University of Louisville
DEPARTMENT OF PEDIATRICS
Standard Operating Procedure
Guideline on Allocated Time for Research

University of Louisville Department of Pediatrics	Identification P-2019-12		Contact: Jan Sullivan – Vice Chair for Research
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Purpose:

- Provide guidance to Division Chiefs on allocation of faculty research effort (time).

- Ensure that allocated faculty research effort is "protected" in a way that is consistent with federal regulations.

- Maximize opportunities for faculty to achieve success in their scholarly work.

Rationale:

Allocation of faculty effort is one of the most complex issues in academic medicine. However, it is critical that the Department of Pediatrics, and Division Chiefs in particular, ensure that the annual work assignment for each faculty member is consistent with the time actually available for faculty to work on their assigned duties. This is particularly important where faculty effort is funded by federal sources or other agencies/organizations, because misrepresentation of effort billed to federal sources can put the University at legal risk. More importantly, faculty who have committed to developing a research program can only be successful if they have adequate time available to do this important work. When the annual work assignment reflects time allocated to research, but the faculty member is required to complete other tasks (including clinical duties) during this time, the faculty member is unlikely to succeed in their research endeavors, and may even encounter challenges in the promotion process.

It can be difficult to develop detailed guidelines that are applicable to all specialties. The framework for measuring clinical effort varies among specialties. This variation is unavoidable, as the practice of medicine in each specialty reflects a unique combination of clinic sessions, rounding in the hospital, overnight shifts, procedures, home call, in-house call, etc. Nonetheless, it is important for each Division to establish a definition of clinical effort and apply it uniformly and fairly for all faculty members.

Guidelines

1. Each Division should develop a detailed system for defining how allocated clinical time will be measured, preferably based on relevant national standards or benchmarks. This system should be formalized in writing, approved by the Chair or a designee, and should be available in writing to faculty and prospective faculty.

2. Allocated time for clinical service, non-clinical service, research, and teaching should be measured proportionally with one another. Proportions should be based on a 50-hour work week representing 1 FTE, with 10 hours of work representing approximately 0.2 FTE.

3. In practice, "protecting" research time necessitates placing restrictions on clinical assignments. For example, a faculty member with 0.8 FTE for clinical service, 0.1 FTE for research, and 0.1 FTE for non-clinical service should have approximately double the scheduled clinical sessions of a faculty member with 0.4 FTE for clinical service, 0.5 FTE for research, and 0.1 FTE for non-clinical service.

4. Regardless of their professional focus, nearly every faculty member needs some time allocated for non-clinical service and/or education. For this reason, faculty members should almost never have all of their time allocated to just clinical duties and research. For example, a faculty member who is committing 0.2 FTE to a funded research project should not have the entire remainder of her effort (0.8 FTE) allocated to clinical service. This arrangement would not account for routine non-clinical duties and teaching, and could thus be interpreted as falsifying effort committed to the research project.

5. The School of Medicine Promotion, Appointment, and Tenure Committee (PAT) applies different standards for evaluation depending on whether a faculty member is allocated (on average) fewer than 0.2 FTE for research vs. more than 0.2 FTE. Specifically, faculty with 0.2 FTE or more allocated for research are expected to generate at least one peer-reviewed publication per year (average). This is a high bar for an inexperienced faculty member with only 0.2 FTE allocated for research. For this reason, in order to maximize a faculty member's chances of success, Division Chiefs should discourage junior faculty members from adopting work assignments with research allocation in the range of 0.2 FTE to 0.3 FTE. Junior faculty members seeking to build a robust research program should likely have 0.3 FTE or greater committed to research. Junior faculty members wishing to do some research but not necessarily build their own independent research program should pursue work assignments with 0.19 FTE or less allocated to research. Appropriate mentorship from Division Chiefs (or other research mentor) is a critical piece of striking the right balance.

6. It is anticipated that Divisions will experience periods of higher clinical need, especially when one or more faculty members leave the University. When high clinical need creates a discrepancy between the research allocation reported in the work assignment and the actual time available for the faculty member to work on research, the work assignment should be updated as soon as possible to reflect an accurate picture of the faculty member's time allocation. This will help avoid misrepresentation of effort made to institutions funding the research, and will also help ensure that the PAT committee are evaluating the faculty member based on their actual time commitments.

7. When a faculty member receives grant funding that includes funded research effort, it will often be necessary to transfer some of their duties to other faculty members or staff. The Division Chief, Vice Chair for Research, and Chair will carry the responsibility of identifying how these responsibilities will be covered, up to and including consideration of hiring additional faculty members.

Pediatric Research Enterprise Mission and Values:

The University of Louisville Department of Pediatrics Research and Scholarship Mission is to create new knowledge with the goal of improving health and disease outcomes of children and their families. This will be accomplished through a portfolio of investigational programs that includes basic science research; clinical and translational research; rigorous analysis of human factors issues; evidence-based improvement in health care delivery, processes, outcomes, and healthcare disparities; and development and assessment of training programs for future investigators, educators and clinicians. These activities are deliberately inter-professional in nature, and will be conducted across the University of Louisville and Norton Healthcare and with the engagement of community partners.

The Vision for Research and Scholarship in the Department of Pediatrics is to be a leader in the discovery and validation of new knowledge in a way that improves child health and health care delivery locally, nationally, and globally. These joint efforts are critical to enhance the reputation of both the University of Louisville Department of Pediatrics and Norton Children's Hospital.

The Values which guide research and scholarship efforts in the Department of Pediatrics include integrity, compassion, diversity, rigor, accountability, and inter-professionalism. These are defined as follows:

- Integrity: A commitment to honesty in all phases of the research/scholarship processes.
- Compassion: A commitment to prioritize those investigations that promise to make a significant difference in the lives of the children and families we serve.
- Diversity: A commitment to recognize unique human characteristics and communities, and how these characteristics may impact health.
- Rigor: A commitment to maintain the highest standards of adherence to the scientific reasoning and peer-review process.
- Accountability: A commitment to informational and financial openness and transparency with study subjects, the University of Louisville, Norton Healthcare, community partners, and any relevant external stakeholders during all phases of the research/scholarship process.
- Inter-professionalism: A commitment to the integration of physicians, nurses, and other allied healthcare providers that care for children across the University of Louisville and Norton Healthcare, with the engagement of community partners, in our research activities.