**BEST PRACTICES TOOL #3**[1]
**Documenting the Impact of COVID-19 (Clinical Faculty)**[2]

Mangala Subramaniam, Professor & Butler Chair and Director, Susan Bulkeley Butler Center for Leadership Excellence. Email: msubrama@purdue.edu

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The COVID-19 pandemic along with the protests for racial justice has affected people's daily lives in profound ways. These effects will continue to have long term impacts within academia. It is therefore essential to maintain a record, that is document the impacts that faculty are experiencing in the three main areas of Discovery, Teaching & Learning, and Engagement. This document is intended as a guide for clinical faculty. It is <u>not</u> policy.[3] Annual evaluation and support will be addressed in a separate Tool.

**Why Document?**

COVID-19 has impacted academia in a variety of ways. Faculty members have been compelled to adjust to new modes of engaging in research, teaching and learning, and service work. Therefore, documenting the impact is important for <u>all</u> faculty members, and especially important for women and faculty of color.

People's day to day experiences are influenced by their societal roles and expectations, and inequalities that exist in "normal" times do not disappear during a pandemic; rather, they are likely to be exacerbated. Such effects are about disparate impact. Disparate impact is when rules or practices explicitly use criteria other than sex categories as decision rules but have different effects on men and women precisely because they are differently situated.[4] Additionally, faculty status/ranks impact work that is possible. Non tenure track faculty members hold varying titles-clinical, research, practitioner, and administrative positions. The two types of non-tenure track faculty categories are Clinical/Professional and Research. Their roles and responsibilities vary widely, with differing degrees of expectation for involvement in clinical service, patient care, teaching, research, administration, extension and engagement. Non tenure track faculty in some colleges do not have a fixed timeline towards promotion and may also face job insecurity (Departments of Nursing and Speech, Language, and Hearing Sciences may be exceptions). Of the 279 faculty in the two categories of clinical/professional and research faculty, 45.5% are men and 54.5% are women.[5] The clinical/professional category alone comprises about 41% men and 59% women. Typically, those in clinical faculty positions are vulnerable which is further heightened during the pandemic. All people are facing some challenges with aspects of emotional and physical well-being.

The impacts of the pandemic on clinical faculty necessitated quick adaptation to online platforms to continue provision of their core job responsibilities which on campus span the scholarship of engagement, research, classroom teaching and clinical education in on-site and satellite clinics. Clinical faculty were expected to be nimble with transitioning to online platforms for telehealth delivery to meet accreditation requirements, virtual mentoring, and supporting on-time graduation through spring and the summer. Some faculty were required to continue working in the clinics with limited or no student assistance.

Some clinical faculty, classified as 'essential' workers because their work is largely in clinics and hospitals (example, speech sciences, veterinary medicine), and even others are less likely to have been able to opt for remote work. Many such clinical faculty are trying to balance full-time employment with emergency homeschooling or daycare of their children, and others worry about their health, their jobs, or their partners' or family members' health and jobs. While some have support networks in the same town, many with family support networks across the country or across borders remain tense and worried.

Faculty – clinical and tenure track/tenured - continue to experience challenges to doing research; and productivity continues to decline. In fact, the drop in female academics' research productivity during the early weeks of the COVID-19 outbreak can be discerned from the drop in women's submissions to journals. This was partly attributed to women's role in caregiving even before the pandemic. Some also blame women's disproportionate service roles and the emotional labor they do. This has not changed substantially months into the pandemic in the U.S. and is pointed out in a more recent study as well. Without meaningful interventions, the trend is likely to continue. Women of color face higher burdens and vulnerable faculty are also likely to be uncomfortable articulating COVID-19 impacts. In short, intersectional inequalities – gender, race/ethnicity, health status (risk levels) and immigrant status among others – influence both, the effects of the pandemic and the ability to voice those effects.

There is almost no doubt that the consequences of the pandemic will be felt for several years to come requiring us, at Purdue, to be attentive to documenting the impacts on the three main parts of a clinical faculty member's record: Discovery; Teaching and Learning; and Engagement. Documenting should enable other people to understand a faculty member's career trajectory given the effect of COVID-19. Careful and thoughtful documentation, without exaggeration, can increase the likelihood of a fair assessment accounting for differential impacts and mitigating inequalities. Such documentation can be key input for annual evaluations and also be included as attachments to tenure/promotion documents. Not having such documentation can prove costly for a faculty member and possibly more so for women and faculty of color.

**How to Document? Some Key Points**.
Faculty members should ask: how has my professional life changed because of COVID-19? Faculty members should document the progress and challenges in all three parts - Discovery; Teaching and Learning; and Engagement - at least once a week. Notes can be abbreviated to save time and eventually be used to craft a COVID-19 impact statement as and when needed. Listed below are some points to consider in documenting impacts for clinical faculty who may be focused on different combinations of teaching, engagement, extension, administrative, and research work. The list, below, is indicative but not exhaustive. Faculty members should **not** try to make notes on each point as it could become cumbersome. Moreover, each point may not even be applicable to every faculty member. Additionally, faculty should also be tracking the steps they took/are taking to address the issues in their list. That is, faculty members should appropriately document how they navigated/managed the issue when they were able to do so. This would an important part of making sure evaluative bodies understood both the challenges of the pandemic and how and where the faculty member was able to respond and where they were not able to respond.  An important goal is to make relevant but potentially invisible impacts visible.

*Teaching and Learning*
   ▪ Time spent to retool and/or redesign curriculum (including clinical education) to be used in a virtual format. Document revisions to courses: moving courses online, building skills to handle new technology and new online platform (can note how a typical # of workhours for

teaching one course changed to how many workhours for that course; and then for say 2 courses). Include lack of additional resources to assist with online platforms.

- Note trainings attended to retool for teaching in revised modes.
- Note lack of resources for faculty and students (internet and broadband access; closure of campus computer labs or limited seats available at campus computer labs; concerns with privacy for telehealth provision).
- Identify any additional teaching responsibilities (including new course preps such as due to retirement of a colleague); issues with teaching assistants; assisting others.
- Additional workload because of administering high flex, hybrid, and online courses such as, handling emails from students who may be quarantined; suspended; or absent from class including figuring out procedures and who to contact with questions.
- Note inability to document teaching effectiveness especially in cases where students contribute to hands-on-learning (such as clinics) because of limited or no in-person work.
- Note inability to offer hands-on-learning which is critical for clinically focused courses. Additionally, note time spent to plan for data collection etc on study abroad experiences which were not realized.
- Note concerns and disruptions from students' disregard of instructions in courses/classrooms (particularly for women and women of color).
- Mentoring – faculty and students:
  - note especially additional work needed to support those experiencing health, economic, and social consequences of COVID-19.
  - note additional advising time because of physical or mental health concerns.
  - note disruptions because of concerns of status of international students or newly admitted international students being unable to travel.
  - concerns due to uncertainty and lag times in communication between when a student raises a concern and when a university response is received.
- Note concerns about intellectual property rights questions and posting all materials online.
- Note concerns about creating safe spaces for classroom dialogue offline and online.
- Note restrictions in funding to access online teaching resources and needed equipment for clinical education. (Example, Speech, Language, and Hearing Sciences needed new mics, specialized software for all speech therapy and audiology telehealth.)
- Note time involved in reconfiguring externships/internships to support clinical education including locating new sites or creating alternative case-based clinical education.
- Note challenges meeting wellness needs for students in new curriculum models-- a resource challenge which then falls to untrained faculty to manage.

### Engagement and Service
- List attending or leading meetings (additional ones) that may typically not have been required.
- Challenges of attending meetings virtually and how some inequalities maybe further amplified in virtual settings.
- Impact of hiring freeze to adequately perform clinical duties. Unique to Veterinary Medicine: note challenges of rising caseload and its impact in the following areas (effective clinical teaching with same or fewer support staff, ideal patient care and management while balancing clinical training with same or fewer support staff). Note the need to obtain hiring exceptions when veterinary nurses or hospital staff retires or leaves the university has created unique challenges in hospital.
- Note disruptions in community-based engagement and activities.
  - Note lack of student support in handling clinics
- Navigating community service work with limited assistance

- Navigating clinical service delivery to local community on telehealth platforms and working through associated privacy and legal considerations
    - Note if committee work is equitable.
    - List limitations in advising student organizations, if any; and disruptions in those activities.
    - Note additional workload to support communities and collaborations within which you work particularly during COVID-19.
    - Note additional hurdles in disseminating or finishing products or services for the scholarship of engagement, especially if target community does not have regular access to internet.
    - Note how communities/partners have been disrupted in accessing Purdue labs or services.
    - Note disruptions to provide ambulatory clinical services (may be unique to veterinary medicine)
    - Note disruptions to self-care due to increased demands by the team
    - Note impact of COVID-19 quarantine for exposure (14 days) and positive (10 days) on staffing for clinical services/hospital (impacts clinical teaching and faculty's hours worked weekly).

*Discovery (research)*: Identify disruptions to research including approximate timelines.
- Access to lab; access to equipment/orders for consumables; limiting work because of space and required rotation/coordination of lab personnel (such as students, postdocs, technicians); repairs or the need to fix systems.
- Writing time (plausibly because of care work – self and others; lack of access to books etc. from libraries).
- Access to studios and spaces for creative work.
- Note delay/s in starting new clinics or working towards implementation of an innovation.
- Loss in time due to increased teaching or service responsibilities.
- Note canceled fellowships, conference, or speaking engagements.
- Document disruptions to research/scholarship of extension due to limits on national and international travel.
- Challenges in networking virtually versus being physically present at conferences and annual meetings (important especially for assistant and associate professors).
- Effects on research time due to care work, filing additional paperwork for changing/maintaining immigrant status.
- Research group/lab virtual meetings involving challenges such as students not having access to high speed broadband.
- Limited home connectivity for many reasons, including leaving WiFi during the day for school-age children.
- Disruptions in field-based work because of funding and travel and visa restrictions or overall research restrictions.
- Access to animals, cell cultures, inability to gather data/access to human subjects.
- Note inability of collaborators to visit and engage; including the disruptions in collaborators locations (domestic and international).
- Additional work and time to become familiar with protocol and ensuring research groups/lab groups are aware of and adhere to them.
- Access to internal/external funds for research perhaps due to funding being redirected to COVID-19 topics.
- Restrictions in use of funds such as discretionary funds and/or additional approvals needed to use funds for regular research activities.
- Access to office equipment and workspace environments (reliable internet, ergonomic furniture, professional workspace) for self and/or mentoring students.

- Disruptions in access to funds for open access publishing.
- Note cancellation of in-person workshops and disruptions in fulfilling grant outcomes.
- On a weekly basis, document how much virtual to on-site work is being done (virtual versus on-site spaces have their own challenges; remote work can be isolating, anxiety-producing, and stressful. On-site work can increase fears of bringing the virus home to loved ones and seeing former physical spaces now "look like a ghost town" can cause anxiety). Clinical faculty who provide patient care (community beyond Purdue) experience an additional layer of stress despite use of appropriate PPE and implementation of disinfecting procedures.
- Limits to collaborative research because of restrictions to travel, access to labs, and so impacts on interdisciplinary/multidisciplinary work.
- Challenges associated with undetermined start dates or changing start date for projects and other clinical requirements.

***Other***
- Challenges maintaining CE requirements required as a clinical specialist given the disruptions of additional workload and limited online CE options.
- Challenges maintaining CE requirements required as a clinical specialist given the freeze on university dollars.

**ENDNOTES**

[1] Recommended Citation: Subramaniam, Mangala. 2020. *Best Practices Tool #3: Documenting the Impact of COVID-19 on Clinical Faculty*. Susan Bulkeley Butler Center for Leadership Excellence, Purdue University.
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[3] This document is based on Best Practices Tool#1: Documenting the Impact of COVID-19 (tenure-track/tenured faculty) https://www.purdue.edu/butler/research/best-practice-tools.php.
[4] England, Paula. 1998. "What Do We Mean When We Say Something is Gendered?" *Fall 1998 Newsletter*. Organizations, Occupations, and Work -A Section of the American Sociological Association.
[5] 2019 data are drawn from Purdue Data Digest. It excludes academic department heads and academic associate deans. Only three categories (full time) are reported in the table below. Of these Extension Educators fall under a staff category. So only the faculty categories of Clinical/Professional and Research Faculty are shown below.  Continuing Lecturers and Limited Term Lecturers are not included.

| Clinical Faculty | Male | Female | Total |
|---|---|---|---|
| Clinical/ Professional | 101 (79.5%) | 143 (94.1%) | 244 |
| Research Faculty | 26 (20.5%) | 9 (5.9%) | 35 |
| Total | 127 (100%) | 152 (100%) | 279 |