.

This research has been reviewed according to AAMC policies and procedures. By continuing, you acknowledge that you have read and understood this data disclosure and agree to participate in this survey.

Click the Next button below to continue.
Instructions: Please read the following instructions before beginning this survey.
MOVING FORWARD: Click on the NEXT button located at the bottom of the page to save your responses and continue to the next page.
MOVING BACK: Click on the BACK button located at the bottom of the page to view your responses on a previous page. You may change your answers to previously entered responses.
SAVING TO CONTINUE LATER: You may exit the survey at any time by clicking SAVE AND EXIT at the bottom of the page. You may re-enter the survey where you left off by using the URL provided in your invitation. If you close your browser without clicking SAVE AND EXIT, the survey will automatically halt and your previous responses will be saved on all but the page you exited upon.
<u>DEFINING KEY WORDS:</u> A number of key words within the survey are defined to enhance your understanding of the questions presented. By placing your cursor over the underlined words, you may view the definitions of these terms.

We encourage you to share your views about your academic medical center.

What is your current appointment status? O Full-time faculty O Part-time faculty O Other (Please specify): ______ What is your current academic rank? O Professor (including titles such as Research Professor, Clinical Professor, etc.) Associate Professor (including titles such as Research Associate Professor, Clinical Associate Professor, etc.) Assistant Professor (including titles such as Research Assistant Professor, Clinical Assistant Professor, etc.) O Instructor or Lecturer O Other (Please specify): _____ In which department do you currently have your primary appointment? O Basic science department in the medical school O Clinical department in the medical school O Other (Please specify): _ O I do not wish to identify O Not Applicable Please indicate the department in which you have your primary appointment. O Biomedical Sciences O Cardiovascular Services O Clinical & Translational Sciences O Dentistry, Oral & Maxillofacial Surgery O Dermatology O Family & Community Health O Internal Medicine O Neurosurgery O Neurology O Obstetrics & Gynecology O Ophthalmology O Orthopaedic Surgery O Pathology **O** Pediatrics O Psychiatry & Behavioral Medicine O Radiation Oncology O Surgery O Other (Please specify): _____

Your Current Appointment

What is your highest earned academic degree? Please check only one response. O M.D. (includes foreign equivalents)
O Ph.D. or other health doctorate
O M.D. and Ph.D.
O M.D. and other degree (M.D./M.P.H.)
O D.O.
Other (Please specify):
In what academic year did you receive your first faculty appointment at MUSOM?
O Within this academic year
O 1-5 years ago
O 6-10 years ago
O 11-15 years ago
O 16-20 years ago
O More than 20 years ago
Other (Please specify):
What is your current tenure status at MUSOM?
On tenure track, but not tenured
O Tenured
O Non-tenure track
Do you currently hold any of the following administrative titles? Please check all that apply.
☐ School of Medicine Dean, Associate Dean, Assistant Dean, Vice Dean
☐ Division Chief
☐ Department Chair
☐ Center Director
☐ Other administrative title (Please specify):
☐ I do not hold an administrative position

My Job	
In an average calendar week, how many total hours do y number response. Total work hours per week	ou spend on all work activities? Please enter a whole
Please indicate the approximate percentage of time/efforesponses must add up to 100 percent. Please enter who	
Percentage of Time Teaching/Education (include teaching, grading, course preparation, developing new curricula, advising or supervising students or residents, working with student or resident groups) Research/Scholarship (include research, reviewing or preparing articles or books, attending or preparing for professional meetings or conferences, reviewing or writing proposals, seeking outside funding) Patient Care/Client Services (include medical service, counseling patients or families, administrative tasks associated with clinical service) Administration/Institutional Service (include university, medical school, health system, faculty practice or department administrative duties, meetings, committee work)	

Please rate the percentage of time/effort you currently devote to each of the following activities.

