Highways and Byways to a Career in Academic General Internal Medicine

Society of General Internal Medicine
2011 National Meeting
Students/Residents/Fellows Program

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Definitions of Academic General Internal Medicine

What is academic general internal medicine?
Roles of an academic general internist
- Direct patient care
- Teaching and supervision of medical residents, medical students and other allied health professionals (nurse practitioners, clinical pharmacists)
- Research/Scholarship
- Administrative roles that relate to patient care, teaching, and research (e.g. director of a medical clinic, program director of a residency program, securing grant funding)
All these roles can occur in the inpatient and/or outpatient setting.

Private practice vs. academia
Traditional view
- Private practitioner: a self-employed physician whose main endeavor was patient care and the running of his/her practice. This gives the private practitioner a great deal of control but also makes his/her income dependent on how much he/she works.
- Academic physician: a salaried physician working for a university based hospital and/or clinic that in addition to seeing patients also does teaching, research, and has administrative obligations. Income is tied to promotion from instructor up to professor.

Some of the differences between private practice and academia have blurred.
- Many academic health systems are moving towards models in which staff physicians are paid in accordance with the receipts they generate, but as a result academic pay is rising (though private practice compensation remains higher)
  - 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
- Some private practitioners incorporate teaching and research into their practices
- Academia still offers
  - More opportunities for teaching and research
  - 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
- Private practice still offers
  - Opportunity for ownership and management
  - Usually there is better communication between physicians caring for the same patient
  - More control over your schedule and extra clinical duties
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
1) 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 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?
For outpatient medicine the work week, is divided into 10 sessions where one session equals a 4 hour half day. Describe your “ideal” job in terms of a 10 session week.

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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?
        Per AAMC, 25% percentile salary for Instructor of Medicine is ~$117K and for Assistant Professor is ~$121 K
     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](https://www.aamc.org/students/considering)
   - American College of Physicians (ACP): [http://www.acponline.org/](http://www.acponline.org/)

2. Fellowship Programs
   - American College of Physicians (ACP) Fellowship Directory: [http://www.acponline.org/residents_fellows/fellowships/](http://www.acponline.org/residents_fellows/fellowships/)
   - Society of General Internal Medicine Fellowship Directory (SGIM): [http://www.sgim.org/fellowshipdir.cfm](http://www.sgim.org/fellowshipdir.cfm) (Currently under revision)

3. Physician Job Websites
   - American College of Physicians (ACP) Career Connection: [http://www.acponline.org/career_connection/](http://www.acponline.org/career_connection/)
Appendix A

Profiles of Academic General Internists

A. Full-time Clinician Educator for 12 years at a Public Teaching Hospital:
Stacy Higgins, MD (smhiggi@emory.edu)

I. Current Time Allocation
- 3 months general medicine ward attending
- 50% of time spent on administrative duties e.g. Associate program director of internal medicine residency program and director of the primary care residency, International Medicine Clinic (IMC) administration, Committees for the School of Medicine and Department of Medicine
- 50% of time spent on clinical duties e.g. faculty practice in the IMC, Women's Health Clinic, supervising residents in the general medicine clinics (GMC)

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
  - 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
B. Full-time Clinician Educator: 7 yrs at a V.A. hospital and 5 yrs at a Public teaching hospital: Sanjukta Chatterjee, MD, FACP (schatte@emory.edu)

I. Current time allocation
- 3 months general medicine ward attending
- 30% of time spent on administrative duties e.g. committees for the school of medicine and internal medicine residency program (e.g. ethics committee, social medicine committee), mentoring residency practice improvement project and mentoring medical school interest group
- 70% time clinical duties e.g. faculty practice in International Medical Clinic (IMC) and in Refugee clinic and supervising residents in the general medicine clinics (GMC) and IMC

II. Path
- Education: Internal Medicine Residency
- Initially joined Emory faculty at the V.A. hospital
  - 9 sessions of faculty practice, 1 session administrative/teaching time
  - 3 months ward attending, during which did 5 sessions faculty practice
- Transitioned to Emory faculty at public teaching hospital:
  - Initially 9 sessions outpatient clinic supervising residents, and 1 session administrative time and 3 months ward attending during which did 3-4 sessions outpatient clinics
  - Over time decrease in clinical duties and increase in administrative responsibilities
    - Increased participation in residency and hospital committees, mentoring in residency and medical school projects, lecturing more at the medical school and in the residency program
    - More involved in specialty clinics e.g. started unique specialty faculty practice in the International Clinic. Also work in the Refugee Clinic
    - Developed interest in the field of cultural competency with related activities including lectures and workshops in the medical school and residency program

III. Pros
- Being constantly exposed to and being a part of academic medicine
- Working with colleagues in an intellectually stimulating and collegial environment
- Having an opportunity to become involved in a wide variety of activities and treating a wide variety of patients of many socioeconomic and ethnic backgrounds
- Having some flexibility in scheduling

IV. Cons
- Compensation
- Pressure to publish to get promoted
- Work can spill into evenings and weekends, for clinical and administrative work
Part-time Clinician Educator for 5 years at a Public Teaching Hospital: Shelly-Ann Fluker, MD (shelly-ann.fluker@emory.edu)

