

Faculty Life Committee  
Vanderbilt University Senate  
Report for Academic Year 2011-2012  
Chair: Mark D. Does, Engineering

Committee Members

Mark D. Does, Engineering, (Chair)  
Judy Ashner, Medicine (Executive Committee Liaison)  
Steven Hyman, Medicine  
Kevin Niswender, Medicine  
Laura Wayman, Medicine  
Anne Moore, Nursing  
Constantine Tsinakis, Arts and Science  
Andres Zamora, Arts and Science  
Ted Smith (fall), Divinity  
Bruce Morrill (spring), Divinity  
Mark Cannon, Peabody

Charges assigned at beginning of the year:

1. Complete the faculty survey on the leave policy (primarily scholarly leave) and consider recommendations based on the results.
2. Follow up on recommendations for the development of mid-career faculty training opportunities.
3. Explore options for Vanderbilt to help senior faculty prepare for retirement.
4. Continue to explore Vanderbilt Child Care support and consider options for ongoing improvement.
5. Explore the role of Faculty Clubs at sister institutions (e.g. Princeton's Prospect House) and make recommendations for a possible similar entity at Vanderbilt.
6. Seek opportunities to reduce the administrative burden of professional financial transactions on faculty.

Work Done and Recommendations:

1. Faculty Leave Policy:

The committee reviewed and revised (minor changes) the survey developed by the FLC 2010-11. The committee considered adding questions to the survey related to parental leave, but decided not to muddy the waters at this time. The survey was submitted to the Executive Committee and the FLC awaits distribution of the survey and subsequent results.

*The FLC recommends that the previously prepared survey be carried out and the results should be reviewed by the FLC next year. Also, the availability and perceived availability of parental leave in the medical school warrants further investigation by the FLC next year.*

## 2. Mid Career Faculty Training:

The committee enquired with John Penn (Assistant Dean for Faculty Development, School of Medicine) and Tim McNamara (Vice Provost for Faculty) on the status of development of mid-career training programs as proposed by the FLC 2010-11. From Professor Penn the FLC learned that no further development of such programs has taken place due to lack of allocated funds. From Professor McNamara, the FLC learned that the Provost's office is actively exploring mid-career development programs (has engaged an external research firm to learn about such programs at peer institutions), and is consulting with our own school Deans.

*The FLC recommends that the Provost's and Vice-Chancellor's offices continue investigating options for providing mid-career faculty training and provide necessary funds to establish the training. The FLC should continue to follow up on this topic next year.*

## 3. Faculty Retirement:

Through informal survey of colleagues, the FLC has found that the availability (or perceived lack thereof) of health insurance is, for some, a practical barrier to retirement. In contrast, others near retirement age have given little thought to post-retirement health care. Also, FLC has learned of a product (<http://www.emeritihealth.org/>) designed for and offered to higher education institutions to provide affordable health care in retirement.

*The FLC recommends the use of a simple survey (below) to better evaluate the relationship between health insurance/health care and the decision to retire. The FLC recommends that the Vanderbilt administration use results of this survey to help evaluate the cost-effectiveness of the Emerti Health (or similar) plan.*

Proposed Survey for Faculty age > 55 yrs

- I) What is your age? (55-60, 61-65, 66-70, 71-75, 76-80)
- II) At what age do you plan to retire from Vanderbilt?
- III) Is affordable health insurance a factor in delaying your plans for retirement? (yes/no)
- IV) Are other factors delaying your retirement? Please explain below.

#### 4. Vanderbilt Child Care:

The FLC discussed and investigated child care issues that are specifically relevant to the medical center. In particular, how do current child care hours (6:00 AM to 6:00 PM) affect the child care options for medical center faculty/staff/residents who sometimes start work before 6:00 or finish work after 6:00? Also, how does the long waiting list affect child care options for incoming residents who may have a few months to arrange a move to Nashville. The FLC discovered that the Vanderbilt Housestaff Advisory Council (an elected group of medical residents) has been investigating these issues for the past few years. A two page white paper from this group is attached at the end of this document. Also, the FLC has one member (currently, Mark Does) participating in the Child and Family Center Advisory Committee, Chaired by Marilyn Dubree.

*The FLC recommends that the FLC remains involved in the Child and Family Center Advisory Committee and brings to this committee issues raised by the Vanderbilt Housestaff Advisory Council.*

#### 5. Vanderbilt Faculty Club

Through much discussion, there was a general consensus amongst members of the FLC that a proper faculty club would be a value to faculty and support the scholarly mission of the university. We think this is particularly true in this day and age when many of us communicate on the fly in tweets and abbreviated emails, rarely taking the time to converse in depth, face to face. One member of the FLC crafted the following words to convey an impression of such a club:

##### An Ambitious Proposal

Harvard, Princeton, Yale, Cornell, Brown ..., all have it. We do not. Not a real one, anyway, not a bona fide faculty club. Of course, it is a legacy of their long and cherished traditions, but even traditions have an inception, a starting point, and, of course as well, that requires clairvoyance, inspiration, vision, a historical sense of foundation. Eugene Bianchi, Emeritus Professor of Religion, and John Bugge, Professor of English, are passionately trying to create one at Emory. In their entreaty, they call it Emory's living room. I could not agree more with their scheme and their rationale for it, but I think that they err in the metaphor. We do not need a living room, but an agora, a plaza, a public square, a coffee house, a bar, a pub, an institutional un-institutionalized space for the exchange of ideas, theories, stories, dreams, miseries and joys, quips, and, yes, why not, pleasantries. We need a place with a good fire (a good fire is happiness after certain age), some books (ours, for instance, but also by others, and atlases, and dictionaries), sofas and armchairs (stalls for the bartering of opinions), Piranessi prints on the walls (like the ones in the

University collection), drinks (“In vino veritas”), food to partake (food for thought, as the saying goes), low tech face recognition and name retrieval devices (our own eyes, our own ears), and occasions aplenty for full-fledge interdisciplinarity (live, chancy, hopefully epiphanic sometimes: “The most incredible thing about miracles is that they happen,” said Chesterton splendidly, maybe, before he wrote it, in the course of a chat in his club, maybe, my literary joke, in a club of queer trades). In a time when the human voice (Poor Cocteau!) and the human touch-- the handshake, the kiss, the pat, the little squeeze in the wrist-- are quickly retreating in favor of the text-message and the e-mail, those aseptic and slow motion conversations, we could do with ..., I was going to say a clean, well-lighted place, a room of our own, a communal hearth, a kiva of sorts, a tavern with a sign “George Washington stayed here,” an Hypatiam Museum, a grove of Akademos, a hardwood-floored Peripatos, or a potlatch field, but do not let my pedantry stand in the way of my meaning.

Andres Zamora, Faculty Life Committee

*The FLC recommends that the Vanderbilt administration explore the feasibility of establishing a faculty club with function and utility as described above. Perhaps the new Engineering and Medicine building could house such a facility.*

## 6. Administrative Burden on Faculty

The initial focus of this charge was an investigation and evaluation of the administrative burden of professional financial transactions on faculty. Such burden includes carrying charges (often, but not exclusively, related to travel) on one’s personal credit card as well as the difficulty in reconciling accounts when reimbursement cheques for many expenses are issued as a single lump sum. We began by investigating why p-cards were available to some faculty but not others. Through conversations with Brett Sweet (Vice Chancellor for Finance and CFO) and various Dean’s offices, the FLC found that the decision to issue (or not) p-cards was made by the Dean’s office in some schools and at the department/division office level in other schools.

In some departments that do not issue individual p-cards, faculty members have reasonable access to a p-card through an administrative assistant; however, in other cases the faculty are permitted neither individual cards nor access to a departmental card for travel related expenses or expenses to be charged to a federal grant. There is no doubt that this is a significant burden on some if not many faculty. Perhaps most importantly, there does not appear to be a sound rationale for the widely varying policies and practices related to issuing and usage of p-cards—what is common practice in one department is said to be impossible in other departments. This inconsistency of practice frustrates and disgruntles many faculty.

Through a limited survey, the FLC concluded that the general feeling amongst School/Department administrators was that it would be too much administrative burden for faculty to have individual p-cards and that more accounting mistakes were likely to occur. This feeling was not universally shared amongst members of the FLC. In order to get a better handle on the practice of using and managing a p-card, the FLC arranged for three Engineering faculty members (including one FLC member, Mark Does) to use an individual p-card for a 6-month period, under the supervision of Janiece Harrison (Associate Dean for Finance and Administration, School of Engineering). This trial is currently underway and a report, jointly prepared by Janiece Harrison and Mark Does, will be submitted to the FLC next academic year.

In addition to the issue of access to p-cards, numerous discussions of the FLC highlighted the broader issue of administrative burden on faculty. It was felt by the FLC that this ever-growing burden is a serious threat to (and, in fact, is already a serious impediment to) the scholarly activity of the faculty. The FLC is aware that many of these administrative burdens are being passed down from external regulatory agencies or governing bodies, which likely limits the utility of simple solutions, but the consensus amongst FLC members is that Vanderbilt urgently needs to investigate and address this broad problem. Some examples of such burdens are listed below.

Some examples of costly administrative burdens. (These are anecdotal and may not be relevant in all schools or to all faculty members.)

- As a member of SACS, Vanderbilt now needs to provide detailed and quantitative 3-page evaluation of every graduate student qualifying exam and PhD defense. To be done properly, this adds  $\approx 15$  minutes of effort for every committee member of every exam. Given  $\approx 5,000$  graduate students, we probably have 2,000 such exams every year, with an average of 5 faculty members attending ... this totals  $\approx 2,500$  additional person hours required by our faculty annually!
- In one school, faculty complete an annual report that requires them to look up a variety of data (dates, expenses, number of graduate students supported, ...) on every grant proposal that they participated in submitting that year. In many cases, the faculty member does not have direct access to these data, so they have to spend substantial time tracking down this information from various faculty collaborators and their grants specialists. Why are faculty spending time collecting data such as this when COEUS is supposed to be tabulating such information?
- In order to get global phone coverage for an overseas trip, faculty in at least one department need to write a requisition for each trip. The cost for a month is \$64 and it is pro-rated for the coverage time, hence 8 days  $\approx$  \$16. To get approval one writes a requisition which needs to be approved by the department. Then one has to forward the approval ITS for further approval. Then it is returned to the department for a second approval before finally being submitted to Verizon. This is

all for a \$16 expense! Why not institute a standing order for \$100, once exceeded the process is renewed?

