

Disadvantages of the Evaluation System

Summary of comments on faculty survey: Please list the disadvantages to faculty of the current evaluation system.

The evaluation system is not well-coordinated with promotions and tenure/the CAPT document

The evaluation system does not translate into practical information for faculty members (i.e., a plan for professional development)

“The problem with a master plan is that not all of us are in such a ‘steady state’ job that we can predict what we will be working on 12 months from now. I am not a fan of these cookie-cutter ‘mission statement’ ‘goals and objectives’ documents. The benefit is to the supervisor at evaluation time.”

“Not useful, especially to faculty during ‘formative’ years.”

Faculty not based on the USUHS campus do not receive evaluation and feedback about their faculty activities (primarily teaching)

“Neither I nor anyone of my colleagues doing clinical teaching at NNMC have ever received any feedback about our teaching aside from comments from students.”

Faculty work is inconsistently valued

Educator track does not value clinical time

System doesn’t value clinical time

“I am told by my department chair to excel in teaching, yet the CAPT seems only interested in publications and NIH (NOT DoD) research. I am treated as a second-class researcher by the CAPT as my research funds come from the DoD rather than NIH.”

Teaching is not valued

“USUHS falls far behind other military hospitals in its military decorations. I have worked for USUHS for over 5 years and have yet to receive a decoration. They have recently suggested a commendation medal for my 5 years of work. This is better than nothing but my Internal Med colleagues at other AF hospitals are receiving MSM for 3 years or less of similar work. Downgrading medals only hurts the promotability of your USUHS military faculty.”

“I highly value my association with USUHS. However, much of the survey does not apply to those of us at a distant teaching hospital. I spend a great deal of time working on the craft of teaching and take it very seriously. However, I am very frustrated that the military (USAF- in particular) will not support further training by means of the General Medicine Fellowship. I feel this is the next step in my evolution as a teacher. I am happy to be in the military. I enjoy the people with whom I work. I just would like to feel the military values the same things I value as an educator. Thank you for this avenue to share my feelings.”

The evaluation system is inconsistent, and inconsistently applied

Inconsistent for military, civilian, HMJ

Inconsistent across departments; dependent on values, knowledge and expertise of chairs, and those vary

“Some departments do not share the committee’s priorities, leaving faculty in a difficult position. The University should step in and support mentoring and protection for junior faculty where the department does not.”

Non-existent for chairs

Military promotion criteria and civilian promotion criteria conflict

Difficulties with research prefix

“Research-prefixed Faculty in Clinical Departments are in disadvantage because faculty members in this position can never attain tenure. I have also found that there is no clear definition for Research-prefixed Faculty, and that this title is not even used in some departments. This becomes an important issue when University policies are made based on titles.”

The evaluation system is subjective, unclear

“The University is reticent to promote individuals who meet criteria if they fall out of the standard convention; yet, there are archaic, nonsensical standards—like promoting graduates of WRAMC Residency with NOT promoting Senior Fellows in the various Sub-Specialties if they trained elsewhere. The University does not adhere to the published criteria if an individual is not in the appropriate stage of their career.”

“There are no clear cut standards.”

“I don’t know where I really stand.”

“The current faculty evaluation system is deeply flawed. Ratings are at best arbitrary, and at worst biased. The entire process has the power to intimidate, threaten, and demoralize an individual faculty member who receives consistently negative evaluations. The supervisor is free to act at will, being protected from evaluation of his actions by the anonymity of the process.”

“Definitions of series and titles are bizarre and not consistent with other universities.”

The relationship between evaluations and salaries is unclear and problematic

No monetary reward for excellent/outstanding review

No reward for bringing in grants or publishing or teaching

“Like most faculty with grant support I could go across town and raise my salary by 30-40%. If the current system remains in place, it’s only a matter of time until I do that.”

“A ‘job well done’ is not necessarily rewarded. While bonuses are provided (and appreciated) as the result of the evaluation system (in some departments), bonuses do not make up for the underlying salary system. Base salaries need to be increased for some faculty and cost of living raises implemented regularly (as they are for other federal employees). As it currently stands, faculty work hard because they value the work they do. Thankfully, most faculty do value their work and careers. However, it becomes a morale and work environment issue as even those dedicated to what they do resent being asked to do more. Salaries/COL need to be addressed. Then, the evaluation system needs to be more closely tied to salaries. To tie the eval system more closely to salaries before addressing salaries would be premature and resented by many.”

