

Highways and Byways to a Career in Academic General Internal Medicine

Society of General Internal Medicine 2013 Meeting

Workshop Faculty

Coordinator: Shelly-Ann Fluker, MD
Assistant Professor of Medicine
Emory University School of Medicine
49 Jesse Hill Jr. Drive SE
Atlanta, GA 30303
Phone: 404-778-1640
Fax: 404-778-1602
Email: shelly-ann.fluker@emory.edu

Rosette Chakkalakal, MD
Assistant Professor of Medicine
Division of General Internal
Medicine and Public Health
1215 21st Ave South
6000 Medical Center East, NT
Nashville, TN 37232-8300
Phone: 615-936-5190
Fax: 615-936-1269
Email: rosette.j.chakkalakal@vanderbilt.edu

Jason Higdon, MD
Instructor of Medicine
Emory University School of Medicine
1525 Clifton Road NE
Atlanta, GA 30322
Phone: 404-778-2868
Fax: 404-727-2050
Email: jhigdon@emory.edu

Stacy Higgins, MD
Associate Professor of Medicine
Emory University School of Medicine
49 Jesse Hill Jr. Drive SE
Atlanta, GA 3030
Phone: 404-778-1622
Fax: 404-778-1602
Email: smhiggi@emory.edu

Charlene Mitchell, MD, MSPH
Associate Professor of Medicine
University of Louisville
Department of Medicine
3rd Floor Ambulatory Care Building
560 S. Jackson Street
Louisville, KY 40202
Phone: 502-852-7945
Fax: 502-852-8980
Email: Charlene.mitchell@louisville.edu

Table of Contents

	Page
I. Definitions of Academic General Internal Medicine	3
What is Academic General Internal Medicine?	
Practical Considerations	
II. Examples of Academic General Internists	4
III. Imagining Yourself as an Academic General Internist	6
Defining Your Path in Academic General Internal Medicine	
Identifying Your Path in Academic General Internal Medicine	
IV. Tips for Job Hunting	8
V. Resources	9
VI. Appendix	10
Detailed Profiles of Academic General Internists	

Definitions of Academic General Internal Medicine

What is academic general internal medicine?

Roles of an academic general internist

- Direct patient care
 - Inpatient & Outpatient
 - Variety of clinical settings
- Teaching and supervision of medical residents, medical students and other allied health professionals (nurse practitioners, clinical pharmacists)
- Research/Scholarship
 - Clinical and/or Educational Research
 - Quality Improvement
- Leadership
 - Medical School Dean
 - Residency Program Director
 - Medical Division Leadership
- Administrative Roles
 - Medical Clinic Director
 - Quality Officer

Practical Considerations

Traditional view of academic physician

- Salaried employee of a university based hospital and/or clinic that in addition to seeing patients also does teaching, research, and has administrative obligations
- Pros of academia
 - Case mix tends to be more complicated and intellectually challenging
 - More opportunities for interaction with other physicians on a day-to-day basis
 - Malpractice is usually covered as most universities are self-insured
- Lower salary than private practice
 - Per Association of American Medical Colleges (AAMC), 25% percentile salary for Instructor of Medicine is ~ \$117K and for Assistant Professor is ~\$121 K

Change in the times

- Many academic health systems are moving towards models in which staff physicians are paid in accordance with the receipts they generate i.e. more like private practice but as a result academic pay is rising
 - Based on the Medical Group Management (MGMA) Association's Academic Practice Physician Compensation and Production Survey for Faculty and Management: 2011 Report Based on 2010 Data, median compensation for primary care faculty physicians was \$163,704