Teaching/Education (include teaching, grading, course preparation, developing new curricula, advising or supervising students or residents, working with student or resident groups)	Far Too Little O	Too Little	About Right O	Too Much	Far Too Much O	N/A O
resident groups) Research/Scholarship (include research, reviewing or preparing articles or books, attending or preparing for professional meetings or conferences, reviewing or writing proposals, seeking outside funding)	O	•	•	•	•	•
Patient Care/Client Services (include medical service, counseling patients or families, administrative tasks associated with clinical service)	•	0	•	•	•	•
Administration/Institutional Service (include university, medical school, health system, faculty practice or department administrative duties, meetings, committee work)	0	•	•	•	•	0

		Neither			
Strongly		Agree nor		Strongly	
Disagree	Disagree	Disagree	Agree	Agree	I don't know
•	O	•	O	O	•
•	O	•	•	•	•
0	•	•	•	•	•
•	O	•	•	•	•
•	•	•	•	•	•
	Disagree O O	Disagree O O O O O O O O O O O O O O O O O O	Strongly Disagree Disagree Disagree O O O O O O O O O O O O O O O O O O	Strongly Disagree	Strongly Disagree Disagree Disagree C C C C C C C C C C C C C C C C C C

Focus on Medical School Mission

	Neither							
	Strongly		Agree nor		Strongly			
	Disagree	Disagree	Disagree	Agree	Agree	I don't know		
My medical school's	•	•	•	•	•	•		
mission is clear								
Overall, my medical school is accomplishing its	•	O	•	O	O	O		
mission								
The stated values of the medical school match the actual values of the	•	•	•	•	0	0		
institution								
It is clear how my day-to-day activities support the medical	•	O	•	O	•	O		
school's mission Overall, my school	O	O	O	•	O	•		
fosters teaching excellence	•	•	•	•	•	J		
Overall, my school fosters research	•	•	•	O	O	•		
excellence Overall, my school fosters clinical	•	O	0	•	O	O		
excellence								
Diversity, inclusion, and equity are recognized as components of	•	•	•	•	•	•		
institutional excellence								

Workplace Culture

I feel that the workplace culture at this medical school cultivates...

	Strongly		Neither Agree		Strongly	
	Disagree	Disagree	nor Disagree	Agree	Agree	I don't know
Collegiality	•	O	O	•	•	O
Diversity	•	O	O	O	•	•
Innovation	•	O	O	O	•	•
Excellence in performance	O	O	•	O	•	•
Faculty wellness	•	•	•	O	•	•

Teachina/Educa	ation (include tea	china, aradina, i	course preparation	n. develonina ne	w curricula, advisir	na or supervisina
_	dents, working wi			, ac. e.e.pg		g or caperionig
	Far Too Little	Too Little	About Right	Too Much	Far Too Much	N/A
Medical School	•	•	•	O	•	•
Department	O	O	•	•	0	O
	• •		ng or preparing ar or writing proposo		attending or prepar ide funding)	ring for
	Far Too Little	Too Little	About Right	Too Much	Far Too Much	N/A
Medical School	•	•	•	O	•	•
Department	0	O	0	0	0	0
Patient Care/Cl. with clinical serv	· ·	lude medical ser	vice, counseling p	atients or famili	es, administrative t	asks associated
	Far Too Little	Too Little	About Right	Too Much	Far Too Much	N/A
Medical School	0	O	O	•	•	•
Department	O	•	O	O	O	O
	/Institutional Ser duties, meetings, o			chool, health sys	tem, faculty practi	ce or department
	Far Too Little	Too Little	About Right	Too Much	Far Too Much	N/A
Medical School	•	O	•	•	•	0
Department	O	O	O	•	•	•

Please rate the amount of value that you believe your <u>medical school</u> and <u>department</u> place on each of the

Departmental Governance

Please indicate the extent to which you <u>agree or disagree</u> with the following statements.

	Neither					
	Strongly		Agree nor		Strongly	I don't
	Disagree	Disagree	Disagree	Agree	Agree	know
There is sufficient	•	•	O	O	•	O
communication from the						
department chair's office						
to the faculty about the						
department						
My chair is transparent	•	•	•	O	•	O
about departmental						
finances						
The department chair's	•	•	O	O	•	O
priorities for the						
department are <u>clear</u>						
The chair's priorities for	•	•	O	O	•	O
the department are						
<u>reasonable</u>						
In general, the department	•	•	O	O	•	O
chair's priorities are						
aligned with the dean's						
priorities						

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	l don't know
The pace of decision making in the department is reasonable	•	•	•	O	0	•
There are sufficient opportunities for faculty participation in the governance of this department	•	•	•	•	0	O
The department chair sets a good example to reflect our medical school's values	•	•	•	O	0	•

Medical School Governance

Please indicate the extent to which you <u>agree or disagree</u> with the following statements.

	Neither						
	Strongly		Agree nor		Strongly	I don't	
	Disagree	Disagree	Disagree	Agree	Agree	know	
There is sufficient	\mathbf{O}	•	O	•	•	O	
communication from the							
dean's office to the							
faculty about the							
medical school							
Senior leadership is	\mathbf{O}	•	O	•	•	O	
transparent about							
medical school finances							
The dean's priorities for	\mathbf{O}	•	O	•	•	O	
the medical school are							
<u>clear</u>							
The dean's priorities for	\mathbf{O}	•	O	•	•	O	
the medical school are							
<u>reasonable</u>							
In general, the dean's	\mathbf{O}	•	O	•	•	O	
priorities are aligned							
with the medical school's							
mission							

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	I don't know
The pace of decision making in the dean's office is reasonable	•	•	•	•	•	•
There are sufficient opportunities for faculty participation in the governance of this medical school	•	0	•	•	•	0
Faculty can express their opinions about the medical school without fear of retribution	0	0	•	•	•	•

Relationship with Supervisor

Please indicate the extent to which you <u>agree or disagree</u> with the following statements about the <u>supervisor</u> <u>who completes your performance review.</u>

I feel appreciated by my supervisor	Strongly Disagree	Disagree O	Neither Agree nor Disagree	Agree O	Strongly Agree			
My supervisor sets a good example to reflect this medical school's values	•	•	•	•	•			
My supervisor actively encourages my career development	O	O	O	O	•			
My supervisor listens to what I have to say	O	O	O	O	0			
What types of mentorin I receive formal me I receive formal me I receive informal m I receive informal m I receive no formal	Mentoring and Feedback What types of mentoring to you receive? I receive formal mentoring through my department or the medical school I receive formal mentoring through a society or professional organization I receive informal mentoring from a colleague at this medical school I receive informal mentoring from a colleague at another institution I receive no formal or informal mentoring							
	Strongly I	Disagree	Neither Agree	Agree	Strongly Agree			
Having a formal mentor at my medical school is important to me	•	O	O	0	0			

Please indicate the	e extent to whi	ch you <u>agree or di</u>	sagree with the follow	ving statemen	t.
I am satisfied with the quality of formal mentoring that I receive	Strongly Disagree O	Disagree O	Neither Agree nor Disagree O	Agree O	Strongly Agree
your situation.			nt chair or division ch rom your unit head o		r is more applicable to
Please indicate the	e extent to whi	ch you agree or dis	sagree with the follow	ving statemen	t.
Receiving regular feedback about my performance is important to	Strongly Disagree	Disagree •	Neither Agree nor Disagree	Agree	Strongly Agree
me	e extent to whi	ch you <u>agree or di</u>	sagree with the follow	ving statemen	ts.
	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
The feedback I receive from my unit head is generally useful	0	0	•	•	•
I am satisfied with how frequently I receive feedback from my unit head	•	0	•	•	•

Opportunities for Career and Professional Growth

Please indicate the extent to which you agree or disagree with the following statements.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	N/A
I am interested in opportunities for new roles and responsibilities at this medical school	•	0	•	•	0	0
I am satisfied with the pace of my professional advancement at this medical school	0	•	•	•	•	•
I am satisfied with my opportunities for professional development at this medical school	•	•	•	•	•	•

Promotion and Tenure Requirements

Please indicate the extent to which you <u>agree or disagree</u> with the following statements about several mission areas.