- Various travel related hassles: in order to be reimbursed for a non-itemized dinner receipt, one faculty member needed write a letter, which then needed to be signed by her department chair and turned in with the receipt; one faculty member was asked to provide a boarding card for a flight before being reimbursed; another faculty member was asked to provide daily values of the exchange rate between currencies related to a foreign travel reimbursement. Is this really the way that faculty should be spending their time?
- One faculty member reported needing to assign monthly long distance phone call charges to appropriate federal grant center numbers. These are often phone bills for a few dollars or less — why not have this covered by indirect cost recovery, up to a reasonable limit?
- In order to receive an individual p-card, a faculty member is required to attend a 3-hour training class. This class has been developed for AAs who typically use their card in a much broader range of circumstances. A 30 min training, or even just a short “how-to” document would be sufficient for most faculty.
- And, of course, it is well known that faculty have an ever increasing administrative burden keeping up with the ever-growing federal regulations (effort reporting, conflict of interest reporting, ethical treatment of animal and human research subjects, responsible conduct of research training). While it is likely that most faculty appreciate the importance of the underlying issues behind these activities, schools like Vanderbilt should be aware of and concerned about the opportunity costs associated with these activities and strive to find an appropriate balance.

*The FLC recommends that the Vanderbilt administration establish one or more committees charged with identifying all causes for non-scholarly faculty activity and devising strategies for eliminating these causes or reducing the amount of faculty effort they require.*

Recommendations for next year and beyond:

1. Follow up on the Scholarly Leave survey and investigate the availability and perceived availability of parental leave, particularly in the medical school.
2. Follow up on previous recommendations for development of mid-career faculty development/training.
3. Remains involved in the Child and Family Center Advisory Committee.

White Paper on Childcare Issues for Vanderbilt HouseStaff, from the Vanderbilt Housestaff Advisory Council

Four major issues as highlighted through survey in 2009 as well as Vanderbilt Housestaff Advisory Council Meetings and Task Forces in 2010 and 2011:

**1) Accessibility of Childcare**

On Match Day each March, new residents find out their location of contractual obligation with a July 1 start date. Almost all of these employees are in their late 20s and early 30s, many with children younger than kindergarten. They are not guaranteed a position at Vanderbilt Child Care and are placed at the bottom of an often lengthy waitlist.

**2) Hours**

The Child Care Center currently has hours from 6 am to 6 pm. A significant number of residents must start work prior to 6 am and are dependent on patient stability and emergencies as to whether they can leave at 6 pm. Emergency Medicine Residents and Surgery residents are particularly vulnerable to irregular work hours.

**3) Location**

The general perception from discussions and surveys is that the current locations would be adequate if hours could be extended to allow residents to drop off children at Child Care and get to work on time. Current hours do not allow this on a consistent basis.

**4) Night and On-call Availability**

An option allowing for some type of on-call or night availability would be utilized by some. Examples are emergency medicine residents, surgery residents, and two physician households where both parents have call obligations to patients but are not necessarily needed to have a presence in the hospital during the entire shift.

### Facts from 2009 Survey:

297 residents (49% male) completed the survey on childcare in 2009. Average age was 30.0. The most represented specialties were internal medicine (78), followed by pediatrics (55), surgical specialties (36), and general surgery (29).

37.4% of those completing the survey had children. 46.8% of those were currently using a childcare facility.

Post-graduate year (PGY = years after medical school) status ranged from PGY-1 to PGY-8, with a majority being in the PGY-1 to PGY-3 range (which tracks the years of training spent in internal medicine and pediatrics). Residents anticipated an average of 4.04 years in residency, with 80% anticipating a fellowship after residency. 78% reported having a shared household income. Median gross income (including shared income) was approximately \$75,000.

Approximately 20% of the respondents arrived at work prior to 6:00 a.m. An additional 40% were required to be at work at 6:00 a.m.

Approximately 20% reported being at work regularly after 6:00 p.m., with 46% reporting leaving work at approximately 6:00 p.m. Many comments focused on the irregularity of work hours (e.g. residents rarely work regular shifts and so may come in prior to 6 am one day and after on another day).

Almost all respondents also worked weekends (no childcare availability at Vanderbilt) and 34% were on-call approximately 2 nights per week (also no availability).

54.1% of respondents who use childcare said that if childcare were available with extended hours, they would use it.

When medical students were surveyed similarly, 83.2% stated that they would rank a residency program higher if it had childcare services with extended hours. Interestingly, only 3.8% of the medical student respondents had children.

Of 70 comments submitted to the survey, 31 related (negatively) to the waitlist here at Vanderbilt.