

Recruitment and Retention in Academic Medicine—What Junior Faculty and Trainees Want Department Chairs to Know

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Abstract: Attracting and retaining bright and motivated physicians remains a high priority for academia. Historically, the recruitment of trainees into academia and the retention of junior faculty have been suboptimal. To learn more about the perceived obstacles that discourage the pursuit of academic careers, a Workshop on Academic Career Pathways was conducted during the 2011 Southern Regional Meetings held in New Orleans. The audience included mainly residents and fellows as well as junior and senior faculties. Speakers described career options in academic medicine focusing on the clinician-investigator and the clinician-educator tracks. Afterward, the audience was asked to identify perceived obstacles to recruitment and retention in academic medicine. The group identified 10 major obstacles in 3 categories: financial challenges, personal mentoring and academic skills acquisition. This article summarizes the workshop proceedings and ends with recommendations to chairs and department leaders for improving recruitment and retention in academic medicine based on the discussion.

Key Indexing Terms: Academic medicine; Career mobility; Mentors; Career choice; Recruitment. [Am J Med Sci 2012;344(1):24–27.]

Academic medicine provides a robust career option for physicians, yet attracting promising physicians to a career in academic medicine remains difficult. Only 9% of physicians entering the workforce choose to stay in academia.¹ Retention of junior faculty has also proven difficult over the years, with 2.9% to 10% of full-time faculty planning to leave academia, and 13% to 27.8% unsure of staying or leaving.²

A Career Pathways Workshop at the 2011 Annual Southern Regional Meetings was conducted to introduce junior faculty and trainees to the advantages of an academic career and to elicit the participants' feedback about needs to help navigate a successful career. The group included mainly trainees (residents and subspecialty fellows) and some junior and senior academic faculty members. Dr. Jesse Roman, Professor and Chair of the Department of Medicine at the University of Louisville, opened the program by describing the career options in academic medicine and the challenges and benefits of pursuing such careers. Dr. David M. Guidot, Professor and Division Director of Pulmonary, Allergy and Critical Care Medicine at Emory University, followed with a discussion about the

clinician-investigator. Dr. Franklin Trimm, Professor and Vice Chair of Pediatrics at the University of South Alabama, ended the didactic session with a presentation on the clinician-educator. The presentations were followed by an in-depth discussion between the audience and the 3 discussants about academic medicine and perceived obstacles to physicians pursuing careers in academia. This article summarizes presentations by the workshop facilitators, discusses the recommendations of attendees to help them embark upon and continue in a successful academic career and lists recommendations for academic department leaders targeted at improving education and recruitment of trainees into academic medicine and the retention of junior faculty members in academia.

The benefits of an academic career are many. Academia provides physicians the opportunity to teach the next generation of physicians, generate new knowledge and provide the best comprehensive care. As part of a mission-driven organization, physicians may pursue a variety of career paths and, throughout their careers, can transition among these various paths. As a clinician-educator, doctors can directly impact the education of future health care providers, while also developing curricula and new programs at the local, regional or national levels. Additionally, they can research best methods for teaching knowledge skills and attitudes among trainees and can work at the national level to impact future training of students and residents. Master clinicians also teach trainees via example by providing excellent care of the patient in an academic setting, while also advancing scholarship and translational research. The clinician-investigator contributes to the progress of medicine through basic science or clinical research and has a unique ability to translate the problems presented by patients into studies designed to address important and clinically relevant questions. Clinician-investigators can effectively bridge the application of basic science research to clinical care of the individual patient and can aid project design or implementation in a distinctive way. As clinician-administrators, some physicians play key roles as chief medical officers, quality improvement officers or quality safety officers in the academic medical center, whereas others pursue leadership roles as unit and hospital leaders. By virtue of their understanding of the patient and physician interaction, and of the organization as a whole, physician-administrators advance the care of patients on an individual and organizational bases. Although these roles may sound rigid, academic physicians may serve in these diverse roles at different stages of their careers, and such transitions may enrich their career satisfaction and stimulate development of new interests and skills. This flexibility represents another advantage of an academic career.

Despite the above arguments, a recent review by Borges et al³ revealed that the reasons behind choosing careers in academia remain unclear and called for further study. Although it seems that subtle factors influence the desire to pursue academia, residents and junior faculty at this seminar were vocal about their perceived needs in academics once they had opted

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for that career path. Their specific recommendations fell into 3 broad categories: financial challenges, the availability of personal mentoring and academic skills acquisition.

FINANCIAL CHALLENGES

Assistance With Debt Management

Education-related debt remains a major obstacle for engaging in academic careers. After a minimum of 11 years of college, medical school and residency training (up to 15 if subspecialty training pursued), physicians often begin their careers with a significant amount of debt. The average education-related debt of U.S. medical school graduates in 2010 was \$158,996, and 67% of all graduates had a debt burden greater than \$100,000.⁴ This is undoubtedly a challenge that will be difficult to overcome if we hope to attract and retain physicians in academic careers. However, one must not dissociate this topic from the changing expectations of our current trainees and junior faculty. It is the impression of the authors that as the personal debt burdens of medical graduates increased, expectations for more lucrative medical careers in medicine have also increased, thereby making the problem more difficult to address. However, while academic medicine does typically provide relatively lower compensation, there is more flexibility in career options, daily routines and the ability for individuals to vary the scope of their professional activities. Further, the disparities in income between academic medicine and private practice often narrow or even disappear as physicians move up the academic ladder. To address the potential barrier of educational debt, the National Institutes of Health (NIH) established a loan repayment program for doctoral-level individuals who spend at least 50% of their time in clinical research at a nonprofit or government organization. This program provides debt repayment of 25% of debt, up to \$35,000 per annum, to decrease a recipient's educational debt, with a required 2-year minimum commitment.⁵ In parallel, informational sessions or consultations with financial planners early in the career planning of residents or junior faculty may be helpful in addressing this perceived barrier.

Pilot Funding

As young faculty members and investigators, academic physicians face great challenges in acquiring funding support for research activities and may lack the necessary skills to overcome these obstacles early in their careers. The average age for researchers obtaining independent funding through R01 grants from the NIH is 42.⁶ Setting aside department funds or using "bridge" funds during the initial academic appointment may solve some of this dilemma. During this time, mentors can help the junior faculty member establish clinical expertise, educational projects and/or the research skills and productivity necessary for promotion in the faculty member's major area of academic interest.⁷ This becomes difficult as departments and academic medical centers continue to struggle with decreased support for research, changes in federal funds for medical education and an ever-increasing need to generate funds from their clinical enterprises.

AVAILABILITY OF PERSONAL MENTORING

More Faculty Mentors Needed

Experienced and effective mentors in all facets of academic medicine are crucial to the future development of

the academic workforce. While many individuals are natural mentors, many mid-level and even senior academic faculty members would benefit from formal training on how to mentor junior colleagues. Institutional incentives to protect more time for this important developmental activity could enhance the skills and abilities of motivated academicians to mentor their junior colleagues and trainees. Importantly, career satisfaction can improve with effective mentoring.^{8,9} A pilot study suggested that mentoring can improve aspects of job-related well being and self-efficacy at 6 and 12 months in female academicians.⁸ Workshop attendees expressed the desire to receive assistance with training and job applications, as well as guiding them into scholarship opportunities. These interests echo those identified in a cohort study in which mentoring was associated with both subjective and objective successes.¹⁰ Increasing both the availability and the skills of mentors will almost certainly require institutional investments to build, support and nurture a mentoring workforce to attract and retain new and talented academic physicians.

Clear Expectations and Less Uncertainty

Although flexibility can be a wonderful aspect of an academic career, workshop attendees voiced a need for clear guidance in their careers. Young physicians on faculty are transitioning from an educational system with clear expectations, as well as regular evaluation and feedback, to a much less-structured job as faculty members at complex academic institutions. They have been chosen to join the faculty because of their potential in defining the future of medicine, yet they often do not receive effective career feedback or guidance on a regular basis. Junior faculty members identified the need to define plans and objectives for their work in writing and to have more experienced faculty colleagues oversee their scholarship. These desires are consistent with published recommendations for effective academic mentoring.¹¹

Advice Without Self-interest—A Fiduciary Relationship

Mentors, while savvy about their institutional goals and nuances, should advise their mentees on work and scholarship opportunities that best meet the goals of that individual and not just those of the department or university. This is consistent with characteristics of good mentors described in the literature.¹¹ In fact, some have advocated self-disclosure for mentors when advice is clouded by personal and institutional goals.¹²

Career Talks and Workshops

While many young physicians join the faculty with a vague sense of their interests, most struggle with finding their niche and understanding the successful career path in their area of interest. Creating academic positions in which the majority of time is spent in the faculty member's most meaningful professional activity leads to less burnout and has been suggested as a means to retain academicians.¹³ In the workshop, many participants voiced a desire for institutions to develop career talks, workshops on promotion and tenure, and "how to" sessions specific to their academic tracks, as well as more robust Web sites with information on career development and formal career development committees. These requests are in fact supported by a study showing that a department career advisory committee improves understanding of the promotion and tenure process, as well as what the faculty member needs to do to meet those promotion requirements.¹⁴

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