

Roberts Academic Medicine Handbook

A Guide to Achievement and
Fulfillment for Academic Faculty

Laura Weiss Roberts
Editor

Second Edition

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 Springer

Editor

Laura Weiss Roberts, MD, MA
Department of Psychiatry and Behavioral Sciences
Stanford University School of Medicine
Stanford, CA
USA

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For Teresita, mentor and friend

Foreword

If you are reading this book, you are likely pursuing a career in academic medicine where you will have the opportunity to improve the health and well-being of people around the world. There is nothing more rewarding.

But I believe the future is about much more than medicine as we have known it. Increasingly, we are able to predict and prevent disease. This new focus on maintaining health has been made possible by today's golden age of biomedicine where new tools and technologies are accelerating the pace of discovery.

You are entering academic medicine at this remarkably unique time in the history of biomedicine. Today, major breakthroughs don't just redefine our understanding of human biology and disease, they open whole new fields of study. This means that you have unparalleled opportunities to make a difference, and this book will help you along your way.

The authors of the chapters that follow do an extraordinary job of covering all the topics that might be of interest to anyone embarking on a career in academic medicine—from managing time and writing a book proposal to developing administrative skills and recognizing unconscious bias.

When I reflect on my career, I wish there had been a resource like the *Roberts Academic Medicine Handbook* to guide me through the challenges of clinical and laboratory supervision, preparing an IRB application, engaging in fundraising, and the like. I'm delighted that the young people in the field of academic medicine today have this resource so they can fully devote their energy and intellect toward their passions for research and clinical care and creating this more healthy future.

You are dedicating yourself to one of the few professions where we can have a profound impact in diverse ways. It is something from which we all can take pride. We share an optimism that we can help build a better future for all people. We believe in the power of new ideas and new approaches. And we believe we can turn medicine on its head.

The ever-evolving field of biomedicine often precludes a defined career path. Veering from your intended course should not be taken as a sign that you are lost. I encourage you to follow unmarked paths, to explore uncommon territory, and to head off into new directions. It is rare that we will know with certainty how the accumulation of all our learnings, the evolution of our passions, and the dynamic field of biomedicine will converge. And with the ever-accelerating rate of innovation, this is truer than ever.

My unique path began during a bioengineering class as an undergraduate student at Brown when I became fascinated and inspired by the vestibular system. This delicate but powerful trio of canals in the inner ear regulates balance and one's sense of orientation. It enables you to contort yourself into odd positions to get into a car without falling down and is why the world doesn't look like it is bouncing around when you run. The vestibular system is tremendously complex, to say the least, and I loved it.

I dove headfirst into studying the vestibular system, forming a relationship with Jay Goldberg, PhD, a pioneer in understanding the vestibular system who is now professor emeritus at the University of Chicago. Then, between my surgical residency at Duke University and otolaryngology residency at the University of Chicago, I spent 4 years in Dr. Goldberg's lab exploring the labyrinth that is the inner ear. As I pursued a greater understanding of the vestibular system, I had no idea that I would one day lead an academic medical center.

This contributes to what I find so rewarding about academic medicine. As your interests evolve, so too can your career. The key is understanding from where you derive your passion. For me, the transition away from research and clinical care into an academic leadership position stemmed from a desire to have a broader impact on biomedicine and health care.

I am not alone in having an indirect path. I have many classmates and colleagues who have forged distinguished, successful careers that they never could have imagined at the beginning or middle of their career. Having an idea of what you want and how to get there is important, but knowing how to adapt to and embrace changes to your plan is just as crucial.

It may be impossible to see three steps ahead or even the next step in your career in academic medicine, but it is important to keep in mind that your current step is likely not your last. As someone in the beginning or middle of your career, you have ample opportunity to define how you will utilize your passion and skills to make a positive impact in the lives of individual patients or for the health and well-being of people around the world.

I spent 11 years after graduating from medical school pursuing postgraduate training, including 4 years in Dr. Goldberg's lab. My wife wondered whether I would qualify for Social Security before I got a real job. But I truly am grateful for all of my training and attribute to it much of the impact I have had throughout my career as a researcher, patient care provider, and leader in academic medicine.

I have found common among all those who have had successful academic medical careers an intense intellectual curiosity. In many fields but particularly medicine where we regularly embrace innovation, discovery, and whole new fields of study, career advancement stems from a commitment to being a lifelong learner. Following your passion and drawing from your experience will help you both in the laboratory and in the clinic.

I recall vividly spring 1995, when a man came to my office and explained that he was suffering from a bizarre set of symptoms. When he sang in the shower, he would see the shampoo bottle, the loofah, and the shower head moving in a circular motion. When I tested him, I saw that his eyes moved upward and counterclockwise when he heard a sound. I suspected that the

vestibular system was involved. And when I saw a patient with similar symptoms a few weeks later, my suspicions grew that these patients had holes in their superior semicircular canals, one of three tiny canals found deep within the inner ear.