Teaching/Education (include teaching, grading, course preparation, developing new curricula, advising or supervising students or residents, working with student or resident groups)

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	N/A
To be promoted in rank, what I must do in this mission area is <u>clear</u> to me	•	•	•	•	•	•
To be promoted in rank, what I must do in this mission area is reasonable to me	•	•	•	•	•	•

Research/Scholarship (inc	lude reseal	rch, review	ing or prepa	ring articl	es or book	s, attending o	r preparing for
professional meetings or	conference	s, reviewin	g or writing	proposals,	, seeking o	utside funding	a)
	Strongly Disagree	Disagr		e nor	Agree	Strongly Agree	N/A
To be promoted in rank, what I must do in this mission area is <u>clear</u> to me	O	O	0	-	0	•	•
To be promoted in rank, what I must do in this mission area is reasonable to me	•	•	•		•	O	•
Patient Care/Client Servic associated with clinical se	-	medical se	rvice, couns	eling patie	ents or fam	iilies, adminis	trative tasks
			Ne	either			
	Strongly Agree nor					Strongly	
	Disagree	e Disa	gree Dis	sagree	Agree	Agree	N/A
To be promoted in rank, what I must do in this mission area is <u>clear</u> to me	0	O	0		O	0	0
To be promoted in rank, what I must do in this mission area is reasonable to me	•	•	•		•	0	•
Administration/Institution department administrative		-			ol, health s	system, faculty	practice or
	Strongly		Neither Agi	ee		Strongly	
	Disagree	Disagree	nor Disagr	ee A	Agree	Agree	N/A
To be promoted in rank, what I must do in this mission area is <u>clear</u> to me	•	•	0	•		•	O
To be promoted in rank, what I must do in this mission area is reasonable to me	•	•	0	•		0	0

Promotion Equality

	Strongly		Neither Agree		Strongly	Strongly	
	Disagree	Disagree	nor Disagree	Agree	Agree	I don't know	
At my medical school,	•	O	•	O	O	\mathbf{O}	
the criteria for							
promotion are							
consistently applied to							
faculty across							
comparable positions							
My medical school	•	O	•	O	O	\mathbf{O}	
offers equal							
opportunities to all							
faculty members							
regardless of gender							
My medical school	•	•	•	O	\mathbf{O}	O	
offers equal							
opportunities to all							
faculty members							
regardless of							
race/ethnicity							
My medical school	•	•	•	O	\mathbf{O}	O	
offers equal							
opportunities to all							
faculty members							
regardless of sexual							
orientation							

Collegiality and Collaboration

Please indicate the extent to which you <u>agree or disagree</u> with the following aspects of your workplace culture.

I am satisfied with:

	•		Neither		
	Strongly		Agree nor		Strongly
	Disagree	Disagree	Disagree	Agree	Agree
The quality of personal	•	•	O	•	•
interaction I have with					
departmental colleagues					
The quality of professional	•	•	O	•	•
interaction I have with					
departmental colleagues					
How well I "fit" (i.e., my sense	•	•	O	•	O
of belonging) in my department					
How well I "fit" (i.e., my sense	•	•	O	•	•
of belonging) in my medical					
school					
The intellectual vitality in my	•	•	O	•	•
department					
The intellectual vitality in my	•	•	O	•	•
medical school					

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
My departmental colleagues are respectful of my efforts to balance work and home responsibilities	•	•	O	O	•
The faculty in my department usually get along well together	0	•	•	•	•
I feel appreciated by my departmental colleagues	0	•	•	O	•

Compensation and Benefits

Please indicate your level of <u>overall satisfaction or dissatisfaction</u> with each of the following aspects of compensation and benefits.

	Very	D: .: (: 1	Neither Satisfied nor	6 · · · · · · · ·	v 6 .: 6 .
	Dissatisfied	Dissatisfied	Dissatisfied	Satisfied	Very Satisfied
My overall compensation	O	•	•	O	O
My incentive-	O	O	O	O	•
based					
compensation,					
such as bonuses					
Health benefits	O	O	O	O	O
Retirement	O	O	O	O	O
benefits					
My overall	O	O	O	O	O
benefits package					
What additional be	enefits would yo	u like your medica	l school to offer?		

Faculty Recruitment and Retention

Please indicate the extent to which you <u>agree or disagree</u> with the following statements.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	I don't know
My medical school is successful in hiring high quality faculty members	•	•	0	0	0	0
My <u>department</u> is successful in hiring high quality faculty members	•	•	•	•	•	•
My medical school is successful in retaining high quality faculty members	O	•	•	•	•	•
My <u>department</u> is successful in retaining high quality faculty members	•	•	•	•	•	0

Faculty Diversity and Inclusion

Please indicate the extent to which you <u>agree or disagree</u> with the following statements.

My department is successful in...

	Strongly		Neither Agree nor		Strongly	I don't
	Disagree	Disagree	Disagree	Agree	Agree	know
Recruiting <u>female</u>	O	O	O	O	O	O
faculty members						
Recruiting racial/ethnic	•	\mathbf{O}	O	O	•	O
minority faculty						
members						
Retaining <u>female</u> faculty	•	•	O	O	O	O
members						
Retaining racial/ethnic	•	•	•	O	•	O
minority faculty						
members						

Please indicate the extent to which you <u>agree or disagree</u> with the following statement.						
			Neither			
	Strongly		Agree nor		Strongly	I don't
	Disagree	Disagree	Disagree	Agree	Agree	know
Diversity is represented	O	•	O	O	•	O
at all levels of the						
medical school						
Which of these best descr	ibes your expe	erience as a fa	culty member?	(Check all th	at apply)	
I feel respected in the	workplace					
I have felt disrespecte	ed because of n	ny race/ethnic	ity			
I have felt disrespecte	ed because of n	ny gender				
I have felt disrespecte	ed because of n	ny age				
I have felt disrespecte	ed because of n	ny sexual orien	itation			
I have felt disrespecte	d because of n	ny marital stat	us			
I have felt disrespecte	d because of n	ny religion				
☐ I have felt disrespecte	ed because of a	disability				
Clinical Practice						
Are you actively engaged	in the clinical	care of patien	ts?			
O Yes						
O No						

Please indicate your level of <u>satisfaction or dissatisfaction</u> with the following statements regarding the location where you spend the most time in your clinical practice.

	Very		Neither Satisfied nor		Very	
	Dissatisfied	Dissatisfied	Dissatisfied	Satisfied	Satisfied	N/A
Opportunities for faculty input in management or administrative decisions	O	•	•	O	0	•
Senior leadership's transparency regarding clinical finances	•	•	•	•	•	•
The teamwork between faculty and other clinical staff	•	•	•	•	•	•
Communication between faculty and senior administrators	•	•	O	•	•	•
Location's responsiveness in meeting my requests as a care provider	•	•	•	•	•	•
My ability to provide a high quality of patient care in this location	•	•	O	•	•	•
How well this clinical location functions overall as it relates to patient care	•	•	•	•	•	•

Part-Time Faculty Views

The following section contains questions for part-time faculty only. These questions are designed to specifically assess the unique experiences of part-time faculty within academic medicine.

What is your current FTE equivalent (as defined in your contract)?
O .1
O .2
O .3
O .4
O .5
O .6
O .7
8. C
O .9
What are your reasons for working part time? (Check all that apply.)
☐ Dependent children/childcare
☐ Family care (i.e., care for elderly or sick relative)
☐ Other practice site or other professional position
☐ Lifestyle choice/greater work-life balance
☐ Retirement/phased retirement
☐ Health reasons
☐ Workload management
☐ Other (Please specify):

	Strongly Disagree	Disagree	Neither A		Strongly Agree
My medical school has clear expectations for part-time faculty	O	•	0	•	•
My medical school provides necessary resources for part-time faculty	O	•	•	•	•
My supervisor is supportive of my part-time arrangement	0	•	•	•	•
Part-time faculty are able to serve in leadership positions at my medical school	O	0	0	•	•
My medical school promotes the cultural acceptance of part- time work	•	•	•	•	•
Please indicate your status.	level of <u>satisfa</u>	ction or dissat	<u>isfaction</u> with the	following activities,	, given your part-time
	Very Dissa	tisfied Dis		her fied nor atisfied Satisfied	d Very Satisfied
Current part-time arrangement	O	O	O	•	•
Ability to meet department or divising needs	O	O	•	•	•
Ability to fulfill job responsibilities (i.e., able to accomplish vyou need to do)	_	•	•	•	•

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Opportunities for	O	O	O	•	•
advancement					
Ability to manage	0	O	•	•	•
workload					
Access to professional	O	O	O	•	0
development					
opportunities					
My protected time for	O	0	O	•	•
certain activities (e.g.,					
research, administration)					
Ability to return to or	O	•	O	O	O
obtain a full-time position,					
if desired					
Has your part-time status h lengthened timeline? • Yes (Please explain): • No				goals in ways	other than a
Global Satisfaction					
Please indicate your level o	f satisfaction (or dissatisfact	ion with the follow	ving statement	s.
	Very		Neither Satisfied		
	Dissatisfied	Dissatisfied	nor Dissatisfied	Satisfied	Very Satisfied
All things considered, how		O	O	O	0
satisfied or dissatisfied					
are you with your					
department as a place to work?					
All things considered, how	•	•	•	O	•
satisfied or dissatisfied					
are you with your medical					
school as a place to work?					

Using your own definition	n of "burnout	t" please selec	t one of the an	swers below	<i>ı</i> :		
O I enjoy my work. I ha	ave no sympto	oms of burnou	t.				
O I am under stress, an	d don't alway	s have as mucl	h energy as I dio	d, but I don't	feel burned out.		
O I am definitely burnir	ng out and ha	ve one or more	symptoms of k	ournout, e.g.	emotional exha	ustion.	
O The symptoms of burnout that I'm experiencing won't go away. I think about work frustrations a lot.							
O I feel completely burn	ned out. I am	at the point w	here I may nee	d to seek hel	р.		
How likely or unlikely are	you to retire	e in the next 1	-2 years?				
O Highly likely			•				
O Very likely							
O Moderately likely							
O Unlikely							
O Not at all likely							
How likely or unlikely are	vou to leave	this medical s	school in the ne	ext 1-2 vears	?		
O Highly likely	•			•			
O Very likely							
O Moderately likely							
O Unlikely							
O Not at all likely							
3 Not at all likely							
How likely or unlikely are	you to leave	academic me	dicine in the n	ext 1-2 years	?		
O Highly likely				-			
O Very likely							
O Moderately likely							
O Unlikely							
O Not at all likely							
Please indicate the exten	t to which yo	u agree or dis	agree with the	following st	atement.		
			Neither				
	Strongly		Agree nor		Strongly		
	Disagree	Disagree	Disagree	Agree	Agree	I'm not sure	
I would recommend this	•	O	•	O	•	O	
medical school to							
others as a place to							
work							
If I had it to do all over,	O	Q	O	O	•	O	
I would again choose to	-	•	•	•	•	•	
work at this medical							
school							

Demographic Information

Providing this information is voluntary, however the information will assist in further understanding how the workplace is experienced by different faculty groups at MUSOM. All demographic information will be reported only in the aggregate, not at the departmental level and not in instances where there are less than 5 respondents.

How do you self-identify?	
O Female	
O Male	
Other identity (Please specify):	
How do you self-identify?	
O Bisexual	
O Gay or Lesbian	
O Heterosexual or Straight	
Other identity (Please specify):	
How do you self-identify? Please select all that apply:	
☐ Hispanic, Latino, or of Spanish origin	
☐ American Indian or Alaska Native	
☐ Asian	
☐ Black or African American	
☐ Native Hawaiian or other Pacific Islander	
☐ White	
☐ Other (Please specify):	
In what year were you born?	
O 1996-later	
O 1977-1995	
O 1965-1976	
O 1946-1964	
O Refore 1945	

Suggestions for Improvement	
What suggestions do you have for helping this institution become a more family-frie	endly place to work?
Please use the space below to tell us the number one thing that you feel your <u>depar</u> improve the workplace.	tment could do to
Why do you work in academic medicine?	
Why do you work in academic medicine?	