Examples of Academic General Internists

	Dr. Mitchell	Dr. Higgins	Dr. Fluker	Dr. Higdon	Dr. Chakkalalal
Yrs in Practice	24 years	14 years	7 years	3 years	3 years
Full /Part Time	Full	Full	Part-Time	Full	Full
Inpatient	8 months/yr	3 months/yr	2 months/yr	None	2 weeks/yr
Outpatient	None	2-3 RC / week 1 FC/ week	1-2 RC/ week 2 FC/week	9 FC/week	1 RC/week 1 FC/week
PT	5%	65%	40%	0%	80%
Roles/ Interest	<ul style="list-style-type: none"> • Hospitalist (3 yrs) • Clinical research • Former Med/Peds program director • Former Director of IM residency Clinic • Former Course Director, Intro to Clinical Medicine • Former inpatient and outpatient pediatrics and IM 	<ul style="list-style-type: none"> • Director of IM Residency PC Track • School of Medicine Society Advisor • Care of Hispanic patients • Women's Health 	<ul style="list-style-type: none"> • Assistant Director of the IM Residency PC Track • Director of Clinic Conference • Core Faculty Member • Primary care based Hepatitis C care 	<ul style="list-style-type: none"> • Patient Centered Medical Home • Quality Improvement in Primary Care • Medical student teaching • Director of resident Clinic Conference 	<ul style="list-style-type: none"> • Primary Care Physician • Health Services Researcher • Clinical Educator • Immigrant Health Disparities • Diabetes

RC = Resident Half Day Clinic
 FC = Faculty Half Day Clinic
 IM = Internal Medicine
 PC = Primary Care
 PT = Protected Time

Explanation of Terms

1) Full Time vs. Part-Time

- In academic medicine the work week is thought of in terms of ten half days of 4 hours which = 40 hour work week
- Another way to view this is that each 4 hour half day is equivalent to 10% of your time
- The definition of what is considered a full time position (with a full time salary) will vary based on institution. For example at one institution your job duties may be scheduled to take 80% of your time and this is considered full-time but at another institution you may need to be scheduled with job duties for 90 or 100% in order to be considered a full time faculty member.
- Part-time is therefore relative to what is considered full-time at your institution.

2) Inpatient

- Primary care giver or supervision of residents providing care for hospitalized patients.

3) Outpatient

- **Resident Clinic:** Supervision of residents in their primary care clinics. Patient are seen primarily by the residents and then discussed with and seen by the faculty member. Combines both teaching and direct patient care.
- **Faculty Clinic:** Faculty cares for their own panel of patients.

4) Protected Time

Salary during this time is covered by other sources (e.g. grants, department, medical school) and not from direct patient care. Some of the activities that faculty may engage in during this time include:

- Research/Scholarship
 - Clinical and/or Educational Research
 - Quality Improvement
- Leadership
 - Medical School Dean
 - Residency Program Director
 - Medical Division Leadership
- Administrative Roles
 - Medical Clinic Director
 - Quality Officer

Imagining Yourself as an Academic Generalist

Defining your path in academic general internal medicine

1. Talk to different faculty and learn about their jobs descriptions
2. Talk to faculty about their fellowship and/or job search
3. Craft your “ideal” job:
 - How do you want to split your time amongst various activities
 - How much do you need to get paid?
 - Where do you want to live?
 - Do family obligations affect your decision?
4. If applicable, craft your “ideal” fellowship:
 - What do you desire as the focus of your fellowship?
 - Do you need a degree granting program e.g. MPH?
 - Is fellowship location and duration important?

Identifying your path in academic general internal medicine

What are your interests and your strengths? Use examples to clarify your response.

- Do you primarily enjoy inpatient or outpatient general medicine or both?

- What patient population (e.g. young vs. older, insured vs. underinsured, rural vs. urban, VA) do you want to work with?

- Do you enjoy teaching?

- Do you prefer teaching residents or medical students or both?

- Do you enjoy research? If so, what kind (clinical, bench)

- Do you enjoy taking a leadership role?

How do you want to divide your time amongst your various interests?

In answering this question, consider the following examples:

1) For outpatient medicine, the work week, is divided into 10 sessions where one session equals a 4 hour half day. Here is an example:

	Mon	Tues	Wed	Thurs	Fri
AM	Resident Clinic	Faculty Practice	Resident Clinic	Faculty Practice	Teaching
PM	Admin Duties	Admin Duties	Research	Leadership Duties	Leadership Duties

2) For a hospitalist, their time is typically described in terms of their number of inpatient weeks, such as, “1 week on, 1 week off,” which means they are working on the inpatient setting every other week. The hospitalist may also be doing other professional activities during their “week on” the hospitalist service and during their “week off” the hospitalist service.

3) For a clinician researcher, their time is typically described in terms of percentage, such as 80% research and 20% clinical time. Of note, this is on average how much time they spend in research versus clinical duties but this percentage breakdown may not hold true on a particular week (for instance if the clinician researcher is doing a 2 week inpatient month they would be almost 100% clinical during that time).

Do you need additional skills and further training? If so, what skills/training?

Tips for Job Hunting

1. Based on the process above, identify programs that suit your needs and then identify the chief of the division (or fellowship director) and contact that person directly. Email is usually acceptable. Send a cover letter and CV and express your interest in interviewing for any possible positions. Also let your mentee/advisor know which programs you are pursuing. They may know someone or know “someone who knows someone” at your institution of interest.
2. Timeline will vary depending on the institution but rough guideline is as follows:
 - September: Define your ideal position and complete CVs and cover letters
 - October: November: Begin making contacts
 - Interviews: October to March
3. Debrief about your interviews and job/fellowship offers with trusted faculty.
 - Job Expectations
 - i. Number of clinic sessions per week (1 session = 1 half day)
 - ii. Patients you will see per session
 - iii. In-patient responsibilities
 - iv. Administrative time
 - v. Teaching responsibilities
 - vi. Research expectations
 - Criteria for reappointment and promotion
 - i. Usually start at instructor or assistant professor
 - ii. What is the next appointment title
 - iii. In how many years will you be reviewed for this
 - iv. What are the research requirements
 - v. Is there a purely clinical tract
 - Faculty Development
 - i. How much time is provided for Continuing Medical Education (CME)
 - ii. How much money is provided for CME
 - iii. What faculty development programs are available at the institution
 - iv. Is there a formal mentorship program for junior faculty
 - Salary
 - i. What is the base, supplemental salary?
 - ii. Is the salary guaranteed?
 - iii. Is there an incentive program?
 - iv. What are the annual raises you can expect?
 - v. Can you moonlight to supplement your salary?

Resources

*** Most important resources are the faculty that you know from medical school and residency!**

1. General Information
 - Association of American Medical Colleges (AAMC) Considering a Medical Career: <https://www.aamc.org/students/considering>
 - American College of Physicians (ACP): <http://www.acponline.org/>
2. Finding a Mentor and Being Mentored
 - Carey EC, Weismann DE. Understanding and Finding Mentorship: A Review for Junior Faculty. *Journal of Palliative Care Medicine*. 2010. 13: 1373-1379
 - Terzan JTm Hess R, Schur E, et al. Making the Most of Mentors: A Guide for Mentees. *Academic Medicine*. 2009. 84: 140 - 144
 - Sambunjak D, Straus SE, Marusic A. A Systematic Review of Qualitative Research on the Meaning and Characteristics of Mentoring in Academic Medicine. *Journal of General Internal Medicine*. 2009. 25: 72 – 78
3. Fellowship Programs
 - American College of Physicians (ACP) Fellowship Directory: http://www.acponline.org/residents_fellows/fellowships/
4. Physician Job Websites
 - American College of Physicians (ACP) Career Connection: http://www.acponline.org/career_connection/
 - Journal of the American Medical Association (JAMA) Career Center: <http://www.jamacareercenter.com/>
 - New England Journal of Medicine (NEJM) Career Center: <http://www.nejmjobs.org/>
 - Society of General Internal Medicine (SGIM) Career Center: <http://www.sgim.org>
 - Medical Group Management Association (Physician Compensation): <http://www.mgma.com/physcomp/>

Appendix A

Detailed Profiles of Academic General Internists

A. Tenured Associate Professor of Internal Medicine for 24 years Charlene Mitchell, MD, MSPH (Charlene.mitchell@louisville.edu)

I. Current Time Allocation

- Full Time
51% teaching; 49% clinical; 0 % research
- 8 months general medicine ward attending

II. Path

- Education: Combined Internal Medicine - Pediatric Residency; Chief as 4th year
- Initially (pre-tenure)
 - Combined Medicine-Pediatric Residency Program Director
 - Co-Director, Internal Medicine
 - Medicine wards 3 to 4 months annually; Pediatric wards 1 month/yr
 - Ambulatory Internal Medicine Clinic – 3 to 7 half/days per week; Pediatric clinics – 3 to 4 half/days per week
 - Multiple lectures, conferences, committee assignments
 - Research (what's protected time?)
- Intermediately (post-tenure)
 - Med-Peds Program Director (total of 14 years)
 - Course Director, Introduction to Clinical Medicine for first year students – (brand new course) for 2 years
 - Medical Director, Ambulatory Internal Medicine Clinics
 - Medicine wards 3 to 4 months annually; Pediatric wards 1 month/yr (for 5 years)
 - Ambulatory Internal Medicine Clinic – 3 to 4 half/days per week; Pediatric clinics – 3 to 4 half/days per week
 - Partial sabbatical in 2002 – 2004 with 40% time clinical, and 60% to obtain MSPH in Decision Science
- Currently (post Pediatrics)
 - July 2010, I became an academic hospitalist for Internal Medicine, with 8 months of wards/year that includes teaching (including occasional lectures) for students and housestaff, supervision of clinical care, and a small portion for research.

III. Pros

- I have enjoyed the various activities I have done over the years, and I have been able to explore multiple sides of medical education.
- The environment is always stimulating, helping to maintain my own interest in life-long learning.
- The Pros outweigh the Cons by a long shot; otherwise, I would not still be doing this!

IV. Cons

- I personally had limited mentoring, just enough to help get tenure. In two departments, I had twice as many bosses, but not twice the support, and differing promotion and tenure requirements.
- Just because you can do something, and are interested in it, does not mean you should agree to take on additional responsibilities. Mentoring was not as promoted as it currently is, and the lack of it has helped me explore too many areas, without showing “expertise” in any particular area.

B. Full-time Clinician Educator for 14 years at a Public Teaching Hospital:

Stacy Higgins, MD (smhiggi@emory.edu)

I. Current Time Allocation

- 3 months general medicine ward attending
- 40% of time spent on administrative duties e.g. Director of the primary care residency, International Medicine Clinic (IMC) administration, Committees for the School of Medicine and Department of Medicine
- 25% of time spent directly teaching mentoring, and advising medical students through an innovative curriculum at the School of Medicine
- 10% of time spent on direct clinical duties, e.g. faculty practice in the IMC
- 25% of time spent on resident supervision in the Women's Health Clinic and in the resident continuity clinics

II. Path

- Education: Internal medicine residency followed by chief residency
- Initially
 - 9 sessions of supervising residents in the GMC except during 3 months of ward attending during which also did 5 sessions of supervising residents in the GMC
 - Also explored a clinical interest and filled a niche in women's health by developing a curriculum in women's health at the suggestion of the Chief of the Division of General Internal Medicine and then went on to start the Women's clinic in the GMC (first specialty clinic in the GMC)
- Over time:
 - Decrease in clinical duties and increase in administrative responsibilities
 - In 2001, the assistant program director of the primary care residency at the time suggested my name to be her replacement
 - In 2006, I transitioned to being associate program director of the residency program and director for the primary care residency program
 - In 2011, transitioned out of associate program director role (remained director for the primary care residency program) to become more involved in medical student mentoring, advising, and teaching
 - Additional training through AAMC Minority Faculty Development course and AAMC Junior Women Faculty Development course

III. Pros

- My colleagues
- Mix of inpatient and outpatient
- The learning environment with residents
- Mix of clinical work

IV. Cons

- The ebb and flow of the work
- Initially overwhelming with clinic, wards, and a young child

C. Part Clinician Educator for 7 years at a Public Teaching Hospital:

Shelly-Ann Fluker, MD (shelly-ann.fluker@emory.edu)

I. Current Time Allocation

- Part-time (75%)
- 2 months of general medicine ward attending
- When not on general medicine wards
 - 30% time spent on clinical duties (faculty practice, primary care based hepatitis C clinic, resident clinic)
 - 40% time spent on administrative duties (Assistant Director of Primary Care Track, Clinic Conference Director)
 - 5% time spent on research, scholarship

II. Path

- Education: Primary care residency followed by primary care chief residency
- Initially:
 - 70% Time
 - 10 months per year: 3 faculty practice sessions, 3 sessions supervising resident continuity clinic, 1 administrative session
 - Other activities: Medical student teaching and various lectures and conferences
- Over time:
 - Increase in time with more administrative responsibilities and decreased clinical duties
 - Decrease in faculty practice, addition of a “subspecialty clinic” (Liver Clinic) and as result more research, addition of administrative roles (Co-director and then Director of Clinic Conference, Assistant Director of the Primary Care Track) and more variety of teaching opportunities (workshops at medical society meetings and Emory Board Review course)

III. Pros

- Variety of roles and opportunities for new roles (never get bored)
- Opportunity to work with a large group of physicians, residents, and students
- Continual intellectual stimulation
- Flexibility (depends on institution) allows better work-life balance

IV. Cons

- Variety of roles (sometimes a difficult balancing act)
- Compensation (varies by institution)
- Pressures to do scholarly activity to gain promotion (varies by institution)
- Insufficient administrative support (varies by institution)

D. Clinician Educator at a university-based outpatient primary care clinic for 3 years: Jason Higdon, MD (jhigdon@emory.edu)

I. Time Allocation

- 100% Clinical – Patient-Centered Medical Home Pilot
 - 9 half-day sessions/week: 7-10 patients/session
 - Pager call for my own patients Mon-Thurs; Alternate weekend call with other providers in practice (average 1/month)
- Teaching
 - Director of Resident Clinic Conference at our clinic
 - Lecture to residents in clinic conference (3-4x/yr) and M3's on internal medicine clerkship (q2months), M3 clinical skills labs (q2months), M3 Decision-based Learning (q2months), Medical Student OSCEs (2-3x/yr), M4 Capstone Course (2 modules/yr)
 - Internal Medicine Interest Group Faculty Advisor

II. Compensation Structure

- Set annual salary
- Annual bonus based on meeting quality metrics

III. Pros

- Working to re-design primary care at Emory utilizing a PCMH model
- Taking ownership of patients' primary care and fostering the relationship that you develop with them over time
- Empowering patients to take charge of chronic medical problems and see success over time
- Diversity of patient population – demographics and medical problems
- Teaching/precepting med students and residents
- Some reimbursement for teaching activities
- Working in a group practice

IV. Cons

- Time management: medically-complex patients, precepting medical students, teaching outside of clinical setting, working on scholarship for career advancement
- Frequent visits from the “worried well”
- No ability to do inpatient care

F. Clinician Researcher at an Academic Medical Center for 3 years: Rosette Chakkalakal, MD (rosette.j.chakkalakal@vanderbilt.edu)

I. Current Time Allocation

- 2 weeks general medicine ward attending
- 80% of time spent on research (Center for Health Services Research, Center for Diabetes Translational Research, etc)
- 10% of time spent teaching and supervising residents in Adult Primary Care Center (APCC)
- 10% of time spent on direct clinical duties, faculty practice in the APCC

II. Path

- Education:
 - Internal medicine residency
 - Chief residency
 - Robert Wood Johnson Foundation Clinical Scholars Program (earned a Masters of Health Sciences during fellowship)

III. Pros

- Lots of variety in my work week
- Able to blend my interest in health policy and public health with clinical medicine on a daily basis
- Dedicated teaching time
- I have the flexibility to design my own research area of expertise
- Lots of institutional support for all of my roles
- Surrounded by great clinical and research colleagues

IV. Cons

- I don't completely "fit" in a clinical department or a school of public health
- Hard to balance teaching, research, and clinical work on a daily basis
- Must be very self-motivated at the beginning
- It's hard to say no!