For years, many who had this condition were misdiagnosed and were often subjected to unnecessary surgeries or were mistakenly told that their problem was psychological. Many fell into depression. My experience in clinical and basic research enabled me to crack this mystery, correctly diagnosing this condition which I named superior canal dehiscence syndrome. In short order, my colleagues at Johns Hopkins and I developed a corrective operation. I am delighted that all my training could manifest itself in a way that has helped hundreds of people who have suffered from this debilitating condition.

Something else happened early in my career. Strong scientists came to work with me in my lab. They brought new ideas and constantly challenged me to push forward and explore new areas. I found I enjoyed mentoring them, learning from them, and building a research and clinical program that stretched far beyond what I could do individually. That was my first step into leadership: a step that occurred because of opportunities that were opened up to me by the people with whom I had the privilege of working.

Like me, it is likely that the transformative moments in your career will happen outside of when you expect them. I encourage you to stay on the lookout, stay curious, and stay centered on your motivation.

Reading this resource is evidence that you have a desire to grow and be fulfilled by your career in academic medicine. For this, I commend you. However, I will caution that this book does not provide step-by-step instructions, nor should it. The insights drawn from our authors, some of the most accomplished clinicians and scientists in our field, will complement your individual experience and goals and help you find a path that challenges and invigorates you. Significantly, it will help you continue academic medicine's tradition of improving the health and well-being of humankind and allow you to participate in the bold vision of proactive health care.

This book will be a career-long resource for you, but it is not intended to be your only resource. We all need real-life mentors, people with patience and perspective who can help you along your path. Keep an eye out for them. And seek out your colleagues, your students, supervisors, and especially those who might disagree with you—those with experiences, assumptions, values, and beliefs that differ from your own.

As you overcome challenges, I encourage you to take time to reflect on your achievements. It is from trying moments that we strengthen our resolve and better understand the true extent of what we can accomplish the next time we are faced with a challenge.

I am grateful for all of the authors who have contributed to this invaluable compendium. I would like to give special thanks to Laura Weiss Roberts, MD, this book's editor. Through these authors' wise words and Dr. Roberts's vision for creating this resource, you—the future leaders of academic medicine—will better navigate your careers, balance your personal and professional lives, and deliver the next generation of health care.

To our readers, I wish you the best of luck. In a book filled with insights, I'd like to share one more. It is simple but too often overlooked: enjoy this incredible and noble journey. You are making a substantial difference in the world. Thank you for all you do and all that you will do.

Lloyd B. Minor, MD
Carl and Elizabeth Naumann Dean of the
Stanford University School of Medicine
Stanford, CA, USA

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Contributors

Sarthak Angal, BS Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine, Stanford, CA, USA

Richard Balon, MD Departments of Psychiatry and Behavioral Neurosciences and Anesthesiology, Wayne State University, and Detroit Medical Center, Detroit, MI, USA

Liliana Kalogjera Barry, JD US Department of Veterans Affairs, Milwaukee, WI, USA

Gary L. Beck Dallaghan, PhD Office of Medical Education, University of North Carolina School of Medicine, Chapel Hill, NC, USA

Jerald Belitz, PhD Department of Psychiatry and Behavioral Sciences, University of New Mexico, Albuquerque, NM, USA

Eugene V. Beresin, MD, MA Harvard Medical School, Boston, MA, USA
The Clay Center for Young Healthy Minds, Boston, MA, USA
Department of Psychiatry, Massachusetts General Hospital, Boston, MA, USA

Robert Boland, MD Department of Psychiatry, Brigham and Women's Hospital, Harvard Medical School, Boston, MA, USA

Jonathan F. Borus, MD Department of Psychiatry, Brigham and Women's Hospital, Harvard Medical School, Boston, MA, USA

Linda M. Boxer, MD, PhD Department of Medicine (Hematology), Stanford University School of Medicine, Stanford, CA, USA

Judith P. Cain Stanford University School of Medicine, Stanford, CA, USA

Diana L. Carmichael, MHA AMC Strategies, LLC, Los Angeles, CA, USA

Michael I. Casher, MD Department of Psychiatry, Michigan Medical, Ann Arbor, MI, USA

Carlyle H. Chan, MD Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin, Milwaukee, WI, USA

Robert P. Chayer, MD Children's Hospital of Wisconsin, Milwaukee, WI, USA

Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin, Milwaukee, WI, USA

Christina F. Chick, PhD Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine, Stanford, CA, USA

Margaret S. Chisolm, MD Department of Psychiatry and Behavioral Sciences, Johns Hopkins University School of Medicine, Baltimore, MD, USA

Marcia J. Cohen, BA, MBA Stanford University School of Medicine, Stanford, CA, USA

Ann Freeman Cook, MPA, PhD National Rural Bioethics Project at the University of Montana, Missoula, MT, USA

Department of Neuroscience, Sanford School of Medicine, Sioux Falls, SD, USA

Sallie G. De Golia, MD, MPH Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine, Stanford, CA, USA

Arthur R. Derse, MD, JD Center for Bioethics and Medical Humanities, Medical College of Wisconsin Milwaukee, WI, USA

Amy Donahue, MD Department of Psychiatry, University of Colorado, Aurora, CO, USA

Laura B. Dunn, MD Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine, Stanford, CA, USA

W. Suzanne Eidson-Ton, MD, MS Department of Family and Community Medicine, University of California, Davis Health, Sacramento, CA, USA

Magali Fassiotto, PhD Office of Faculty Development and Diversity, Stanford University School of Medicine, Stanford, CA, USA

Sara R. Figueroa, MD Department of Psychiatry, Michigan Medical, Ann Arbor, MI, USA

Sabine C. Girod, MD, DDS, PhD Department of Surgery, Stanford University Medical Center, Stanford, CA, USA

Michelle Goldsmith, MD, MA Faculty Development Strategist, Division of Child and Adolescent Psychiatry, Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine, Stanford, CA, USA

Cheryl Gore-Felton, PhD Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine, Stanford, CA, USA

Frederick Grady, BS Meharry Medical College, Nashville, TN, USA

Christopher Guest, MD, PhD Department of Emergency Medicine, University of New Mexico, Albuquerque, NM, USA

Dolores Doane Guest, PhD, RD Department of Internal Medicine, University of New Mexico, Albuquerque, NM, USA

Heather Kenna Hall, MS, MA Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine, Stanford, CA, USA

Melinda Hantke, BA Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine, Stanford, CA, USA

Nathan Hantke, PhD Department of Neurology, Oregon Health & Science University, Mental Health and Neuroscience Division, VA Portland Health Care System, Portland, OR, USA

James T. Hardee, MD Kaiser Permanente Colorado and Department of Internal Medicine, University of Colorado School of Medicine, Denver, CO, USA

Thomas W. Heinrich, MD Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin, Milwaukee, WI, USA

Shelly L. Henderson, PhD Department of Family and Community Medicine, University of California, Davis Health, Sacramento, CA, USA

Helena Hoas, PhD Department of Psychology, University of Montana, Missoula, MT, USA

Alana Iglewicz, MD Veterans Affairs San Diego Healthcare System, Department of Psychiatry, University of California, San Diego, San Diego, CA, USA

Robert K. Jackler, MD Department of Otolaryngology-Head & Neck Surgery, Departments of Neurosurgery and Surgery, Stanford University School of Medicine, Stanford, CA, USA

Shaili Jain, MD Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine, Stanford, CA, USA

Michael D. Jibson, MD, PhD Department of Psychiatry, Michigan Medical, Ann Arbor, MI, USA

Edward Kass, PhD Management of Organizations, Berkeley-Haas School of Business, University of California, Berkeley, CA, USA

Shelli R. Kesler, PhD Department of Neuro-Oncology, Section of Neuropsychology, Division of Cancer Medicine, The University of Texas MD Anderson Cancer Center, Houston, TX, USA

Jennifer Riedel Kitt, BS, JD Climate Leadership Initiative, San Francisco, CA, USA

Jennifer R. Kogan, MD Department of Medicine, Perelman School of Medicine at the University of Pennsylvania, Philadelphia, PA, USA

Brenda Konczal Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin, Milwaukee, WI, USA

Cheryl Koopman, PhD Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine, Stanford, CA, USA

Vijaya Padma Kotapati, MBBS Department of Psychiatry, Manhattan Psychiatric Center, New York, NY, USA

Kyle Lane-McKinley, MFA Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine, Stanford, CA, USA

Joseph B. Layde, MD, JD Faculty of Medicine, University of British Columbia, Kelowna, BC, Canada

Division of Medical Sciences, University of Victoria, Victoria, BC, Canada
Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin, Milwaukee, WI, USA

Jon A. Lehrmann, MD Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin, Milwaukee, WI, USA

Steven E. Lindley, MD, PhD Outpatient Mental Health, Veteran's Affairs, Palo Alto Health Care System, Palo Alto, CA, USA

Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine, Stanford, CA, USA

Alan K. Louie, MD Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine, Stanford, CA, USA

Ryan K. Louie, MD, PhD Vituity, San Francisco, CA, USA

Linda M. Love, EdD Office of Faculty Development, University of Nebraska Medical Center, Omaha, NE, USA

John Luo, MD Department of Psychiatry, University of California, Irvine, School of Medicine, Orange, CA, USA

Nahla Mahgoub, MD, FAPA Department of Psychiatry, Weill Cornell Medicine, White Plains, NY, USA

Teresita McCarty, MD Assessment & Learning, University of New Mexico School of Medicine, Albuquerque, NM, USA

Nikitha Menon, BA Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine, Stanford, CA, USA

Lloyd B. Minor, MD Carl and Elizabeth Naumann Dean of the Stanford University School of Medicine, Stanford, CA, USA

Cynthiane J. Morgenweck, MD, MA Center for Bioethics and Medical Humanities Medical College of Wisconsin, Milwaukee, WI, USA

Nathaniel P. Morris, MD Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine, Stanford, CA, USA

Maggie G. Mortali, MPH American Foundation for Suicide Prevention, New York, NY, USA

Christine Moutier, MD American Foundation for Suicide Prevention, New York, NY, USA

