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An Up-Front Guide to Getting Promoted: Slow and Steady

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Aim
To determine if promotions among academic faculty at a medical school were influenced by seating arrangements at departmental grand rounds.

Methods
The deans of every medical school in the U.S. were informed of this study and asked to submit a letter indicating interest in participating. Of the 141 accredited medical schools and 30 approved schools of osteopathy, 55 chose to participate. All were asked to submit attendance records for the preceding six months. To qualify, fulltime faculty had to have maintained a 50% attendance record in each department. Using this criterion, only 3 universities qualified. Attendance requirements were reduced to 30% in each department and then to 25% in half the departments. At this level of attendance, 14 programs met criteria. However, only 10 were able to obtain IRB approval (See* below).

In each department photos were taken of the conference room halfway through a baseline presentation. The initial protocol called for photos at the beginning or the end of the presentation but that captured only half the maximum audience and was modified shortly after the project began. Faculty who sat halfway or more towards the rear were then randomly assigned to either maintain their current seat or to move to a row in the front quarter of the room. No other intervention was made. Faculty were then tracked for promotion. The data-analysis committee was kept blinded to assignment. A sample-sized calculation revealed that 4,356 subjects would be required with an attendance record of 50% over 10 years to achieve a p value under .05 if standard statistical analyses were performed. Therefore, a dichotomous, minimalist, forced-choice regression analysis using Friedman’s parametric Manichean-fold distortion-free universal constants was chosen, reducing the number required to 86. In addition to this analysis, bar graphs were also employed.

Outcome
880 subjects were enrolled, of whom 640 were still participating by the end of the study. There were 324 faculty who sat in the back of the room and remained in the back of the room. The remaining 316 were asked to move to the front. Of note was the difference in the percentages of junior faculty who, before the

*IRB approval was not obtained within the 18-month limit at 4 universities due to the need for approval from multiple different hospital IRBs.

The following is a report presented at the annual American Academy of Medical Faculties’ meeting held recently in Boston.

Abstract
For many years there has been a debate about the explanation for the common observation that faculty who sit nearer the front of the conference room at departmental grand rounds are more likely to have higher academic rank. There is an obvious correlation between rank and age, so that the natural tendency of older faculty to be closer to the front in order to hear and see better poses one confounding variable. But the underlying questions – whether faculty who sit closer to the front get promoted because they sit closer or choose to sit closer in order to get promoted or sit closer because they feel more engaged and want to participate rather than be more passive, or nap – has never been addressed. It is akin to a nature/nurture question, but the truth of the observation has never been supported by data. The following study, financed by the Academy, was intended to answer this contentious question and provide a path forward.

Fifteen years ago the Academy funded a large study to investigate this question via a long-term, multi-center trial. The following is an analysis of the results.
study, sat in the front versus the back in the different departments [e.g., 90% of general surgery junior faculty sat in the first two rows whereas 90% of pediatri-
cians sat in the last two rows]. Of those who moved to the front, 123 ended up moving to the back of the room. These were analyzed separately. Of 324 junior faculty whose seats were not changed, 75 of 150 who were instructors were promoted to assistant professor; of 174 assistant professors, 30 were promoted to associate or full professor. Fifteen of the 123 who were asked to move but then withdrew were promoted, but only from instructor to assistant professor. None of these achieved associate or full professor status. Of the 193 who were moved to the front and stayed there, 148 were promoted, 14 of 140 to assistant professor and the remainder (134 of 153) to associate or full professor rank. The odds ratio of promotion to associate or full professor based on seating was 5.1 with a confidence interval of 3.01-7.2.

The odds ratio for promotion to assistant professor was far less skewed.

Discussion
These results indicate that junior faculty who sit in the back of the grand rounds conference room but are forced to move to the front are more likely to be promot-
ed than those who remain in the back. No data were collected on promotions of junior faculty who naturally sat in the front.

