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How to Ask Your Chair for a Raise

If you are at an institution with fairly fixed salaries tied to teaching, administration, and your step on the academic ladder, this article may be somewhat irrelevant; move up the ladder and you get the raise. In contrast, in many medical schools, one's primary responsibilities are either research supported by extramural grants or patient care supported by practice fees. This results in a range of compensation at each rank, meaning that one's salary is often negotiable.

Confrontational Negotiation

Your initial inclination may be to take an aggressive stance with the chair and stake out a "position." Although some chairs are clueless and will require such hardball tactics, confrontational negotiation has many pitfalls. While it may be effective in the short run, it often damages your long-term relationship with the chair. Here are some examples, taken from real life, of various confrontational approaches and a chair's response.

1. "I've been looking at other jobs. If I leave, you'll be in trouble. To stay, I'll need a raise." This is very risky. Be prepared to have your offer to leave accepted. The chair may be thinking: "I'd really like to keep you, but no job has been offered to you yet, and maybe none will be. I have a file of applicants wanting your position, many of whom appear 'hungrier' than you to succeed. And I've weathered defections before."
2. "I've been offered a terrific position elsewhere, and unless I get a raise, I'm leaving." Although a stronger position than #1, it is still extremely confrontational (indeed, many chairs call this the "terrorist" approach). Besides, the chair may think: "If it's such a great position, why aren't you simply leaving?" or "I don't believe you; show me the written offer." As with #1, you must be prepared to have your bluff called.
3. "I work like a dog, 60-70 hours a week, I need a raise." Without productivity data relative to your peers, this argument will likely fall on deaf ears. The chair may think: "I'm delighted you're so dedicated to us, but for all those hours, what are your grant dollars? Your productivity? Your clinical billings? Maybe you're just very inefficient,

or have no life outside the lab or hospital. Maybe you work on things that don't generate revenue or are not aligned with our goals for the Department."

4. "As you know from my evaluations, I'm a great teacher. I'm planning new courses and lectures and I'll need a raise to support these new activities." The sad truth is that medical schools often pay little for teaching, and teaching budgets are often fixed. The chair may think: "We have plenty of teaching already; what I really need is to decrease the waiting time for new patients," or "What we really need is for you to fund more of your salary on a grant."
5. "My children are starting college," or "We have new home renovations"—Demands related to new personal expenses—are generally not effective. It could be argued that you should have planned ahead. Importantly, the chair will be fearful of setting a precedent for every special case.
6. "I want parity." You might take the approach that a fellow faculty member at your rank earns more, and that you want parity. Before taking such a "comparative" approach, know your facts. For example, your colleague may not really make the salary you assert. Or the faculty at higher-paid institutions may be required to bring in a higher percentage of salary than you. A more useful approach might be "According to the AAMC 75th percentile salaries for our region, I am underpaid for my academic field and rank." Introducing an external benchmark into the discussion may engender a healthier salary analysis that might even benefit your whole department.
7. Equity arguments such as "I'm underpaid because I'm a woman" (or "a minority"). These may have been true in the past, but because of EEOP and Affirmative Action, most institutions currently review salaries annually with precisely this thought in mind.

Looking for Common Interests

This alternative approach builds on two principles: (1) Your chair doesn't have an unlimited

bank account to draw on, and (2) You have to find sources for your raise that generate revenue and need to align your activities with the needs of your department. For a basic scientist, this often means generating more grant dollars that include sufficient funds to cover the increased salary. If you have clinical responsibilities, learn about “work relative value units (wRVUs) and wRVU benchmarks for your specialty, since a salary increase may require you to generate billings above that benchmark.

The “Ask” Meeting

1. Do your homework first. Ensure that you are meeting or exceeding the chair’s expectations for your present role. Calculate how much salary you generate in grants and/or how much you bill clinically (wRVUs generated). Find out comparable salaries for your peers from guidelines on departmental and institutional websites or from AAMC data. Visit <https://services.aamc.org/Publications/index.cfm>.
2. Assuming you are productive, look for additional unmet needs, important to your chair or institution, that you might fulfill. If you meet these needs well and efficiently, will that generate new revenue? If so, will you be rewarded appropriately? If the answers are “yes,” you have a good chance of working with your chair to fund your own raise.
3. Schedule the meeting with your chair. Avoid the mistake of saying the meeting is “personal.” Instead, explicitly tell the secretary it’s about “compensation” so the chair can be prepared with data about your salary and its sources.
4. Be on time, come prepared, make your case calmly, and, above all, “no whining.”
5. If you are rebuffed (which is likely on the first meeting), ask specifically why. Write down the answer and try to flesh it out more fully with the chair at the meeting. Ask: “What specific goals of the Department could I fill that, in your opinion, might get me the raise I seek?” This is also an opportunity to explore creative solutions, such as a bonus from a new grant rather than a base salary increase, or a trial increase tied to targets. Ask the chair to identify mentors (research, clinical) who

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can help you achieve your identified goals in these new areas.

6. Re-examine whether your needs can be satisfied only by a salary increase. It might be equally helpful to get the chair’s support for flexible time, training in new skills, or day care.

The bottom line is that confrontational approaches are a last resort. To be successful, you must above all understand how your chair thinks about salaries. In the film *Being John Malkovich*, various strangers get inside the actor’s head and see the

world as he does. Get inside your chair’s head before you ask for a raise. You’ll be glad you did. ■

—Victor L. Schuster and Sandra K. Masur

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