

NOTES FOR THE ACADEMIC CLINICIAN

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Stephen A. Geraci, M.D.
and
Mary Jane Burton, M.D.

*with Foreword by G. Richard Olds, M.D.
and Introduction by S. Calvin Thigpen, M.D.*



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DISCLAIMER

The ideas, suggestions, advice and recommendations contained in this book are solely those of the authors, and do not represent the opinions, policies or positions of the publisher, the University of Mississippi, or any other group or entity. This content is intended to raise awareness of issues related to aspects of physicians' professional activities in academic clinical medicine, and to suggest techniques to improve productivity and job satisfaction, along with possible solutions for common problems encountered in such a career. This book should be viewed as a general guide and not professional advice on what to do in the reader's specific situation. No guarantee whatsoever is made to suggest that the contents of this book represent definitive plans or actions that will be optimal, or effective, in all circumstances. Readers are urged to examine their particular situations, seek out guidance from known, trusted advisors and other resources, and act based upon their own analysis of their professional situation in ways that will best achieve their desired results.

DEDICATIONS

For this book, I must make two dedications to recognize those who provided me the knowledge and ability to reach the career stage to write this collection.

The first dedication is to the students, residents, fellows and junior faculty members whom I have trained and mentored over the last three decades. It has been an uncommon privilege to work with such bright, dedicated young people, and to watch with pride as they succeeded in all fields of health care, teaching and academics. I have learned much through our relationships, and their achievements continue to provide my own greatest career satisfaction.

However, this book is only a small piece of a 35-year career (to date) that has consumed innumerable hours and regularly left me exhausted, sometimes frustrated, and with little time or energy remaining to attend to all the needs of personal life and family. So the single greatest effort for this book, by providing the support that allowed me to live the life and gain the experiences upon which this book is based, has been from my wife Terry—the absolute love of my life, my best friend, my strength and my comfort, for more than a quarter century. Her devotion, caring, and commitment leaves me without words adequate to express my gratitude. This book is truly hers.

-SG

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Thanks also go to G. Richard Olds, M.D., my friend for many years and the most forward thinker I have met during my professional life.

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-SG

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Foreword

Over the years I have held many senior leadership positions in academic medicine, including division chief, institute director, chair, and, most recently, Vice Chancellor for Health Affairs and Founding Dean. In each of these roles I have served as a mentor to junior faculty and have always had to “start from scratch” with each one. I am often astonished by the contradictory advice they have already received. Having also sat on institutional Promotion and Tenure committees, I have often been struck by the fact that junior faculty often can go several years in a new position before they have sought or been provided with any help toward promotion. It has always been my opinion that basic science departments in general perform this task better than clinical departments. In addition to advice on promotional issues, junior faculty members also need a great deal of general advice on such varied topics as time management and presentation preparation. This book by Drs. Geraci and Burton provides, for the first time, a very practical, common sense, and helpful approach to many aspects of professional success, and I believe it will be a valuable asset to all junior faculty members.

Academic success is not all about successful advancement. When you begin your first faculty position, you often are transitioning out of a residency or fellowship environment that is tightly organized and has clearly defined short-term goals (complete your rotations, finish your scholarly project, prepare for the boards, etc.). Training programs are required to have advising programs with mandated periodic feedback. With a faculty appointment, the path for success is often not as straightforward or clear. Drs. Geraci and Burton have developed several chapters that should be of great value to new faculty getting started, including a chapter dedicated to providing strategic advice for their first year on faculty.

Today there are very few “triple threats” left in academic medicine, so it is not surprising that most mentors are not equally competent in all aspects of the research, education, and service criteria for promotion. Without having provided

recent service on an institutional promotion and tenure committee, mentors' perspectives on the topic are often dated. What was true for their careers is often not true for promotion today. Moreover, with the increasing size of departments and the increasing importance of clinical revenue to the academic enterprise, many chairs and deans no longer mentor junior faculty. As a result, most junior faculty members are now mentored by multiple individuals, each providing a specific aspect of advice. A junior faculty member's immediate supervisor is often a division chief, and that individual today is often under intense pressure for clinical productivity. These features of the current academic environment add greatly to the complexity of the process, and often present contradictory opinions to the mentee.

As outlined in the chapters of this book, advancement criteria in academic medicine and benchmarks for success have changed dramatically over the last few decades with a new appreciation for professional medical educators, the role of new teaching tools and information sources, as well as the need to adopt advancement yardsticks for the new generation of academic professionals with often different timetables, life style requirements, and family and personal commitments. New faculty members are often confronted with multiple demands on their time and little immediate advice on how to prioritize them. New promotion tracks have evolved, including a few academic clinician pathways that reward significant contributions in clinical practice and organization as well as quality and outcomes.

Perhaps the greatest change that has taken place during my professional career is the transition from a largely male-dominated profession to a junior faculty that today comprises an almost identical ratio of females to males. Unfortunately, however, the same is not true for faculty mentors, the large majority of whom are male. As a result, junior female faculty today often have more difficulty finding appropriate mentors for all aspects of their professional advancement. In addition they often face challenging dilemmas around balancing family and professional life. I was particularly pleased to find specific chapters in this book that address these critical issues.

This book is a much needed supplement to the mentoring process for junior faculty and their mentors. It provides many useful suggestions for addressing events likely to occur during the first few years of a faculty member's career. I would recommend that every medical school dean consider purchasing it for every new faculty recruit and that they consider it "required reading."

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Introduction

When Dr. Geraci first told me he planned to write a book to help guide young academic clinicians through the myriad and competing demands they face early in their careers, I knew it would be like nothing ever before written on the topic. He has proved me right.

During my more than six years of medical training, I have found no one more insightful, forthright, and generous with his or her wisdom—with more people at more career levels—than Dr. Geraci. As Chief of Medicine at the veterans hospital where I served as a chief resident, Dr. Geraci regularly met with young physicians at the start of their careers and helped them find a path to success and productivity that was beyond what any of them had ever envisioned possible for themselves. Those same physicians, including co-author Mary Jane Burton, M.D., would tell you they owe much of their success to the foundation of career-guiding principles provided to them by Dr. Geraci. Additionally, many of the trainees at the VA Medical Center and at the University of Mississippi Medical Center, where Dr. Geraci currently serves as Professor and Vice Chairman for Faculty Development in the Department of Internal Medicine, would tell you that no one has advocated for them with as much conviction, effort, and self-sacrifice.

I had the privilege of reading each of the monographs in this collection as it was being written. On so many of these occasions, I felt the book was being written specifically for me as I prepare to begin my faculty career. I imagine that, whether you are also just starting out or are well into your career as an academic clinician, you will feel the same way as you read each chapter. From what I have witnessed, as well as living with a father who has himself enjoyed a highly productive career as an academic clinician, the pressures seem only to become more intense as time passes. And as I met with and discussed my career issues, concerns, and challenges with Dr. Geraci, I often found myself saying (as so many of his trainees have said to him over the years): “I wish someone had told me these things before.”

We all know that our responsibilities as academic clinicians involve—at a minimum—performing direct patient care, teaching trainees and students, producing scholarly work, serving on university and hospital committees, maintaining specialty certification, and complying with medical administrative duties. Additionally, each of us has responsibilities to fulfill to our family, friends, and community, as well as a responsibility to ourselves to maintain our own psychological and physical health. Each of these can, on their own, pose challenges, of course; but when considered *en masse*, they can seem daunting.

Moreover, for the junior academic clinician or one who aspires to meeting higher career goals, there are additional responsibilities: networking with colleagues, participating in specialty and subspecialty organizations, acquiring competency in making public presentations, developing writing skills, and demonstrating effective leadership at an institutional and, perhaps, local or national level. It should come as no surprise, then, that it is difficult (and sometimes seemingly impossible) for any academic clinician not only to maintain progress toward short- and long-term goals, but even to establish those goals in the first place.

Often, young physicians have a vague idea of the direction they would each like their career to take and a generic notion of how to get there. However, projects and additional responsibilities come along, while demands mount for more clinical productivity and administrative work; all too often these young physicians—each with a heart full of aspirations and the skill set to realize them—venture towards an area or an entire career where he or she is not fulfilled and does not excel. I have found myself and a number of my medical school classmates facing this very predicament during the past few years. A career as the local, regional, or even national expert in cardiac device placement, or genitourinary cancer, or interventional bronchoscopy might sound prestigious and lucrative when you don't have a guaranteed job after fellowship; but once you discover that your true joy is in another area entirely, such jobs can become virtual prisons where the promise of a fully engaged spirit is locked away, never to be realized.

The question, then, is how to avoid this outcome. How do we prevent the attrition of gifted, passionate academic clinicians to the armies of wasted potential? The answer is not a simple one, since each of our careers comes with a unique set of circumstances, but at a minimum it includes two elements: (1) a well-defined career plan; and (2) productivity toward the goals specified in that plan. Without the first, the young physician is subject to the whim of whichever competing demand is applying the most stress at the time. Without the second, nothing less than extraordinarily good luck will allow the academic clinician to achieve his or her objectives, regardless of how talented, brilliant, or charismatic that individual might be.

In *Notes for the Academic Clinician*, Dr. Geraci demonstrates, through a series of monographs based on three extremely productive decades as an academic clinician, what is entailed in developing a thoughtful, well-defined career plan—not one that merely identifies a few short- and long-term goals, but one that describes a thoughtfully crafted path that will most reliably and efficiently advance you toward those goals. Your journey begins with laying a solid foundation: identifying your values and preferences, and the things that you enjoy doing; crafting a vision of what you want your career ultimately to look like; recognizing what skills will be necessary and what will need to be accomplished in order to obtain those skills; and finding a mentor who is willing to invest time and effort in you. Once that foundation has been laid, building on it starts by choosing appropriate projects that progress you toward achieving your personal goals and ensuring that the efficacy of your efforts is maximized by effectively managing your time and keeping current with documentation. Mastering basic academic skills, including abstract writing, poster presentations, manuscript reviewing and medical writing are early steps needed to complete projects that will advance you toward achieving the goals you have set.

Such an overview makes avoiding the pitfalls of life as an academic clinician sound simple, but that is hardly the case. What makes the wisdom of this book so profound is that the author has personally experienced many of those

unexpected bumps, turns and misdirections that occur, and has demonstrated the flexibility in his own career to adapt to them while maintaining productivity toward a set of ultimate goals. Subsequently, the knowledge learned from this experience has been conveyed to many young physicians, demonstrating measureable success of the concepts.

With training in internal medicine, hypertension, cardiovascular diseases, clinical and basic pharmacology, and critical care medicine, Dr. Geraci has served as a director of many courses and clinical rotations, associate residency program director, fellowship program director, clinical services director, chief of medicine, associate division chief for clinical operations and education, vice chair for faculty development, strategic plan consultant, and leader in national subspecialty committees and professional organizations. He has sat on numerous editorial boards and review committees for journals in cardiology, internal medicine, pharmacology, critical care medicine, and medical education. His extensive list of publications exhibits an impressive range: from basic to clinical science, from pharmacology to outpatient internal medicine and multiple medical subspecialties, from medical student education to master teacher reports. He has received awards and citations for his accomplishments as a clinician, a teacher, a researcher, and a supervisor/administrator.

Despite all these successes, what is most important to Dr. Geraci are the hundreds of physicians he has mentored and the many hundreds more he has advised at various points along their career paths. Dr. Mary Jane Burton, an infectious diseases physician and one of Dr. Geraci's mentees, complements the content of this collection by bringing her recent, in-depth experience to the monographs. As a clinical director, the first author on multiple peer-reviewed papers, and a mother of three small children, she has experienced the demands that many face, and is valued as a mentor herself among trainees and other young physicians at our institution.

The combined intent of Drs. Geraci and Burton in writing this book is to empower you to steer your career as an academic clinician in the direction you want it to take, rather

than have it dictated to you by the competing demands on your time and energy. It's been my great pleasure to support their endeavor, and I am ever thankful to Dr. Geraci for his investment in producing a work that can now be available to academic clinicians everywhere. I know you, too, will be grateful. Read, re-read, and enjoy!

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Chapter 1

Notes on Scholarship

Much of the collection that follows is related, either directly or indirectly, to increasing the career-long scholarly productivity of physicians who hold clinical or clinician-educator positions at a medical school or academic health center. As we began to assemble this collection, it occurred to me that I had neglected to clearly state the purpose of the book, or more specifically the importance of scholarship, for these critically important faculty members.

Several years ago, my then chairman of internal medicine asked me to give a noon conference to our residents about scholarship. My initial inclination was to then ask "What should I do with the remainder of the hour, perhaps explain the meaning of life?" After some thought, and abandoning the more pragmatic topics of how to make a poster or write an abstract (both important, but hardly sufficient), I aimed to focus the time with my younger colleagues toward conveying an understanding of both the definition, and importance, of scholarship.

I view scholarship as the unique product of scholars: those who study, learn, create, and convey information and understanding not available from other sources or individuals. The Boyer Model suggests scholarship includes four areas: (1) discovery (identification of new knowledge); (2) integration (translating new knowledge into forms that effect positive change in the general application of the discipline); (3) application (using the best knowledge, as produced and refined by scholars, in the practice of one's discipline); and (4) education (effectively conveying knowledge to others). I believe this to be the most useful available definition of scholarship for clinical faculty members, as it entails all that we do, and what we are asked to do, in the complex health care environments in which we work. Each of these areas has intrinsic value and is appreciated by most who seek to measure the scholarly productivity of physicians, though admittedly older thinking still undervalues many of the activities encompassed by this broad definition. Our medical resi-

dents had no difficulty accepting this definition, and in fact seemed comforted by its scope and inclusivity.

More challenging for me was to convey in this brief time frame why scholarship is so important. Again abandoning tradition (which has become my standard operating procedure), and again focusing on my favorite topic—the value of the individual, I thought about the times I had personally felt gratified by the various activities I identified as scholarship. The best strategy for my conference then became clear.

After gathering my young colleagues in a circle, I posed a short series of questions, related to their own career choices, for their consideration. First, I asked why they chose to become physicians instead of entering other fields that might be less costly, require less formal education and preparatory time, or provide an easier lifestyle or higher income. As expected, most hoped to commit their professional lives to improving the lots of others—whether for reasons of religion, philosophy, personal values, or a simple but sincere commitment to humanity. Next, I asked why they chose internal medicine as their specialty (and their specific subspecialties for those planning fellowship training). Although a few had difficulty getting past the more tangible aspects of an internist's life and practice, after some discussion most concluded that they believed they would be better internists than practitioners of other specialties; by being better at their work, they would make a greater contribution (scholarship of application). I then posed to them that if they could work in a more efficient setting—providing more of this benefit per unit of time or effort, would they choose to do so? A universal positive response was elicited. We then examined teaching—our institution is strongly committed to teaching as the very purpose of its existence—and asked why they saw teaching as such a valuable activity. Again some discussion ensued, but eventually we were able to agree as a group that each could extend the contribution they made by teaching their junior colleagues (scholarship of education). A few quickly saw the parallel and accepted the more global view that the real value of teaching was to *magnify their impact*; they saw that they could help one patient for one hour, or alternatively teach ten students during that hour, who might

each help one patient each year for 30+ years of their careers, with that same effort.

These insightful residents made the rest of my task that day simple, for the remaining categories of scholarship (discovery and integration) had the same qualities as the ones they already acknowledged to be of value. By writing reviews and case reports, developing best practices, constructing career paths and contributing to evidence-based guidelines, the scholarship of integration magnified the impact of their efforts—more and better health care could be delivered as a result of this work than through direct health care delivery alone. By performing research, the scholarship of discovery magnified the impact of their work by delivering new knowledge to other scientists and practitioners, filling voids in our understanding of health and disease, or suggesting new ways to more efficiently and effectively improve the lots of patients, and people, everywhere.

I'd like to report having been blinded by all the light bulbs switching on as we reached the end of our hour together, but I was in fact quite gratified that the soft glow of a few exceeded my hopes when I first received this assignment from my chairman. A small step in the right direction, guided by these soft lights, is always better than wandering in the darkness.



Scholarship is an impact multiplier. It allows each individual to make a greater contribution than he or she could otherwise make. As you read through this collection, I hope you will each keep in mind the simple truth of why we do what we do.

Chapter 2

Notes on Career Planning

In the continually changing world of health care in the U.S.—with more options, less time, more regulation, and less financial support—making the best career decisions for a young physician can be extremely difficult. Like most complex problems, having an organized approach, though not a guarantee of success, is the best strategy. Rather than answers, this chapter outlines the questions you need to ask, of yourself and others, to make sound career choices. The process is divided into four steps, though there can be overlap. Some steps can be addressed in parallel; others require a series approach to complete one step before moving on to the next. This is also a process you should repeat periodically, because situations change—as will you with time and experience. It is never too early to start a thoughtful, long-term approach to making the best career decisions—and never too late.

