PRESIDENT’S COLUMN

Career Success in Academic Family Medicine

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(Fam Med 2014;46(2):139-40.)

Family physicians are competitive people. We have been successful enough in high school to get into a good college and then successful enough in college to get into medical school. We know how to get ahead—focus on the future, get good grades, and follow the rules. Thus, residency graduation can be an unnerving experience. For the first time in our lives, there is no time limit on what comes next, and the rules for career success seem unclear. For many, success in academic medicine seems easier to imagine than in full-time practice; medical school and residency are familiar territory. Junior faculty members see patients, teach residents, and then become associate residency directors and residency directors, or they teach medical students and then become course directors and medical student education directors. Some ultimately become a department chair, a graduate medical education director, or even a dean. Academic career success looks like a staircase to climb, similar to getting into medical school or residency.

Consider for a moment how strange this must look to new faculty members from disciplines other than medicine. It’s not that other disciplines and professions are not competitive, they are. But physicians can be very linear and self-possessed in our quest for career success, and overcoming our competitive instincts is a challenge. This is one reason why traditional academic promotion and tenure seems so foreign to young physician faculty members. We are skilled at impressing our teachers but inexperienced at impressing our peers, and academic advancement is contingent, at least in part, on collaboration and peer review. STFM strives to be the indispensable academic home for every family medicine educator, so it is central to our purpose to help young faculty regardless of their background to understand how to be successful in academic medicine. The path to success is not a simple staircase but rather a confusing array of staircases and ladders offering many paths to very different destinations.

The most traditional success model in academic family medicine remains the administrative pathway from faculty member to program director to department chair: Administrative leadership requires mastery of the clinical and teaching domains, and it requires the political skills to build consensus, manage resources, and inspire people. On the administrative pathway, formal promotion and tenure might be little more than ticket punching, presenting and publishing enough to be credible, while constantly seeking the next level of administrative responsibility. We consider people to be successful administrative leaders when they build thriving programs. While we certainly need such leaders in our departments and residencies, it has been a historical weakness of our field that this is often considered the preferred path for everyone. Administrative success is quite hierarchical and, as a result, administrative leaders can fall prey to the well-described phenomena of the Peter Principle, in which people advance until they reach the level at which they are incompetent and then remain at that level for the rest of their careers.

A second pathway to success is through pedagogic excellence. In this model, we measure success by the accomplishments of one’s students and mentees. Pedagogic leaders, often called master teachers, do not require administrative responsibility and may not seek
such roles. But they do need access to talented students, residents, and fellows. Community hospital residencies are natural places for pedagogic leaders to congregate. Family physicians are born teachers and are often attracted to academic careers seeking opportunities to teach. If administrative leaders are susceptible to the Peter Principle, pedagogic leaders can become infatuated with student approval, slowly slipping into the bad habit of equating teaching excellence with happy students. Pedagogic leaders may view traditional promotion and tenure as a meaningless requirement in order to gain access to students. They may even view scholarship as a distraction to teaching, but master teachers must remain at the cutting edge of their fields and, sooner or later, real scholarship is required to inspire the most talented students.

The intellectual path to career success is less common in family medicine. Intellectual leaders are judged by the degree to which their ideas transform our discipline. They require sources of funding for their work and venues in which to share their results, both of which depend on the peer review process. For most young faculty members, this is an unfamiliar world. Promotion and tenure is not a ticket to punch for intellectual leaders, it is a crude yardstick by which progress is measured. Peer review is an imperfect business; we know from the work of Thomas Kuhn that traditional peer review is prone to favoring old paradigms and often is slow to recognize transformative new ideas. Thus, intellectual leaders can fall prey to thinking that getting grants and publishing papers defines career success regardless of whether their work has lasting impact.

Sooner or later, truly successful people must confront a fundamental question regarding whether our short-term notions of success have enduring meaning. Why does it matter if we built a successful program, inspired a gifted student, or invented a better way of caring for our communities? How will we know at the end of our careers whether our work made a difference? In his inspiring book, Lives of Moral Leadership, Robert Coles posits that each of us can change the world by daily acts of engaged citizenship and personal excellence, regardless of our station in life. Moral leaders find ways to make everything they do meaningful, and they consider everyone they meet to be important. Sometimes the smallest acts, seemingly unimportant at the time, have the greatest impact. There are many paths to success in an academic career, but Cole’s notion of moral leadership is required for all of them. What advice do I offer to ambitious young faculty members? Read Dr Coles book and apply it in your daily work. Then choose wisely from the staircases before you and realize that everything you do can have long-term meaning. Ours is a job that never ends.

References

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