Emmanuel M. Ngui, DrPH, MSc Joseph J. Zilber School of Public Health, University of Wisconsin-Milwaukee, Milwaukee, WI, USA

David O'Brien, MHA Stanford University School of Medicine, Stanford, CA, USA

Ruth O'Hara, PhD Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine, Stanford, CA, USA

David J. Peterson, MBA, FACMPE Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin, Milwaukee, WI, USA

Philip A. Pizzo, MD Stanford University School of Medicine, Stanford, CA, USA

Stanford Distinguished Careers Institute, Stanford University, Stanford, CA, USA

Frederic W. Platt, MD Department of Internal Medicine, University of Colorado School of Medicine, Denver, CO, USA

Nyapati R. Rao, MD, MS Stonybrook School of Medicine, Stony Brook, NY, USA

Department of Psychiatry, Nassau University Medical Center, East Meadow, NY, USA

Laura Weiss Roberts, MD, MA Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine, Stanford, CA, USA

Craig S. Rosen, PhD National Center for PTSD Dissemination and Training Division, Menlo Park, CA, USA

Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine, Stanford, CA, USA

Andreea L. Seritan, MD Department of Psychiatry, University of California, San Francisco, San Francisco, CA, USA

UCSF Weill Institute for Neurosciences, San Francisco, CA, USA

Deborah Simpson, PhD Academic Administration, Advocate Aurora Health, Milwaukee, WI, USA

Manpreet Kaur Singh, MD, MS Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine, Stanford, CA, USA

Upinder Singh, MD Departments of Internal Medicine and Microbiology and Immunology, Stanford University School of Medicine, Stanford, CA, USA

Rebecca Smith-Coggins, MD Department of Emergency Medicine, Stanford University School of Medicine, Stanford, CA, USA

Ryan Spellecy, PhD Center for Bioethics and Medical Humanities, Medical College of Wisconsin, Milwaukee, WI, USA

David K. Stevenson, MD Department of Pediatrics, Lucile Packard Children's Hospital, Stanford University School of Medicine, Stanford, CA, USA

Roger D. Strode, JD Foley and Lardner, LLP, Milwaukee, WI, USA

Aimee-Noelle Swanson, PhD Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine, Stanford, CA, USA

Hendry Ton, MD, MS Department of Psychiatry and Behavioral Sciences, University of California, Davis Health, Sacramento, CA, USA

Mickey Trockel, MD, PhD Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine, Stanford, CA, USA

Laura Turner-Essel, PhD Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine, Stanford, CA, USA

Teddy D. Warner, PhD Department of Family and Community Medicine, University of New Mexico, Albuquerque, NM, USA

Sharon E. Williams, PhD Department of Psychiatry and Behavioral Sciences, Division of Child and Adolescent Psychiatry, Lucile Packard Children's Hospital, Stanford University School of Medicine, Stanford, CA, USA

Joel Yager, MD Department of Psychiatry, University of Colorado, Aurora, CO, USA

Penelope Zeifert, PhD Department of Neurology and Neurological Sciences, Stanford University School of Medicine, Stanford, CA, USA

Sidney Zisook, MD Department of Psychiatry, University of California, San Diego, La Jolla, CA, USA

Part I

**Approaching the Profession
of Academic Medicine**



How to Find Your Path in Academic Medicine

Laura Weiss Roberts

Although the world is full of suffering, it is full also of the overcoming of it. –Helen Keller

Academic medicine creates a better future for humanity. Medical school faculty work across five domains to fulfill this awesome responsibility: (1) the advancement of science, (2) engagement in clinical innovation and service, (3) the fostering of multidisciplinary education, (4) collaboration to address societal needs, and (5) the nurturing of leadership and professionalism. Medical school faculty hold many roles within academic medicine. Faculty investigators seek to understand the biological basis of health and disease and the psychological, cultural, and social determinants of illness. Academic clinicians, as clinical innovators, apply scientific evidence in the care of patients and utilize scientific evidence to establish better clinical practices and to create more effective systems of care for entire populations. Medical school educators confer knowledge, build competencies, and inspire students across the health professions. Faculty members work with diverse partners to define and address concerns affecting the health of local and global communities. Leaders in academic medicine

help to prepare the next generation of leaders to offer expertise and wise judgment on broad policy efforts, scientific inquiry, and organizational responses to issues of importance to human health. Individually and collectively academic medicine faculty members have stepped forward to address vast health problems that affect all people, present, and future. On the shoulders of academic medicine rides the hope that the world's next generation will live better, longer lives with fewer burdens and less suffering.

It is clear upon entering the profession of academic medicine that the path ahead will be one of great purpose and hard work. Three aspects of the profession are immensely valued by experienced faculty but may be overlooked by early-career faculty: First, the work itself is creative and complex. Second, the colleagues are extraordinary. And third, the environment of academic medicine continuously—perhaps relentlessly—encourages faculty members to question, to learn, and to extend themselves. *Meaning, effort, creativity, collegueship, and growth* define the experience of a life dedicated to academic medicine. Taken together, these elements give rise to careers of unimagined achievement and distinct worth.

A hero is someone who understands the responsibility that comes with his freedom. –Bob Dylan

L. W. Roberts (✉)
Department of Psychiatry and Behavioral Sciences,
Stanford University School of Medicine,
Stanford, CA, USA

So, how does one choose the path of academic medicine? An aspirational “calling” to help humanity through discovery or healing will draw some to this field. For many, a love of teaching will make alternative careers—a future without connection to students each day—far less compelling. Academic medicine will provide the optimal, most exciting, or the only setting for others’ scientific work. For some who are drawn to academic medicine, the opportunity to pursue the multiple missions of science, patient care, teaching, collaboration, and leadership will be irresistible. For yet others, entering academic medicine may simply feel intuitive and logical; moving from the role of student to the role of faculty member in a familiar context surrounded by friends may become an obvious next step in their careers. All of these influences may play some part in the decision to choose academic medicine.

My sense is that nearly all early-career faculty members experience, as I did, an unsettling combination of feeling overly schooled, yet still underprepared. Decades of formal education, as it turns out, are insufficient for some of the unexpected and labor-intensive everyday duties of the instructor or assistant professor. Writing letters of recommendation, sitting on committees—or, worse, seeking committee approvals—formatting one’s curriculum vitae, obtaining a “360” evaluation, undergoing compliance audits, fulfilling quality performance metrics, preparing a grant, crafting a book proposal, and the like are not among the duties that an early academic thinks of when aspiring to better the human condition. Moreover, dynamics among faculty may be rather unexpected: the esteem, the size of office or laboratory, and the financial compensation accorded to an early-career faculty member may seem just a bit thin after all the years of training. Managing one’s duties and dynamics and becoming a graceful self-advocate are, one quickly learns, essential to one’s success in an academic career. Without some savvy handling of these “fundamentals,” it will be difficult to turn to the bigger work of academic medicine.

Recognition of the importance of these basic, but typically untaught, skills for faculty members across academic medicine serves as the origin of this handbook. The text is organized into

eight sections that encompass major domains, duties, and developmental aspects of faculty life: approaching the profession of academic medicine, getting established, approaching work with colleagues, writing and evaluating manuscripts, conducting empirical research, developing administrative skills, advancing along academic paths, and ensuring personal well-being.

Every section of this book is salient for *all* academic faculty members, no matter their specific training and duties. The clinical educator should understand the process that translational scientist colleagues undergo in competing for research grants, for example, and the laboratory scientist should understand the nature of bedside teaching. Such understanding will foster collegiality and will ensure greater fairness in accomplishing the many citizenship tasks of academic environments, such as when serving on a Promotion and Tenure (or “P & T”) committee. The topics of individual chapters are wide-ranging, derived from my own observations and impressions of what early-career faculty “need to know” to navigate the course ahead. In this second edition, renamed the Roberts Academic Medicine Handbook, chapters have been revised and brought up-to-date. Examples of a chapter from each section include how to manage time effectively, how to give a lecture, how to approach the relationship with a mentor, how to write for publication, how to prepare a first grant application, how to negotiate, how to develop a national reputation, and how to manage personal finances. New chapters have been added in this edition on preparing a book proposal, engaging with social media, public speaking, and fundraising. A chapter on creating a culture of belonging and support in academic medicine—a key responsibility of faculty members at every stage in their career—has also been included in this edition. My hope in envisioning and assembling this handbook is that it will assist faculty members to be effective and personally fulfilled as they progress through their careers in academic medicine.

Whatever you are, be a good one. —Abraham Lincoln

People who flourish in academic medicine possess certain qualities that allow them to adapt

to the diverse and specific ecologies of medical school environments. Years ago, Dr. Hilty and I observed that our most successful colleagues have several common attributes: beyond having a sense of purpose and willingness to work hard, they are creative, organized, and tenacious; they foster good will; and they are open to opportunity [1]. As I have seen exceptional careers become damaged and devastated in my many years as an academic faculty member, I have come to understand that professional integrity, presupposed in the prior list, should be made explicit as a “necessary precondition” for effective academic careers. With experience in leadership roles, I also now include among the characteristics of the strongest faculty the ability to communicate the value of one’s work to others, as well as an awareness of one’s limitations and willingness to compensate, adapt, or reposition accordingly. Knowledge of the overall organization and governance of medical schools and understanding of how medical school realities are shaped by county, state, and federal resources, regulatory agencies, and public policy are also qualities that help faculty do well as they mature within the field. Dedication to the success of others within an academic organization (students, staff, peers, near-peers, or deans) and outside of the academic organization (affiliated institutions, community partners, professional colleagues, or governmental or nongovernmental entities) is another discernible quality of great academic faculty members. All of these characteristics allow a faculty member to thrive in medical school environments, advancing their careers but also supporting the value of these organizations in society.

Indeed, although they represent the “universe” for academic faculty, medical schools are relatively few in number and vary greatly. The Association of American Medical Colleges (AAMC; www.aamc.org) is an organization that represents all of the accredited medical schools in the USA and Canada, their major teaching hospitals and health systems, and key academic and scientific societies in the two countries. At the time of this writing, the AAMC has 154 medical schools in the USA and 17 in Canada, with more schools launched and moving toward accredi-

tation by the Liaison Committee on Medical Education, a joint endeavor of the AAMC and the American Medical Association. The AAMC estimates that 173,000 full-time faculty members, 89,000 medical students, and 129,000 resident physicians work within these academic medical organizations. Given that the population of the USA today is estimated to be 328.7 million people and the population of Canada is estimated to be 36.1 million people, the number of medical schools is small by any count, and the ratio of faculty-to-general population is strikingly low. Keeping the academic workforce robust, given its responsibilities to the many people it serves, is thus essential.

Medical schools must meet clear standards but are quite different in their scope of activities, priorities, settings, finances, governance, and cultures. All provide high-quality education through remarkably diverse curricula. All must have teaching-related clinical services in general and specialty areas. Some medical schools have robust federal research funding for science, whereas others have nearly none. Some medical schools are financially sturdy, while others find themselves frequently near fiscal collapse, trading program closure for the opportunity for the organization to survive another week. Some medical schools have as their primary task educating rural care providers to serve the health of neighboring communities, and some see their foremost duty as driving forward the most innovative basic and translational science that will transform our current understanding of human health and disease. Some medical schools (“medical colleges”) are independent and free-standing, and others reside on a university campus embedded in a health sciences center with companion nursing, dental, and other health professional schools. Culturally, some medical schools take great pride in their elite standing, while others, some of the best schools among them, have a much more down-to-earth nature.

Such diverse environments suggest the value of a diverse set of people suited to the work of academic medicine. Scientists, clinicians, teachers, leaders, and “mosaics” all belong. Success as a faculty member will thus involve looking for

the “best fit” between the person and the organization and, more specifically, the person at a particular point in his or her professional development and the organization at a particular point in its history. Extraordinary (“top tier”) institutions can help advance stellar careers through exceptional mentors and facilities, but for some early-career faculty, it may be difficult to get the recognition and opportunities that they would receive as “bigger fish” in a “smaller pond.” More modest institutions may not have the resources to afford the larger commitments needed by their talented, let alone their “superstar,” faculty, however. Institutional history is also relevant in that academic entities that have grown through investments in basic science or, alternatively, in clinical expansion are likely to adhere to their past successes in future decisions. Academic programs that have thrived by taking “high-risk, high-gain” commitments are likely to be bolder, whereas fiscally strapped entities or those that have, let’s say, just undergone investigation by the federal government for human subject compliance concerns may be very conservative in their decision-making. These factors, though they may seem far removed from the everyday life of the individual faculty member, shape the milieu and can greatly influence the academic work that each person undertakes.

In thinking through whether a particular academic setting will help support the development of one’s academic life, an early-career faculty member should look for several features of the environment. The most basic elements include the presence of a mentor or mentors to provide guidance and the presence of some basic resources necessary to complete one’s academic work (e.g., access to a laboratory, access to a methodologist or quantitative expert, access to patient populations, access to students, and the like). Collaborative colleagues will enrich the academic environment further. If the productivity and workload expectations are rigorous but reasonable and if there is a supervisor or even an opinion leader who values one’s work, then the environment may well be sufficient. If there is one special aspect of an environment that is more important than all of the rest, it is, in my

view, whether there is a positive culture of curiosity, exploration, opportunity, and forgiveness that allows faculty members to learn, to expand their expertise, and to take on new responsibilities. One caveat is as follows: if the constellation of duties undertaken by the faculty member is not well thought out, even the optimal academic environment will not support academic success. Carefully evaluating what is possible in the pairing of a faculty member and the institution/institutional role is therefore essential.

Beyond thinking about the context of one academic program or one organization, it is valuable to entertain the possibility of making certain key moves over the course of one’s professional life. These moves may occur within an institution, for instance, in seeking a new leadership role, or may involve transitioning to a new faculty post at a new institution. Both kinds of change can be disruptive, and no one recommends “job-hopping.” That said, intentional and well-judged moves can bring immense opportunities for both faculty members and the institutional environments in which they serve.

Far and away the best prize that life has to offer is the chance to work hard at work worth doing. – Theodore Roosevelt

The profession of academic medicine requires constant sustenance and renewal. For academic faculty, the present time in history holds the greatest promise in terms of scientific discovery, clinical innovation, educational advances, mutualism with other societal stakeholders, and true leadership. Each individual entering academic medicine can anticipate an exceptional career—one that is rich and exciting professionally and fulfilling personally. Our profession is nevertheless fragile. Resource concerns, erosion of the public trust, and inadequate numbers of people entering and remaining in scientific and clinical careers, in particular, threaten academic medicine. The significance of the fragility does not pertain to the interests of individual institutions or to what may be perceived as petty concerns of “guild” subspecialties or disciplines—the real meaning is far greater because the consequences reach forward to the future. Our capacity to bet-

ter the lives of people throughout the world and shape the health of their children will be lessened if academic medicine is allowed to languish. More positively stated, though it has been in existence for less than a century, the modern model of academic medicine has already brought about enduring good for humankind, and though the specific configuration of organizations may evolve, its value is certain to continue.

Inspiring exceptional young physicians and scientists, supporting them as they find their professional “calling” and fostering their development in academic medicine, taken together, therefore, represent sincere commitments for our field. I said at the beginning of this chapter that academic medicine exists to help humanity, but it exists too because of the people who have committed their lives to it. For this reason, I end this initial chapter of the *Roberts Academic Medicine Handbook: A Guide to Achievement and Fulfillment for Academic Faculty* with a statement of appreciation for our early-career colleagues, individuals who have already sacrificed and accomplished much and are choosing to join the authors of this volume on a professional path in academic medicine. We welcome you to this endeavor, the work of imagining and creating a better future, and we thank you for stepping forward.

Words to the Wise

- Consider the five missions of academic medicine—where do your interests, strengths, and commitments fit?
- Take a good look at your colleagues and mentors: What can you learn from their career choices? What can you learn from their successes and failures?
- What practical skills do you need to progress in your career?
- How do you envision the different phases of your professional life in academic medicine? Is this a good fit for who you are and who you will become?
- How does your department compare with other departments nationally?
- What future do you envision in academic medicine?

Ask Your Mentor or Colleagues

- What kind of academic setting might be best for me?
- How can I prepare myself for the everyday duties of a new career in academic medicine?
- What are my strengths? Do I have limitations that I should try to remedy or compensate for?
- What are the predictable decision points in an academic career path?
- Who else should I be talking with to help me think about my career and professional growth?

Reference

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How to Build the Foundation for a Successful Career in Academia

Upinder Singh and Linda M. Boxer

Joining the faculty ranks of an academic institution is the ultimate goal of many who go to medical school. For many, this seems an uphill battle, and financial, social, and lifestyle pressures are causing increasing number of graduates to abandon this goal. However, such a goal remains attainable, worthwhile, and desirable and offers a challenging career filled with great rewards. A career in academic medicine is never routine or boring and provides enormous flexibility, yet enough intellectual stimulation and opportunities for growth to sustain interest and excitement for a lifetime.

In this chapter we outline some strategies that can pave the path to success while keeping in mind that each academic physician will have a unique and personal journey. Some factors that predict success are so obvious as to seem formulaic and repetitive, but still deserve discussion. Absolute requirements for the job are (1) possessing motivation and willingness to work hard, (2) focusing on goals in an efficient and organized manner that allows one to set priorities and

achieve measurable success, (3) being prepared to network in one's field and obtain funding, and (4) having adequate protected time and aligning with the goals of the department and institution. Other skills are more nuanced and not so immediately obvious and relate to the ability to get the first academic job and to grow and mature in the position. These skills include the ability to deal with challenges and take risks and to understand one's strengths and weaknesses and learn from mistakes. Additionally, the ability to find mentors for different aspects of one's career and to be flexible enough to accommodate new opportunities and challenges are keys to continued professional development and satisfaction.

Is This the Right Faculty Position?

In searching for a faculty position, a key predictor of future success is alignment of one's goals with those of the department and institution. Determine what an institution values and whether those priorities fit your short- and long-term goals. If your interests are not in line with the institutional vision, do not take a position just because you are enamored by the aura of the institution. Before accepting a faculty position, it is critical to agree with your chief or chair on how your effort will be divided among the three major academic missions of research, clinical care, and teaching. You will most likely spend significantly

U. Singh

Departments of Internal Medicine and Microbiology and Immunology, Stanford University School of Medicine, Stanford, CA, USA
e-mail: usinh@stanford.edu

L. M. Boxer (✉)

Department of Medicine (Hematology), Stanford University School of Medicine, Stanford, CA, USA
e-mail: lboxer@stanford.edu

more time in one of the three missions. Likewise, the faculty position will be structured with a major focus on one of the missions. To accept a position that is not designed to allow you to spend the preponderance of your time on the mission that is of most importance to you and your career development is a recipe for disappointment and failure. In your discussions on the faculty position, be clear about the expectations that the chief or the chair has for what constitutes success. Spend time to develop a realistic budget for your research needs for at least the first 3 years, and negotiate with the chief or the chair for this support. You will also need salary support during this time. Ask to see the offer in writing and make certain it is clear. Do not be afraid to ask for the resources and protected time that you need.

Once at the right place, finding colleagues who have similar aspirations will provide the essential intellectual support needed to develop your own scholarship. We do not live in a vacuum and certainly cannot succeed in one. Getting adequate support to develop your scholarship (protected time and resources being two important considerations) is a key factor, as are clear expectations of how your time as a new faculty member will be spent (e.g., what proportion will be research, clinical care, teaching, administrative). Many early-career faculty fall into the trap of overcommitting to too many service tasks early in their careers. The desire to be a good citizen is laudable, but the necessity to protect one's time during the early years of establishing a research program cannot be overstated.