STEP 1: SELF-ASSESSMENT.

First, you need to understand where and who you are. You can't learn how to get from point A to point B without a candid understanding of where point A actually is. Through a rigorous self-assessment, ask yourself the following questions:

What am I good at?

Contrary to what your mother and third-grade teacher told you, you are not good at everything. None of us is. People in general are happier, and perform better, doing things they do well. It is OK to not be good at everything—it really is—but it is essential to know your strengths and limitations. For example, if three-dimensional thinking isn't your forte, imaging and certain types of medical procedures might not be your thing. If emergencies make you uncomfortable, concentrating on chronic disease management or prevention might be better than trauma surgery or critical care. If you

barely passed your math classes in college, a more humanistic, conceptual field might be better than a numerically intensive discipline such as nephrology. If you failed all your music lessons because your fingers wouldn't obey your brain, a cognitive field might suit you better than a procedure-intensive one. Be honest—you probably already know your strengths and weaknesses. Be willing to admit these things to yourself, accept them, and let this knowledge help guide your decision-making.

What do I like doing?

Get away from the standard, expected answers. We all like some parts of our jobs and dislike others. Think back, perhaps look at a calendar or pocket schedule, and try to remember the days you went home feeling great and the days you didn't. Examine those days—*why* were the good days good and the bad days bad? What part of those activities could be under your control, where you could choose to do more of the positives and fewer of the negatives? This is a distinct concept from days differentiated by whether your patients lived or died, whether you passed or failed an exam, or got a grant funded or rejected. Try to understand the *activities* that gave you pleasure, the *processes* that you enjoyed just because you engaged in them, whether or not the outcome was optimal each and every time.

Do you like teaching? Building clinical programs? Do you enjoy developing processes to make things run better? Organizing the disorganized? Meeting and interacting with people from other cities and schools? Do you enjoy the spotlight or prefer to be behind the scenes? Find yourself leading others, even when it's not in your job description? Does caring give you more satisfaction than curing? Do you find long-term relationships with patients more satisfying than the "high tech" side of medicine? Would you rather be in the bronchoscopy lab than the clinic? Do you see yourself wholly dedicated to treating the indigent, in a broad-based practice, or doing tummy tucks for celebrities who pay cash up front?

Most days we neither save a life, win a Nobel Prize, nor earn a million dollars. Routine activities are called routine for

a reason—they are what we do most often. Try to make choices that give you more of the good days and fewer of the bad ones, as *you* define them for yourself, based on this understanding.

Where does my job and career fit into my life?

Will your ultimate job selections be driven only by activities of the job itself, or are other factors (such as time flexibility, geography, income, or setting) very important to you? If you have children and want to read to them at bedtime each night, watch every soccer game and school play, don't be an intensive care cardiologist. If you feel just as content driving a Honda Civic as a Mercedes, and don't understand why someone who lives alone would want a 6,000 square foot house, perhaps income shouldn't be atop your priorities list. If your spouse wants to be within driving distance from his/her family, geography may be your starting place. Hate cold weather and think surfing is the only appropriate way to spend free time? Maybe Wisconsin shouldn't be a consideration. Do you work an 80-hour week even when you don't have to? If so, then you might think about positions where you would have broad responsibilities in different areas such as teaching, administration, and research in addition to patient care, where you will always have more to do.

It is very common to say "money doesn't matter"—and it doesn't, as long as you have enough. In fact, more than you need doesn't matter much. Whether driving a Subaru or Cadillac to work, you end up in the same parking space. But you need a car to get to work; a house in which you and your family feel comfortable; a rainy day fund; college tuition for the kids; and retirement savings. For some, additional financial rewards are important to create the lifestyle they and their families have always wanted, and that is an important consideration to acknowledge. Giving up other lifestyle values in pursuit of additional but nonessential income is generally a bad idea, but ignoring your real financial needs is a far worse one.

What do I value highly?

It may seem this question is repetitious, but in fact is the final one to address at this stage, since the others give you the raw material (knowledge) to answer it accurately. It is this value structure—highly personalized to every individual—that you should use to base present and future career decisions. Again, we all value good-quality patient care, think education is important, love our families, and want to make the world a better place, so such generic statements provide little insight. But if your good days involved running a successful resuscitation and bad days involved nine hours of clinic, there is a value judgment there. If you look forward to days where you teach in a classroom all morning, value is behind that feeling. If getting an article published, knowing that thousands of physicians will use what you wrote to help their patients, gives you particular satisfaction, you have made an important contribution according to your definition of value. Do you find you try to get patients with a particular problem into your practice because you feel their need for your work is great and you do an exceptional job in their care? You again will find personal values driving those actions.

We are very fortunate as physicians. Since there are so many needs that we *can* fill, we often have the luxury of selecting those we *choose to* fill based on our passions, preferences, and perceived rewards. We can make contributions in many different ways, and will do so more effectively when those contributions are ones we value the most.

Use the information you learn from answering these questions as your scale, to balance the positives and negatives of options that present themselves. There are no right or wrong answers to these questions, just truthful ones and...other ones.

STEP 2: CREATE A VISION.

When you are comfortable with your understanding of yourself and values (where you are now), the next step is to create a VISION of what you want, *and why you want it*. Is that

vision consistent with your values? If successful, will you be doing the things you find rewarding, meeting your needs from your career, and making a contribution you deem important? Ask yourself the following questions:

What would be an ideal outcome for my professional life?

Do you see yourself as a highly respected physician within a community? A dean or chairman at a medical school? Maybe the person who developed the better mouse trap or designed an educational product that finally made acid-base understandable? Working in an office writing policy recommendations to guide medical care or resource allocation? Sifting through reams of data to clarify a best practice, based on evidence? Do you want to die with the longest CV, the largest bank account, the widest reputation, or the most patients thinking you were a great doctor?

It is crucially important at this stage to gather as much information as possible. What, exactly, does a pediatric neurosurgeon do all day? Do division chiefs get to spend their time doing the things you like doing? How much time does a medical director spend mired in situations you despise? Why would any physician ever want to be an administrator? How come department chairmen always look tired, depressed, and despondent? Is it reasonable to be grant funding-dependent in this day and age?

Though some information you discover will be objective (e.g., average tenure of a chairman of Internal Medicine in U.S. medical schools is about four years; average income ranges by specialty and geographic areas are published), most will be biased by personal opinion. You are assessing career satisfaction and, by definition, this is a subjective topic. Thus, the more opinions you hear the more likely you will be able to identify some truth you can use. Find people in those roles (or previously in those roles) and ask them what the job entails and what a typical day involves. What do they like, and dislike, about their jobs? Would they do it again or do they regret their choices? What, from their vantage point, is the future of this type of position—how has it changed over time, and how do they think it is likely to change by the

time you get there? What does it take to get there? What qualities, accomplishments, skills and abilities are needed—and important—for obtaining such a position (and succeeding in such a position, which often are two different issues)? What about job security, job availability, competition, and venue? You will find people very willing to talk with you, since everyone likes talking about themselves. Don't hesitate to ask the direct questions you need answered. Just remember you are asking people their opinions, and judge their statements accordingly.

Additionally, it is often best to make similar inquiries into alternative career choices. We rarely have the information we need when we must make such decisions; thus, when enough information is available, your second or third choice for a career might end up being the course you ultimately select to achieve the vision you have created for yourself.

Do I have what it will take to fulfill that vision?

You likely already know that everything comes with a price. Time, effort, personal sacrifice, risk, failure and recovery characterize every career path. Once you have an idea of what is needed, you must reconcile that vision with its price, and decide whether it is of sufficient value for you to pursue the path to that vision. Do you believe you have the abilities, resources, skills, patience, and commitment to achieve your vision? Having some doubts is normal, even wise, as no one can predict the future. However, once you determine that a given career goal will require success in your weaker areas, or spending considerable time and effort doing things you dislike and do not feel are valuable, you have hoisted red flags, suggesting you reconsider your vision and find out about other options before moving forward.

STEP 3: DEFINE YOUR ROUTE (MAKE A PLAN).

Once you have an idea of where you are and where you want to go, start planning the route. Rome really wasn't built in a day, and no one is likely to call you out of the clear blue sky and offer you an associate dean job just because you are a swell person. The "route" is really a series of interim