“The evaluation, the way I have experienced it recently, is not in compliance with DOD directive 5535.5 and the strategic goals of USUHS in terms of how to recognize, reward and judge progress in technology transfer (that is mandated for federal labs)...”

Concerns about Mentoring Program

Q700—If you would not favor a mentoring program, is it because you think it would burden senior faculty? Other reasons:

Two primary themes are represented throughout the twenty written responses to this question. The minority theme expressed by those who do not favor an assigned mentoring system is that the added value of a formal mentoring program is of insufficient benefit to warrant the time and effort of faculty mentors. Department Chairs should be responsible for the responsibilities expected of a mentor. e.g. "Mentoring is the chair's Chief job, let them attend to it."

The second theme is the predominant one and expresses concerns about the "assigned" nature of a mentoring system rather than rejecting the benefits of mentorship programs in general. Most responses stress that successful mentorship programs are based on mutually rewarding relationships that are cultivated over time. Mentors should be willing, experienced, senior faculty who are willing to take on the role of mentor. e.g. "Mentors are not assigned- the relationship is cultivated."

Benefits of Evaluation System

Q640 follow—Please list the benefits to faculty of the current evaluation system.

Comments:

What are respondents evaluating as the “current evaluation system”—1100 document, CAPT process, and/or annual performance evaluation?

Might be of interest to determine % of all survey respondents who answered this question; to categorize responses as positive, negative, neutral, and not able to comment (calls for some interpretation), then stratify by on-site/off-site.

Positive	Negative	Neutral	Not able to comment
Feedback occurs on a predictable, timely basis. Chairs who use the system to promote professional development have a mechanism for useful conversation with faculty members.	According to my chair who has been here several years, the evaluation system is not even applied for APT. In the short time I've been here it has completely failed me. In fact, within the first 6 months of employment. My chair has never seen, read, or possessed a faculty handbook, for his purposes as faculty or for evaluation of his faculty. Need I say more?	If used consistently across departments it might work.	Have never been evaluated or if so never received feedback from the evaluation so am unable to provide any comments.
Criteria are available on the web and to me through intrinsic USUHS faculty	It means little in terms of promotion for military faculty.	Being off-campus my entire career, I feel that most of this is irrelevant to me.	Not aware of the system
Some basic standards of scholarship are emphasized.	No benefit.	No comments.	I am not familiar enough with the current evaluation system to comment.

Some annual feedback	The CAPT system is a moving target with little regard to military faculty with the sole purpose of teaching.	Have no contact with evaluation system even though USUHS students rotate on my surgical service regularly.	I didn't know there was one.
Clear tracks for clinician-educators. Frequent evaluation and feedback	There are no benefits, as the CAPT seems to do as it pleases regardless of what the document says.	I haven't been here long enough to understand or appreciate this system.	Not familiar with this system
There is a yearly rating of performance on record and I have seen my yearly evaluations.	A vehicle for bonuses. It appears to have no value for promotion and tenure issues.	I haven't been here long enough to know the system adequately to comment on at this time.	Unable to comment
Standard form for all to use. Defines contributions to teaching admin and research	Very little benefit to teaching at USUHS except for the feeling that the material is important to the students and to their future patients. USUHS seems to feel that they are "owed" teaching support by military faculty, and to have little idea or appreciation of military patients or military settings.		I am not familiar with the system. I don't think it applies to AFRRRI faculty.
Open ended and flexible, not administratively burdensome	If you are a person with tons of money and little teaching the system is great. You will be promoted.*		I am unaware that I have ever heard/been aware of a "CAPT" document-

The present system permits realistic evaluations of faculty members based on their skills, training, teaching and academic performance. While it might be improved, it is a huge improvement over the previous system.	Fulfills some bureaucratic need		Don't know anything about it.
Positive	Negative	Neutral	Not able to comment
Allows for subjective evaluation.*	None		I do not know how any evaluation of my services is performed. I am at Travis AFB and there has been no such information provided to me in the last 13 years that I have been at Travis.
Keeps faculty outside of USUHS in contact with campus faculty. Also keeps us informed about goals and objectives of department/training programs.	None		
It's standardized, so it is methodical. Leaves little room for interpretation. The making of a master plan is essentially a contract. This facilitates identifying those who don't fulfill their "contract", so disputes over evaluations theoretically are reduced. This benefits the university and the supervisors when conflicts over evaluations and promotions arise.	Easy because no real accountability.		
Allowing for clinical/teaching pathways in addition to traditional research pathways...and rewarding them similarly			

Progressive system which is friendlier to the clinician-educator than historically			
Information provided, though not well organized.			
minimal time involved*			
The benefit is that such a system exists. I am not knowledgeable as to if it is applied consistently across the board among various departments.			
The criteria are documented.			
I always get great ratings			
Tenure (sometimes), a reason to do now what one should be doing anyway - at least until one gets tenure or promotion - and a way to shake off colleagues who aren't performing well.			
Makes you think about what your goals are for the coming year or so and makes you look at what you have accomplished over the past year. I am sometimes surprised at what I have done in only one year.			
timely, motivational			
Evaluations are conducted by peers.			
We are evaluated			
Written down for all to review			

Allows faculty development to occur over a period of time.			
I'm still here. Thank you.			
Seems fair and recognizes different "tracks" for faculty, e.g., clinical educator vs. researcher			

*Judgment call

Total number of responses to this question = 56

Combining "neutral" and "not able to comment":

Positive responses = 28 (50%)

Negative responses = 12 (21.4%)

Neutral responses/not able to comment (no knowledge or considered irrelevant)
= 16 (28.6%)

Among positive responses:

Criteria/standards established		5
Periodic and/or timely feedback	2	
Clinician-educator track	4	
Motivates/allows faculty development	..4	
Documentation of performance	..5	
System exists/provides info		..4
Not burdensome	..2	
Peer evaluation	..1	
Informs off site faculty	..1	
Total	28	

Among negative responses:

No benefit/accountability	7	
Not applicable/relevant to military faculty	2	
Little benefit to teaching	2	
Not used by Chair	..1	
Total	12	

Among neutral responses:

Not aware of or familiar with system		9
Never evaluated or no contact with system		4
No comment	2	
Might work if used consistently	1	
Total	16	

Comments about Services

Summary of comments on faculty survey: Please comment on the strengths and weaknesses of these services and provide specific suggestions for improvement.

Preceding this opportunity for comment, the survey contains a series of items that ask for satisfaction level with a variety of support services at USUHS. Respondents were asked, "How satisfied have you been with the quality of service provided by the following support at USUHS? If you have no experience with this service, please designate NA. Please check only one of these: 1=very satisfied, 2=satisfied, 3=neutral, 4=dissatisfied, 5=very dissatisfied, 6=does not apply." Services listed included the following:

Learning Resources Center (LRC)

University Information Systems (UIS)

Multidisciplinary Laboratories (MDL)

Administrative support (ASC)

Mailroom

Finance

Environmental Health and Safety (EHS), Bioenvironmental Engineering (BEE)

Occupational Medicine

Radiation Safety

Pharmacy Supply Center

Henry Jackson Foundation (HJF) Clinical Trials

Human Resources

Office of Sponsored Programs

Purchasing

Travel Office

Institutional Review Board (IRB)

Laboratory Animal Management (LAM)

Office of Research Administration (REA) Grants Management Specialists

Research Administration

UIS

The difference between service at the LRC versus service by UIS is that LRC personnel are able to solve problems not create more. UIS needs a greater budget so that better qualified people can be hired and better equipment/software purchased (particularly for email/web services).

Wish list: More efficient means for posting web-based information. Reliable remote access.

UIS Some of the personnel at times are somewhat arrogant in their dealing with their customers. They don't seem to listen to faculty to determine what we need to do our jobs. Many of our interactions with UIS start out fine but quickly become adversarial.

UIS should be able to provide help in a timely manner. In my view, many UIS employees do not have the background/knowledge required for their job. I recognize that their task is difficult, but the junior employees should request the support of

knowledgeable supervisors to which they would refer the questions they cannot answer. It works very well at the LRC, and UIS should ask LRC's advice on how to run their operation.

Outside access to computer services is absolutely inadequate. There needs to be full time ability to use the university server from dial-in and to use Groupwise.

It would be nice to have some sort of orientation to what is available as a distant associate with USUHS

UIS needs to end use of Groupwise for email. It is a very unfriendly system. Recommend they transition to MS Outlook.

UIS could use the technicians to solve some difficult issues or unexpected issues in using Windows.

UIS does not return phone calls

LRC

The LRC is excellent! We depend on it very much on our service.

The LRC has been excellent but the absence of a reference librarian is problematic. I love the remote access and the recent change to journal searching.

