

The Leadership Forum

Words of Wisdom

Promotions Commentary: A Top 5 list for academic hospitalists, leaders, and institutions



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Academic hospital medicine continues to grow nationally, driven by expanding clinical needs, housestaff duty hours' limitations, and increasing focus on quality and safety. The rapid growth of the field, the predominance of clinical service positions, and the relatively small number of senior mentors create unique challenges for academic hospitalists. In particular, academic hospitalists commonly struggle with job sustainability, burnout, and promotion. A growing literature seeks to better understand these issues. We summarize its themes and offer recommendations.

In our survey of successfully promoted academic hospitalists, respondents were judged by the same metrics of accomplishment as other faculty: research, education, and scholarship.¹ In spite of this recognition, just two-thirds of academic hospitalists have ever presented a poster at a national meeting, and only 49% have ever published a first-authored, peer-reviewed publication, suggesting that many are at risk for career stagnation.² Indeed, in a survey of academic hospitalists at twenty institutions, 67% reported high stress

levels and 25% were experiencing burnout.³ The majority had little time for scholarly work and the minority had mentorship. Their findings were echoed by other leaders, who felt unsupported and perceived "primarily as a clinical rather than an academic service," reporting that their highest priorities are to reduce turnover and develop research and teaching programs.⁴

Collectively, these data suggest a disconnect between current academic hospitalist positions and the conditions required for professional success. Hospitalists are less likely to be engaged in activities that lead to success defined by traditional academic metrics. So what can hospitalists, their leaders and institutions do to foster faculty development and create opportunities for success?

Five recommendations for academic hospitalists:

1. Learn to manage your time. To paraphrase management guru Peter Drucker, "[Effective academics] know where their time goes."⁵ Although clinical duties may fill your workday, it also is

likely that you can "make more time" by efficiently using it.

2. Learn the promotion criteria at your institution. Knowing how your institution judges your contributions allows you to prioritize your activities.

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3. Meet with your Division Chief annually (or more) to discuss progress towards promotion. They should provide critical feedback to keep you on course.
4. Find a mentor. If mid-career to senior faculty are not available in your in your group, seek out mentors in other divisions or through professional societies such as SGIM or SHM.
5. Leverage your roles in quality improvement or patient safety as the basis for scholarship in these areas.

continued on page 2

The Leadership Forum

Words of Wisdom continued from page 1

Five recommendations for hospitalist group leaders:

1. Help your faculty understand the criteria for promotion and get engaged in relevant activities.
2. Invest in opportunities for faculty development, such as the Academic Hospitalist Academy.
3. Help your faculty identify mentors, either within or outside your institution.
4. Find opportunities for faculty to get involved in undergraduate or graduate medical education, natural roles for academic hospitalists.
5. Build group infrastructure that helps your faculty pursue scholarly activities. For example, obtain administrative support to complete IRB applications, perform data analysis, or support a writing group.⁸

Five recommendations for institutions:

1. Provide mentorship for your hospitalist leaders. They cannot be effective mentors without receiving mentorship themselves.
2. Consider alternative paths to promotion for clinical faculty, including recognizing work in quality improvement and patient safety as promotion criteria.⁹

3. Recognize the role of hospitalists at the “front-lines” of clinical areas worthy of research, and develop collaborations between hospitalists and research faculty.
4. Don’t settle for clinical coverage and relative value units as the major metrics of success of hospitalist programs.
5. Understand the “true costs” of hospital medicine programs to include support for scholarly work.

These last points are critical. As hospitalist faculty and leaders, we must continue to educate those at the department, hospital, and institutional level regarding the needs of academic hospitalists. The argument should be clear: burned-out faculty who lack mentorship and cannot be promoted can have a destructive influence over an entire institution. Academic hospitalists have the potential for much more—clinically, educationally, and academically.

References:

1. Leykum LK, Parekh VI, Sharpe B, Boonyasai RT, Centor RM. Tried and true: A survey of successfully promoted academic hospitalists. *J Hosp Med.* Sep;6(7):411-415.
2. Reid MB, Misky GJ, Harrison RA, Sharpe B, Auerbach A, Glasheen JJ. Mentorship, Productivity, and

Promotion Among Academic Hospitalists. *J Gen Intern Med* 27(1):23-7.

3. Glasheen JJ, Misky GJ, Reid MB, Harrison RA, Sharpe B, Auerbach A. Career satisfaction and burnout in academic hospital medicine. *Arch Intern Med.* Apr 25;171(8):782-785.
4. Harrison R, Hunter AJ, Sharpe B, Auerbach AD. Survey of US academic hospitalist leaders about mentorship and academic activities in hospitalist groups. *J Hosp Med.* Jan;6(1):5-9.
5. Drucker PF. *The effective executive.* 1st HarperBusiness ed. New York: HarperBusiness; 1993.
6. Coller BS. Reflections on being a Chair of Medicine, 1993 to 2001—Part 2. *Am J Med.* Jan 15 2004;116(2):141-144.
7. Academic Hospitalist Academy. <http://www.academichospitalist.org>
8. Salas-Lopez D, Deitrick L, Mahady ET, Moser K, Gertner EJ, Sabino JN. Getting published in an academic-community hospital: the success of writing groups. *J Gen Intern Med* 27(2):113-6.
9. Academic Hospitalist Taskforce Quality Portfolio, Rationale and Development. The Quality Portfolio Working Group for the Academic Hospitalist Taskforce. Available at: <http://www.sgim.org/index.cfm?pa geld=846>