Follow-up
The Committee on Promotions and Outcomes (CoPOut) has developed plans based on this study in order to be proactive: advise all junior faculty to sit in the front row if they wish to advance their academic careers; move all senior faculty to the back rows to force junior faculty forward; move conferences to rooms that have great width but little depth so that there are only 3 rows; move the speaker’s lectern to the back of the room. A decision on how to move forward will be rigorously discussed at the next CoPOut meeting, to be held this summer.

Respectfully submitted,
Joseph H. Friedman, MD
April Fool’s

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English, more than any other language, provides its users with an abundance of synonyms, euphemisms and paraphrases ideally suited for the many socioeconomic stations and interactions in life. For example, the word, sweat, defines the physiologic excretion of fluids that accumulate particularly on the skin of those who labor. The word has an earthy, utilitarian quality and fits congenially in street conversation.

If, however, the subject of sweat arises in the course of an afternoon tea at the local parish house, it is likely that the synonym, perspiration, will be employed. And further, if a patient at the neighborhood clinic might exhibit an unexplained volume of perspiration, the young attending physician, proud of his ample vocabulary, might note in the chart: “The patient exhibits excessive diurnal diaphoresis of undetermined etiology.”

There is a certain neatness to this much like owning an ample wardrobe that meets the needs of a variety of climates. It is comforting to have a menu of words suitable for a variety of purposes, whether one’s avowed mission is social correctness, clarity or intentional ambiguity.

Certainly sweating blood sounds more intense, more like an expletive than perspiring blood. And would the embattled British in 1940 have responded so readily to a demand from Churchill, if he had asked for their “vascular fluid, labor, lachrymal excretion and perspiration” instead of “blood, toil, tears and sweat”? The island called Britain has been invaded repeatedly over the many centuries, each aggressor adding its alien language and customs to the local ethos. The Norman invasion of the 11th Century added French to the British dialogue – but not uniformly so. French, the language of the invaders, became the vocabulary of the newly-established administrators, judicial courts and clergy, while the mass of peasantry continued to use their German-based Anglo-Saxon tongue. And so, at least two hierarchies of words came into use: A German-based kitchen and market-based tongue: words that were blunt, monosyllabic, less nuanced and sometimes quite vulgar. This earthy vocabulary contrasted with the Latin-based French which was eminently suited for such administrative tasks as judicial decisions, legal contracts and state documents. Physicians, on the other hand, were reluctant to abandon the moribund languages of Greek and Latin,

Indeed, in the first epidemic, the lord mayor, the chief sheriff, six London aldermen and the Prince of Wales were mortally afflicted.

Page from a vintage book written at the time of the appearance of the English Sweating Sickness in Great Britain.
requiring, until the 16th Century, that their students be conversant in both.

And so through historic circumstance, the English language was endowed with a richly stratified vocabulary derived from many sources; the initially separate streams of words intermingling over the centuries to form a panoramic language allowing subtly varied ways of expressing ideas.

In 15th-Century England, sweating evolved into more than an unaesthetic event. A mysterious and highly virulent illness overtook much of the nation. Shortly after the Battle of Bosworth Field, on Aug. 22, 1485, a rapidly fatal febrile disorder killed thousands, particularly in London. The illness was characterized by intense sweating (hyperhidrosis), violent seizures, headache and terminal delirium. And in contrast to most epidemic pestilences, this new disorder preferentially affected the wealthier adults rather than the impoverished children. Indeed, in the first epidemic, the lord mayor, the chief sheriff, six London aldermen and the Prince of Wales were mortally afflicted. For want of a better name the illness was called the English Sweating Sickness (and in Latin, sudor anglicus).

The sweating sickness returned to England in the early summers of 1502, 1507, 1517 and 1528. By 1492 it had spread to Ireland (then called plaigh allais) and the European mainland, principally affecting the Scandinavian and Baltic nations. The mysterious sweating disease then subsided in the mid-16th Century never to emerge again. Centuries later, Oscar Wilde made metaphoric reference to the disorder:

\[
\text{And the wild regrets,} \\
\text{and the bloody sweats,} \\
\text{None knew so well as I.} \\
\text{For he who lives more lives that one} \\
\text{More deaths than one must die.}
\]

And the causation of this essentially English disease? Scientists are still sweating over it. 

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