I am at Travis AFB so I have little contact with any of the above-mentioned services. I do teach students clinical pediatrics when they rotate out here and I enjoy that contact and feel it is important to the University. The one comment I could make on the use of the remote library services is that the service is quite valuable and there are many journals to reference. I have often been frustrated though when trying to access articles about coagulation and thrombosis. Most of the journals that carry such articles (such as Thrombosis and Hemostasis, Hemophilia and other journals) are not carried on the web. They are also not easily available in the local library. Given the significance of such disorders to medical practice I wonder why such journals are not available, though I suspect it is cost.

Would like to see the Pain portion of MD Consult available through USUHS

MDL

My duties are generally elsewhere so I do not use many USU resources. The folks at the library have always been helpful as have the folks setting up MDL when I come over to use it.

Computers in classrooms work sometimes, sounds systems work less often, classes are held in the cafeteria because of lack of space. MDL personnel are helpful and responsive which helps.

MAILROOM

Wish list: Mail personnel deliver FedEx packages.

When overnight packages arrive at USUHS, staff should make efforts to contact the recipient as well as the dept so that packages can be received in a timely fashion.

REA

The administrative burden on faculty is increasing at an alarming rate. The committees providing assurances for research protocols should seek to decrease the burden on faculty, especially at the time of grant submission. Some of the required forms at USUHS are the most onerous I have ever encountered (LARB). Unfortunately, the administrative staff in some offices are not helpful. There is no acknowledgement of the importance of outside research dollars to the viability of the university. If the university conveyed to the administrative staff the value of research monies to the entire USUHS community it might result in better and more streamlined administrative support.

There are a lot of really stupid red tape that does not make much sense. For example, the TONS of paperwork to submit a grant that will probably be rejected and having to redo all that paperwork at resubmission. The best thing the university has done is to hire Steve Kaminsky who has brought about sensible changes and support to this campus. He is truly an asset. There is an underlying "you are guilty until proven innocent" attitude that results in more paperwork. I do not feel that the faculty is valued. Some of the career government workers are treated better than faculty

REA needs better internal oversight. Lack of support for the grant writer, poor coordination within REA, and poor quality efforts by REA drag this dept down, resulting in frustrated grant writers.

The IRB and REA are very dysfunctional and inefficient organizations that do not communicate well with researchers. There should be more and better outreach to the medical centers where the clinical research is occurring -- regular advertising of research opportunities, intramural grant opportunities, LRC, etc.

Grant allocation opportunities to off site faculty.

REA works very hard and the administration is great. Steve Kaminsky is the best thing to happen for [a long time].

REA cannot keep up with papers, files, etc and continually requests that the PI provides, yet another copy.

IRB

USUHS IRB is often unreasonable, has numerous members who are not active researchers, and is not informed about the benefits of clinical research at USUHS.

Could the USUHS IRB serve as the official DoD IRB? I guess if TRICARE Management Authority can't figure out who can, than you probably can't either. We need a central IRB for research from the DoD Pharmacoeconomic Center where I work (Ft. Sam in San Antonio) and there is none. Evidently that JRCAB IRB doesn't really count. Just whining. Nothing you can really do about it.

IRBs and University's Highest Ranking officials must find a way to approve multi-centered studies using all of the university's teaching sites and provide the admin support!

Strong need for developing reciprocal relationship between USU IRB and NCA Medical Centers' IRBs. The redundancy of effort, and the idiosyncratic differences in requirements is a major obstruction in carrying out clinical research.

HMJ

HJF acts more like an adversary than an advocate. The administration should find a different institution to handle its grant dollars.

The administration of grants though USUHS in my department has been very poor (in contrast to grants administrated through HMJF).

CONTRACTING

Contracting and Purchasing never cease to amaze me at the delays that they can incur with the simplest of orders.

I found the process of purchasing equipment for research incredibly burdensome. I had to personally track equipment request through the entire process to make sure it went on to the next office. I also have found in many of the offices at the front desk level a very "its not my job" attitude. However, I must admit the more senior management has been very supportive once they are involved.

LAM, RADIATION SAFETY, SAFETY

LAM, Radiation safety and Safety have consistently provided good reliable support.

LAM should hire qualified personnel.

LOGISTICS

X in logistics is constantly an impediment of any shipping or receiving that is done by myself or my staff.

FINANCE

Verna Hill does a great job for us in finance.

I cannot understand why the Finance Office cannot process travel vouchers regardless of the funding source -- every other finance office can do it.

HUMAN RESOURCES

One of the biggest problems facing a new asst. professor is hiring and firing. Human Resources is almost useless in either respect.

OTHER

I have only been on faculty for several months. I have had little orientation to the USUHS faculty infrastructure and I am not sure how valuable this survey will be to those administering it. I would think it wise to send an orientation and information packet to new military faculty outside of USUHS. I do believe the administrative support is responsive and excellent whenever I have a question.

There is very little communication from USUHS campus and remote "campuses". Working at Wilford Hall Medical Center, I have received little or no communication from USUHS. As a matter of fact, I believe that this request was the first communication from USUHS that I have received since I received notification of my appointment of Asst. Professor of Anesthesiology in November 2001 - I didn't even receive recognition of receipt of my CV and faculty form sent in December 2001 to USUHS. My suggestion would be that there be more communication with faculty at remote campuses.

The faculty should participate with administration in making decisions concerning the University. The quality and hence the survival of the University depends on all of us working to better the school in ways that make it an excellent place to work and learn.

The budget must increase!

Biggest problem I see in the whole University is the low pay for civilians (at least those of us who aren't retired military). This is causing a huge morale problem. I like working here and the people I work with, but the low pay is becoming a big problem. My equivalent position over across the street at the NIH makes about double what I do. Hmmmmm :-(Biggest strength of the University is the people. Most people are here because they like what they do and they care about serving their country. Most of the people here are very nice and supportive of one another, but there are few mechanisms to reward people here for their hard work. The annual picnic and holiday party are two nice things the University does for everyone. However, I've noticed that some Department Chairs do not see the need to let their staff attend these morale boosting events.

Current clinical requirements of parent command completely eliminate time for research or effective teaching. There is no support from NNMC/WRAMC for GME or undergraduate medical education or research. It does not appear that USUHS has any ability to change this. It is unclear that anyone at USUHS even cares.

There is too little communication about ongoing research across departments, which prevents potentially helpful collaborations from developing. There is also a lack of continuing education in various topics at USUHS, for which I must go to the NIH to make up.

Support of medical student applicant interviewers by the staff of the registrar's office is outstanding!

The bioinstrumentation center is an asset that appears difficult to take advantage of. Perhaps one could regular updates from the center what is available, doable, at what cost etc. The research administration appears to develop a new concept for lab space allocation. This should be presented to the faculty and there should be 'hearings' how to best deal with the issue so that we will have consensus, eventually.

Other benefits to faculty that could be built into the faculty evaluation system

Guidance on Professional Development

Feedback, constructive criticism, review of specific CAPT criteria and goals for each individual at least annually.

“There should be formal guidance for assistant professors who are on the tenure track, informing them early of the process for preparing the CAPT package, monitoring their progress and timeline etc. I think a department committee should be established in each department to carry this out in a helpful, mentoring way.”

“There should be real criteria, setting specific guidelines, outlining expectations including support that will be needed to achieve them. These should be agreed upon and signed on a yearly basis by both faculty and evaluator.”

“One could develop the cynical impression that some administrators think civilian faculty are better replaced than promoted. It keeps the costs down.”

Increased Recognition for/Valuation of

Non-research scholarship, academic credentials (within some of the services), qualitative research, extramural funding that does not come from NIH, and the amount of work that teaching requires.

“The only thanks that seems to come is a form letter stating we have been approved for another year. Unless you are teaching on the USUHS campus, it seems the faculty have little support or esteem in the eyes of the University.”

Increased Opportunities

For research, training and academic promotion within working military practice.

Augment Salaries

Higher pay and/or bonuses for grants awarded, tuition for dependents, etc.

Criticisms of Current Evaluation System

Inadequate feedback

Inequitable

All should be evaluated by same criteria, with same potential for rewards.

“Level the playing field for military and civilian faculty.”

“For GS and military faculty there are step increases and promotional avenues for positive action. A similar step schedule for AD employees would have to be developed.”

“More even responsibilities among faculty.”

Inconsistent

(The CAPT, specifically)

Not Merit-based

“If the Chair recommends a person for tenure, there should be a good reason for doing so.”

“Across the board pay increases give no incentive to people who expend extra effort in teaching, research or service activities.”

Does not reflect written policy/guidelines

“If the CAPT simply followed the instructions, that would be a big improvement...”

Department Chairs

Should be evaluated--let faculty rate their raters annually. Chairs should held accountable for their successes and failures (including the program development of their faculty). They should be trained in mentoring.

“Consider term limits for chairs or elections or rotation....providing more democracy than current autocratic system.”