Establishing Your Identity

Your research mentor has been a great guide for you and helped you develop as a scientist, writer, thinker, manager, and maybe even leader. However, as in all relationships, there is a time when some important and tough conversations must occur:

Your angle: I am going out into the world and need to establish my scientific identity and I want to talk about how I will separate from you—what scientific projects would be yours and what work will be mine?

Your mentor's angle: Great! I am excited for you to begin your own career. But your work has been some of the best in my lab—I am not sure how much of it I can give to you!

In the ideal world, the mentor's and trainee's goals, visions, and plans are completely aligned, but in the real world, where science is tough, funding is difficult, and the competitive spirit drives all of us, the issue of separation and differentiation can often be challenging. To avoid misunderstandings, the best approach is to (1) have frank and honest conversations, (2) broach the topic early, (3) set up expectations on both sides, and (4) have regular follow-up. Another consideration is to have a specific time period when you are still working closely with a mentor but you are pursuing an independent project. This can be best accomplished when you have independent funding and will depend on the collaborative and collegial nature of your mentor. Keep in mind that science is difficult to predict. Even if your mentor and you agree to divide work, eventually, your mentor's projects may collide with yours. Be prepared for this situation, but do not let fear of it hold you back from tackling the best and most interesting scientific questions. If your mentor has taught you well, you are prepared with the skills to be a friendly colleague, collaborator, and even competitor!

One special consideration is when you take a faculty position at the same institution as your mentor. Although such an arrangement has many advantages (e.g., you are already familiar with the environment, have scientific colleagues around you whom you know, can easily set up your own lab, and you and your family do not have to move across the country), one disadvantage is continued association with your former mentor. In the eyes of your colleagues, will you be a new faculty colleague or simply the great senior postdoc of your mentor? This perception is not absolute and can be overcome, but you will have to make and follow a plan to overcome this perception successfully. Keep in mind that this separation is not just for the sake of your ego—it is for the sake of your career. When the time arrives for decisions on promotion and tenure, you will be judged on how you differentiated

from your former mentor and whether you have established a research program that is unique, independent, and additive to the program of your mentor. In other words, what do you bring to the table that your mentor did not?

Setting Priorities and Focusing on Them

Once you have navigated the first few busy (and stressful!) years of life as a new faculty member, your thoughts will soon turn to the next steps—reappointment, promotion, and tenure. Have a discussion with your chief or chair on the criteria for reappointment and promotion. Different faculty lines are designed to emphasize each of the three academic missions, and the requirements for promotion will differ among the lines (see chapters “[How to Understand Criteria for Academic Promotion on “Traditional” and “Research” Tracks](#)” and “[How to Understand Promotion Criteria for “Clinician Educator” and “Teaching” Tracks](#)”). You have previously made certain to enter the line that is the best fit for your goals and interests. Therefore, the criteria for promotion will likely align with your priorities. Once you have an understanding of the criteria for promotion, ask your mentors for their advice and feedback on what your priorities should be. Know the metrics on which you will be judged so that you can determine your readiness for and success in being promoted. Get as many perspectives as possible—ask, ask, ask. Ask those around you who have recently navigated this hurdle, ask mentors and supervisors what areas you should prioritize, and ask scientific colleagues for their insight and guidance. Among the abundance of advice you receive, common themes will emerge—keep those in mind as you set your goals and priorities.

It is very important to have protected time during your first several years on the faculty. Protected time will allow you to develop your scholarship, clinical practice, and/or teaching. When you are asked to take on a new project or assignment, consider how this work will help you attain your goals. Although some good citizen-

ship activities are desirable and necessary, it is not reasonable to expect an early-career faculty member to engage heavily in these types of activities. With the advice and support of your mentors, determine which activities will be most beneficial for your career development without taking too much time away from your academic mission endeavors. Be focused and merciless about committing to new assignments or projects. Will they help or hinder you in your long-term goals? Taking on new projects that will ultimately help you is not being selfish—it is being smart.

Mentors, Mentors, and More Mentors

The importance of mentors as key predictors of success cannot be overstated (see chapter “[How to Approach Mentorship as a Mentee](#)”). Academic medicine is complex, and listening to the advice of others who know how to negotiate the course will help ensure your success. You cannot have too many mentors, but do not expect them to seek you out. Go and find them. Keep in mind that you will need mentors for many aspects of your academic life—three areas that are the most obvious are research, clinical care, and teaching. However, academic physicians also need and benefit from mentors in other areas—maintaining work–life balance, writing well and effectively, public speaking, and so on. It is valuable to have a mentoring team—one mentor does not have to fill all these varied roles. Keep in mind that your need for mentoring will also change over time, and the input and guidance you needed as a new faculty member will be vastly different from the guidance you need as you take on leadership roles. A good place to start in the search for mentors is with your chief or chair and/or your assigned mentor. Several of your mentors will likely be at your institution, but do not limit your mentorship support to colleagues at the same institution. For example, you may need to identify a mentor for your research from investigators in the same research area as yours, and it is quite possible that there will be no one at your home institution in