

Faculty Exit Questionnaire



**Committee on the Status of Women and Minorities
VCU School of Medicine
MCV Campus**

Fall 2004

VCU SCHOOL OF MEDICINE FACULTY EXIT QUESTIONNAIRE

Section I: Demographic Information

1. How old are you? _____
2. Sex: ¹ Male ² Female
3. a. Which of the following best describes your race? Check one only:

<input type="checkbox"/> ¹ White	<input type="checkbox"/> ⁴ American Indian/ Alaskan Native
<input type="checkbox"/> ² Black or African American	<input type="checkbox"/> ⁵ Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> ³ Asian	<input type="checkbox"/> ⁶ Other: _____
- b. Are you: ¹ Hispanic ² Non-Hispanic
4. Highest Earned Degree (check all that apply): ¹ MD ² DO ² PhD ³ Other: _____
5. What is your marital status?

<input type="checkbox"/> ¹ Married / partnered	<input type="checkbox"/> ² Single	<input type="checkbox"/> ³ Divorced / Separated	<input type="checkbox"/> ⁴ Widowed
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6. Do you have children under the age of 18? ¹ Yes ² No ³ Prefer not to say
7. Which of the following best describes your current work place? Check one only:

<input type="checkbox"/> ¹ Academia / Teaching hospital	<input type="checkbox"/> ⁴ Private Practice	<input type="checkbox"/> ⁷ Other: _____
<input type="checkbox"/> ² Hospital setting (non-teaching)	<input type="checkbox"/> ⁵ Retired	
<input type="checkbox"/> ³ Industry	<input type="checkbox"/> ⁶ Unemployed	
8. Where is your current job located? City / County: _____ State: _____

Section II: VCU Employment and Current Employment

9. Please list the most important factors that influenced your decision to leave VCU.
 - a. _____
 - b. _____
 - c. _____
10. How many years did you work at VCU? _____ (# of years) NOTE: If you left VCU and then returned, please report the total number of years worked.
11. Please tell us your rank at the time you started at VCU, at the time you left VCU, and at the time you first started your new position, if applicable. There should only be one check per row:

	Resident	Post-doc or Fellow	Instructor	Assistant Professor	Associate Professor	Full Professor	Other	
a. Start at VCU	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶	<input type="checkbox"/> ⁷	
b. Left VCU	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶	<input type="checkbox"/> ⁷	
c. Start at new position	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶	<input type="checkbox"/> ⁷	<input type="checkbox"/> ⁸ N/A

12. At the point you left VCU, which of the following best described your status? Check one only:

<input type="checkbox"/> ¹ Tenured	<input type="checkbox"/> ² Non-tenured but in a tenure-track	<input type="checkbox"/> ³ Collateral track
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The next two questions pertain to salary. When answering these questions, please include in your salary figures your earnings from consulting, speaking engagements, and other professional activities.

13. Total salary at the time you started at VCU: _____ → \$ _____, _____ .00

a. If you were a resident, post-doc, or fellow when you first started at VCU, what was your salary when you first started as a *faculty member* at VCU? → \$ _____, _____ .00

14. Total salary at the time you *left* VCU: _____ → \$ _____, _____ .00

15. *When you first left VCU*, what was your salary at your new job? \$ _____, _____ .00 ¹ N/A, no new job.

16. *At the time you left VCU*, was your status full-time or part-time? ¹ Part-time ² Full-time

17. *During your last year at VCU*, how many hours did you work in an average week? _____ (# of hours)

18. *While at VCU*, in an average month, what percent of your time was spent in each of the following activities? If the activity was not applicable to you, check "Activity Not Applicable" and move to next activity.

Activity	Activity Not Applicable	Percent	What best describes this percent of time?
a. Clinical Care	<input type="checkbox"/>		<input type="checkbox"/> ¹ Too much <input type="checkbox"/> ² Too little <input type="checkbox"/> ³ Just right
b. Teaching	<input type="checkbox"/>		<input type="checkbox"/> ¹ Too much <input type="checkbox"/> ² Too little <input type="checkbox"/> ³ Just right
c. Research	<input type="checkbox"/>		<input type="checkbox"/> ¹ Too much <input type="checkbox"/> ² Too little <input type="checkbox"/> ³ Just right
d. Outside consulting	<input type="checkbox"/>		<input type="checkbox"/> ¹ Too much <input type="checkbox"/> ² Too little <input type="checkbox"/> ³ Just right
e. Administrative/Committees	<input type="checkbox"/>		<input type="checkbox"/> ¹ Too much <input type="checkbox"/> ² Too little <input type="checkbox"/> ³ Just right
TOTAL		100%	

19. *At your current job*, is your status full-time or part-time? ¹ Part-time ² Full-time

→ ¹ If you are not currently working, check this box and proceed to the next page, question #22.

20. *At your current job*, how many hours do you work in an average week? _____ (# of hours)

21. *At your current job*, in an average month, what percent of your time is spent in each of the following activities? If the activity is not applicable to you, check "Activity Not Applicable" and move to next activity.

