

# **Academia - What Every Junior Faculty Needs to Know: An Overview**

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Those considering a career in academic medicine or research should understand the structure(s) of academic medical centers, which are very complex institutions. By understanding the administrative hierarchy, the faculty member has insight into the pressures on the laboratory, division, and department. The needs and demands of the institution(s) ultimately translate into the job descriptions and performance appraisals of the individual faculty member and employee.

There are a wide variety of institutional structures in academic medicine. In one model, the university owns the teaching hospital, and there may be congruence between the needs of the hospital and those of the medical school. Other affiliated hospitals may be distinct corporate entities, with separate boards of directors and frequently differing goals and needs. Economic competition among teaching hospitals can further complicate the academic structure.

Teaching hospitals, in turn, may be components of larger managed care systems. The hospitals of the Department of Veterans Affairs are examples of teaching hospitals embedded in a large managed care system that is distinct from both the university/medical school and other teaching hospitals. The priorities, goals, and needs of the managed care system may differ from the traditional academic goals of the university.

In another model of academic medicine the teaching hospitals are corporate entities totally distinct from the university and its medical and other professional schools. In this model, the goals and needs of the academic and clinical entities may differ drastically. Depending on the structure of the academic medical center and the job of the faculty member, the employer may be a teaching hospital, a practice plan, or the university/medical school.

When the priorities of the clinical entities and the university/medical school differ, this can be a source of frustration for deans, department chairs, division heads, and individual

faculty members. A classic example of conflicting needs can be in the allotment of time for teaching. If the faculty member is employed by a clinical entity, there may not be sufficient time allotted for preparation of teaching exercises. However, the university/medical school may require teaching as a prerequisite for the faculty appointment. In this case, the faculty member needs to have an understanding with his/her supervisor or division chief as to how this conflict is to be resolved. It is also critically important that the faculty member have a clear understanding of the identity of his/her supervisor. Obviously, the source of salary is an important clue, as is the person who did the hiring and performs performance evaluations.

Institutional culture and values are important. In considering an academic position, it is actually helpful to read the vision statement and strategic plan of the potential employer. This document gives a sense of the priorities and goals of the institution. Obviously, it is also important to note the date the document was approved! Plans more than 5 years old may not reflect the current priorities of the institution.

Institutional culture determines the relative value of clinical service in comparison with teaching and scholarly activity. Fellow faculty members of a similar rank provide insight through descriptions of their time allocations and monetary awards for performance. The institutional website and publicity also highlight employees whose performance is considered outstanding by the organization.

When considering an academic position, it is important to know how performance will be judged and by whom. This includes the frequency of appraisals, the criteria for performance appraisals, and the rewards for outstanding performance.

Institutional culture also determines opportunities for collaboration—particularly important when beginning a research career. Questions to consider are whether the hospital or university/medical school encourages or hinders multi-disciplinary collaborations, whether there are institutional barriers to collaboration across hospitals, and whether faculty actually publish together.

Institutional culture also can determine opportunities for advancement. Some considerations include the relative age of leadership. For example, a cadre of baby-boomer administrators is likely to turn over soon, making new opportunities for advancement. If the administrative structure does not include women or minorities, then this can be an important message.... Also, does the institution promote from within or does it tend to seek external candidates for administrative posts?

Academic promotion is important for job satisfaction in academic medicine by providing recognition of accomplishments and incentives for further growth. Academic promotion practices should be transparent, widely understood, and fairly applied. It is important that the prospective faculty member become familiar with the departmental academic promotion system and requirements, including expectations of timing (i.e., “up or out”). Progress toward promotion is enhanced by developing a system for keeping track of activities. For example, it’s difficult, if not impossible, to recapitulate the teaching activities of the previous 5 years without an ongoing personal record! Faculty should have **at least** annual review by their supervisor or division chief/department chair in order to assess progress toward promotion.

Institutions vary greatly in their promotion requirements, but in general, the associate professor rank requires a national reputation plus scholarly activity plus teaching excellence. The professor rank usually requires an international reputation, significant professional service, in addition to scholarly activity and teaching excellence. Certainly involvement in the activities of the American Thoracic Society is valuable in the academic promotions process as evidence of national and international reputation.

Academic promotion to the associate professor level may be associated with attainment of tenure. Tenure is not frequently available to clinicians and varies greatly among universities. In some universities, tenure means a “job for life.” In others, it guarantees a minimal, “base,” salary. In some universities, it is only a title. It is obviously important to understand the meaning of and requirements for tenure—if it is an option.

Academic careers can be complex and demanding and are generally not as remunerative as private practice or corporate careers. However, the potential satisfactions are immense, including the excitement and fun of interactions with trainees and students, the satisfactions of teaching and research, and the sense of accomplishment that comes from enhancing knowledge. In my opinion, the most important element in academic career satisfaction is a challenging employment situation with both incentives and rewards for outstanding academic accomplishment.

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