I. Current Time Allocation
- 80% time (8 half days per week = 8 sessions)
- 10 months per year
  - 1 session faculty practice in the general medicine clinics (GMC)
  - 2 sessions of supervising residents in the GMC
  - 1 session in the Liver Clinic (Hepatitis C clinic)
  - 4 administrative sessions used for patient follow-up, research (mainly related to the Liver Clinic), teaching activities (various), and duties related to being Director of Clinic Conference and Assistant Director of the Primary Care Track for the Internal Medicine Residency program
- 2 months per year
  - Full time general medicine ward attending with one faculty practice session per week and administrative duties

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 to 80% 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 and 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)
C. Full-time Clinician Researcher for 9 years at Public Teaching Hospital
David Malebranche, MD, MPH (dmalebr@emory.edu)

I. Current Time Allocation
- 60-70% research: Conducts HIV behavioral prevention research exploring the social context of the racial disparity in HIV rates among Black men in Georgia
- 30-40% clinical: 1 – 2 months of general internal medicine ward supervision, 1 session per week of resident supervision in the general medicine clinic, and 2 sessions per week of faculty practice at infectious disease center with HIV-positive patients

II. Path
- Education
  - Primary Care Internal medicine residency followed by
  - 2 year Preventive Medicine residency (NYC Department of Health rotations and research practicum and MPH at Columbia University)
- Initially joined Emory faculty as clinician researcher with protected time of 60% with 3 year timeline to obtain external funding
- Over time:
  - Participated in UCSF/Center for AIDS Prevention program as a Visiting Professor/Research Scientist: program involved going to SF for 6 weeks every summer from 2002-2004, got $25,000 seed money to conduct a small research project, and received invaluable feedback, didactic sessions and mentorship on research careers, obtaining federal funding and becoming an independent researcher

III.Pros
- Flexibility of schedule
- Mental stimulation of constant learning on clinical and research levels
- Ability to integrate clinical practice and prevention research
- Opportunities to use research to help guide policy and interventions
- Ability to do service to local, regional, national and international communities
- Opportunities to provide guidance and mentorship students and residents

IV. Cons
- Work can bleed into unpredictable hours (after hours/weekends)
- High stress at times of grant submissions/manuscript deadlines
- Tendency to “over-commit” self to various academic, service, and teaching activities
- Difficulty juggling clinical and research responsibilities and maintaining a healthy personal life
- Making time to help mentees out with their work while still having time to do your own work
- Have to be a self-motivator and create own deadlines/goals
- Learning “on the fly” how to be an effective team manager of research staff
- Thick skin – have to be able to take criticism/feedback/rejection on grants, manuscripts, ideas, etc. But persistence will pay off!
D. Full-time Clinician Educator at a university-based outpatient primary care clinic for 9 months: Jason Higdon, MD (jhigdon@emory.edu)

I. Time Allocation
   90% Clinical
    o 9 half-day sessions/week: 8-11 patients/session
    o Pager call for my own patients Mon-Thurs; Practice shares weekend call which is divided into 3 shifts (average is 1 weekend call/1.5-2 months)
   10% Administrative
    o 1 session/week
    o NOT protected time (i.e. not reimbursed, so is technically lost productivity)
   Teaching
    o Precept M1s: 1 session/week (seeing pts on my template)
    o Precept M3s: 1 session/week (seeing pts on my template)
    o Precept in Resident Clinic: 1 session/week
    o Director of Resident Clinic Conference at our clinic
    o Lecture to residents in clinic conference and M3’s on internal medicine clerkship, M3 clinical skills labs, M3 OSCEs

II. Compensation Structure
   1st year: base salary and quarterly bonuses based on productivity
   2nd and subsequent years: salary based on total compensation from prior year; quarterly bonuses based on productivity

III. Pros
   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
   Productivity bonuses
   Shared weekend call

IV. Cons
   Large volume of paperwork
   Time management: medically-complex patients, precepting med students
   Frequent visits from the “worried well”
   Care coordination
   No ability to do inpatient care
E. Full-time Hospitalist at a University-based hospital for 9 months
Christina Payne (cbpayne@emory.edu)

I. Time Allocation

➢ Patient/Clinical care (80%):
   o Non-teaching service
     ➢ 12-14 shifts/month (Not specifically week on/week off model)
     ➢ 12-16 patients; work with mid-level provider Mon-Fri
   o Other shifts (1-3 times/month)
     ➢ 7a-7p admitter shift
     ➢ 2p-11p swing shift (admissions)
   o Teaching service (3-5 times/year)
     ➢ 15-day-on/15-day-off schedule
     ➢ Work with one resident and three interns
     ➢ Q-other-day admission schedule

➢ Clinical Research Program (20%):
   o Co-Chair of Transitions of Care task force within DOM
   o Quality improvement projects surrounding Transitions of Care
   o Set deliverables (publication, presentations) in contract

II. Compensation Structure

➢ Mainly base salary + group incentive based on productivity + individual incentive based on productivity and citizenship
➢ Raise based on number of years in practice + promotion

III. Pros

➢ Variety of cases and patients from different socio-economic environments
➢ My schedule is flexible (I can get off whatever time I need)
➢ Opportunities to do research with hospitalists and residents
➢ Balance of teaching opportunities and direct patient care

IV. Cons

➢ Working full-time half of the weekends
➢ When I'm on service, I'm very busy, and sometimes it feels that family life is put on hold that week.