Activity	Activity Not Applicable	Percent	What best describes this percent of time?
a. Clinical Care	<input type="checkbox"/>		<input type="checkbox"/> ¹ Too much <input type="checkbox"/> ² Too little <input type="checkbox"/> ³ Just right
b. Teaching	<input type="checkbox"/>		<input type="checkbox"/> ¹ Too much <input type="checkbox"/> ² Too little <input type="checkbox"/> ³ Just right
c. Research	<input type="checkbox"/>		<input type="checkbox"/> ¹ Too much <input type="checkbox"/> ² Too little <input type="checkbox"/> ³ Just right
d. Outside consulting	<input type="checkbox"/>		<input type="checkbox"/> ¹ Too much <input type="checkbox"/> ² Too little <input type="checkbox"/> ³ Just right
e. Administrative/Committees	<input type="checkbox"/>		<input type="checkbox"/> ¹ Too much <input type="checkbox"/> ² Too little <input type="checkbox"/> ³ Just right
TOTAL		100%	

NEXT PAGE →

Section II: Perceptions about Employment at VCU

INSTRUCTIONS: For each of the following, provide a rating of excellent, good, fair, poor, or very poor. If the factor is not applicable (N/A), please check the far right hand column (“N/A”). There should be one check per row.

	Excellent	Good	Fair	Poor	Very Poor	N/A
22. Salary, Benefits, and Retirement at VCU						
a. Salary	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶
b. Paid leave (holidays, vacations, etc)	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶
c. Health insurance	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶
d. Retirement plan	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶
e. Employee Assistance Program (EAP)	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶
f. Tuition Waiver	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶
g. Access to child care	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶
23. Professional Advancement at VCU						
a. Opportunity for advancement	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶
b. Rate of tenure and promotion	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶
c. Performance evaluations	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶
24. Physical Space and Equipment at VCU						
a. Space for teaching	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶
b. Space for research	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶
c. Space for clinical work	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶
d. Equipment for teaching	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶
e. Equipment for research	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶
f. Equipment for clinical work	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶
g. Office space	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶
h. Information Technology Support	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶
i. Faculty parking	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶
j. Patient parking	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶
25. Job / Departmental Characteristics at VCU						
a. Cooperation within departments	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶
b. Cooperation across departments	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶
c. Communication within department	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶
d. Communication across the medical campus	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶
e. Distribution of work	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶
f. Work load	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶
g. Permission for outside consulting	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶
h. Collegiality and collaboration	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶
i. Quality of mentoring	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶
j. Protected time for teaching	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶
k. Protected time for research	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶
l. Support for committee participation/service	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶
m. Administrative support (secretarial)	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶

26. Did you ever experience sexual harassment while at VCU?

¹ Yes

² No

- a. Did you report the sexual harassment? ¹ Yes ² No
 b. Was anything done to rectify it? ¹ Yes ² No

Go to question #27.

c. Comments related to sexual harassment: _____

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27. Did you ever experience racial discrimination while at VCU? ¹ Yes ² No
28. Did you ever experience gender discrimination while at VCU? ¹ Yes ² No
29. Were you ever negatively perceived by your colleagues or peers because of your degree or credentials?

¹ Yes ² No

30. Did you ever experience limited professional opportunities because of your degree or credentials?

¹ Yes ² No

31. Thinking about your *most recent* department chair, how would you rate his/her overall performance in terms of departmental leadership during your time at VCU? Check one only:

¹ Excellent ² Good ³ Fair ⁴ Poor ⁴ Very Poor

32. Rate the support you received from each of the following with regard to balancing work with your personal life during your time at VCU. If the item is not applicable, check N/A. There should only be one check per row.

	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>	<i>Very Poor</i>	<i>N/A</i>
a. The University	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶
b. The School of Medicine	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶
c. Your department	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶
d. Your division	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶
e. Your chair	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶
f. Your colleagues	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶

33. How does Richmond compare to other places you have lived? If not applicable or if you have no opinion, check the far right hand column ("No Opinion or N/A"). There should only be one check per row.

	<i>Better than other places</i>	<i>Same as other places</i>	<i>Worse than other places</i>	<i>No Opinion or N/A</i>
a. Cost of living	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
b. Weather	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
c. Diversity	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
d. Culture/entertainment	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
e. Work opportunities	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
f. Raising a family	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
g. Education for children	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
h. Community resources	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
i. Outdoor activities	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
j. Public safety	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

34. Comments about your experiences at VCU: _____

35. What could VCU or the School of Medicine have done to prevent you from leaving? _____

36. Would you ever consider working at VCU in the future? ¹ Yes ² No

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In the future, the VCU School of Medicine may want to follow-up with you to learn more about ways in which it can work to retain high quality faculty members. Would it be okay if the VCU School of Medicine contacted you?

Yes



No



Name: _____

Street: _____

City: _____

State: _____

Zip: _____ - _____

Phone: (____) _____ - _____

E-mail: _____@_____

Preferred method on contact:

¹ Mail ² Telephone ³ E-mail

Preferred time of contact:

¹ Daytime (9am to 5pm) ² Evening (5pm to 9pm)

**Thank you for completing
this questionnaire.**

**Please return it in the
enclosed envelope.**

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE.