



Toto, I've a Feeling We're Not in Kansas Anymore: Navigating the Mid-career Transition to Academic Medicine

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Abstract

When physicians, nurse practitioners, and physician assistants transition from a community setting to a university-based academic environment during mid-career, it can be challenging. Strategic planning is needed to ensure success. Institutions can assist experienced providers making such a transition, and there are steps the provider can take to self-advocate. As a group of four medical professionals who began their careers in patient care community practices for up to 18 years before transitioning to an academic medical center, we have had to navigate an unfamiliar landscape. We collectively offer our tips for a successful mid-career transition to academic medicine.

Keywords Mid-career · Faculty development · Academic medicine

Introduction

Mid-career transition from a community setting to a university-based academic environment requires strategic planning in order to ensure success both for the individual and for the institution. However, resources to assist the individual are scarce. Much attention is paid at the institution level to help graduating residents make a career transition, but less

focus is paid to the mid-career physician, nurse practitioner, or physician assistant who is transitioning to a university-based academic setting.

When a seasoned provider has been practicing in a community setting and then transitions to a university-based academic setting mid-career, it can feel confusing and overwhelming. The metrics for career advancement in academic and community settings are different. Most academic medical centers place a high value on research and scholarly work, resulting in publications and eventual extramural funding for research. By contrast, many community medical centers place value on the patient care experience and contributing to business operations. While there is obvious overlap between the two, many providers making a transition to an academic setting recognize a distinct difference in expectations for success and promotion.

Any provider who has “grown up” in an academic setting is comfortable with, and even expert at, concepts of statistical methodology, power, and study design. The mid-career providers who have spent their time in a primarily clinical setting may be focused more on applying research to practice and are likely to have had little or no experience with conducting research since finishing training. In fact, many providers who become academic faculty after years in a community setting often find themselves starting out behind junior faculty in terms of research or scholarly output. And, because many medical residents are expected to do research during their course of training, mid-career new-to-academic faculty are

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often behind even residents. These perceived setbacks may lead an individual to falsely perceive their abilities to be lower than in actuality, often referred to as “imposter syndrome,” which should be acknowledged in order to overcome.

As a group of four medical professionals who began their careers in patient care community practices for up to 18 years before transitioning to an academic medical center, we have had to navigate an unfamiliar landscape. We collectively offer our tips for a successful mid-career transition to academic medicine.

Tip #1: Start Asking Questions About Transition Before Arriving

As soon as you accept an offer as a faculty member, or even before your decision is made, ask questions about successful transitions within your new department. Has anyone in the department come to academic medicine mid-career? What are your department’s requirements for advancement? How can new faculty get involved with scholarly projects?

Tip #2: Invest in “Face” Time

When given the choice, attend meetings in person instead of by video conference or telephone conference calls. The personal connections you make in the first few months on the job will prove an invaluable tool for others to recognize your new face, and for you to build relationships that might prove useful in future research or projects.

In this time of social distancing during the COVID-19 pandemic, many medical centers are conducting meetings exclusively via video conference platforms. If this is the case when you begin your academic career, always choose to participate with live video of yourself instead of a static photo or just your name. Allowing your new colleagues to connect your name with your face will serve you well when in-person meetings resume.

Identify the key players in your department or organization. Who is running the meetings you attend in your first few months? Follow up with those people after the meetings in person or by email and ask for 20 minutes of their time to discuss your new role in the department. How long have they been working there, and how have they been involved with the department (committees, leadership roles, etc.)? What tips can they offer to a mid-career new faculty? After your meeting, follow up with a brief thank you email.

Tip #3: Build Personal Connections

After learning of your interests and background, a senior colleague may suggest a list of people with whom you should talk. It is important to follow up on these leads. Better than

crafting an unsolicited email to your new contact, ask your senior colleague to e-introduce you to the person, then follow up promptly with an email asking for a time to talk. When you meet with the new contact, remind them of the connection, “Thanks so much for meeting me today, Dr. Smith. My colleague thought we might have some shared interest, and so I wanted to talk to you more.” Don’t be afraid to share your story of how and why you decided to transition to academic medicine. As you share your interests, your new contact may say, “With your interest in this area, you should really talk to Dr. Jones...” Then be sure to follow up with Dr. Jones in the same way you connected with Dr. Smith, and after you meet with Dr. Jones, circle back with Dr. Smith to let her know how much you appreciated the connection. When people know that their help and advice is valued and followed, they will be more likely to think of you for future collaboration connections.

As you meet people in your department and even in your field outside of your new institution, start a list to keep track of people, their roles and interests, and their contact information. If they connected you with other people, make a note of that on your contact sheet. Build a virtual (or physical) connection list that you can reference in the future.

Tip #4: Find a Mentor

Mentors come out of the woodwork to help newly graduated residents, but people may assume that an experienced provider, a decade out of training, may not need the same level of guidance. Make your requests for a mentor known and talk openly about what you need to be successful. Mentors can come in all shapes and sizes, and serve different purposes (research mentor, leadership mentor, life/work integration mentor). Look widely for mentors or advisors.

Consider forming a mentoring committee rather than finding just one individual mentor. Mentoring committees allow you the opportunity to hand pick specialists that serve each of your specific interests. Be sure to find a balance of mentors with both clinical and research responsibilities, as individual workloads in an academic setting are often quite varied.

Many institutions have established mentoring programs that match new faculty with volunteer mentors. Sometimes these mentors are in your department, and sometimes they are outside of your department. There are benefits to each. Mentors within your own department know how to navigate your department’s infrastructure and can offer tips on getting involved and career planning. Mentors outside of your department can be beneficial by offering an unbiased, “outsider” view of career navigation. Outside mentors might also be aware of programs or opportunities in the broader academic or school of medicine setting that may appeal to you, but might not occur to a mentor in your own department.

If you do not know if your institution has an established, automatic mentoring program, be sure to ask. If a formal matching program does not exist, or if you are not getting what you need from the mentor to whom you were assigned, find new mentors. There is no rule that you need to have only one mentor. In fact, multiple mentors who can offer varied points of view about the same topic are preferable to one single mentor to whom you direct all your questions.

Tip #5: Start Small

Unlike in most community clinical settings, scholarly output and research is an important part of being at an academic medical center. Your first foray into academic scholarship does not need to be leading a national, multicenter study. Keep your eyes open and think about interesting cases you encounter in your clinical work.

Recognize that your perspective matters. Many faculty at academic medical centers have done some or all of their medical training at that same center, leaving little room for fresh ideas. Just the fact that you have experience outside of the academic setting gives you a different perspective. Try to add on to existing projects. You do not have to start something from scratch. If your fresh energy can move an existing, stalled project forward, you will instantly be a part of the team.

Attend Grand Rounds and other faculty lectures on topics of interest to you. If an issue speaks to you, talk to or email the speaker after the lecture to express your interest in their topic. Share your background and expertise, and explore options to become involved with either a current or future project.

Reach out to people who share your position at neighboring academic medical centers. If you are running a unit in the hospital or a specialty clinic in the outpatient setting, a quick Internet search can tell you who is in charge of similar units or clinics at neighboring institutions. Ask about projects on which they are working, and see if opportunities exist for cross-institutional collaboration. Share projects that you have started or have been interested in starting. Explore the research interests of state or regional collaborative groups and network consortiums to help establish research connections.

Tip #6: Find Your School of Medicine or Hospital's Faculty Advancement Department

Faculty advancement departments often organize recurring lectures about a host of topics including preparing an academic CV, finding a mentor, preparing a manuscript, utilizing research databases, and working with clinical librarians to identify gaps in research. Plan to attend these meetings in person, if possible. Often these lectures will be geared toward

and advertised to medicine fellows or senior residents, but usually they are open to anyone who wants to attend. Tell the faculty advancement department that you are interested in attending, and ask to be added to their mailing list. They will likely be thrilled that you are showing interest in learning from the programs they organize. During or after the talks, ask follow-up questions that pertain to you. It is unlikely that you will be the only person with your particular question, so be sure to ask.

Tip #7: Take Advantage of Technology

Join a listserv sponsored by your national or state's professional organization. Read emails and blog posts sent from your department's leadership. If you are a social media user, follow physicians in your field whom you admire. Seek out and pursue networking opportunities within your institution and also at other institutions. Creating a virtual Rolodex of academic contacts in your field, even if you have not yet met them, will be invaluable as you attend national meetings where you will be able to put a name with a face. When it comes time for you to submit your application for promotion, you will have a ready-made list of outside colleagues who can write you letters of support.

Tip #8: Attend Local Medical Meetings

Large, national society meetings are invigorating and inspiring, but don't underestimate the benefit of smaller, local or regional meetings. Join your area's chapter of the national professional organization in your field, like the state chapter of your national organization. Local or regional meetings tend to be smaller and more intimate with more opportunities for making connections. As you chat with someone new, ask for their card and jot down a few words that will remind you about your discussion. Follow up on those connections when you return home, using your jotted-down notes to remind them about meeting you. Add to your virtual Rolodex of potential collaborators and mentors. Remember to carry your own business cards to any event. You will be surprised by how often someone asks for one.

Tip #9: Recognize and Use Your Expertise

You may not have been in academic medicine for the past decade, but your experience with patient care and "real-world" medicine means you have a lot to offer your academic colleagues. Use your different perspective to your advantage. Find out who plans the Grand Rounds and resident lectures at your institution and offer to give a lecture on an area of your

interest. Once people recognize you as the expert, they will seek you out to collaborate.

Having worked in a setting that is not as focused on producing research, you may have more experience with turning research into clinically relevant actions rather than conducting research. If you have experience implementing new protocols/guidelines and procedures in a clinical setting, use that experience to your advantage. Offer to help implement changes at your new institution. Working with people to make changes that benefit the patients and the health care experience is a valuable asset. As you implement new changes, think about how you can write up your implementation experience to share with others in your field through publications.

Tip #10: Be Prepared for Change

Change not only comes when you transition to a new job. As chairs and division chiefs change, your job description may change, too. The focus of your group may change based on the past experiences of the new leaders. Be nimble and adaptive with the culture of the institution and department, and as new leaders come, take time to get to know them and their interests to see how your past experiences might set you apart. Continue to advocate for your passions.

Tip #11: Use “No” Effectively

Be mindful of your own time. Recognize how much time it will take to invest in a new project or learn new things like manuscript preparation. Make time for these things, but don't let them overrun the enjoyment of your new position.

Do not fall into the trap of saying yes to every opportunity that presents itself. Focus on your interests and expertise. If it is not a question that interests you, you won't stay interested. Discover how to consciously say no. Before saying yes to a new opportunity, ask to have 24 hours to think about it. Allow yourself the opportunity to think about the potential time commitment, and make sure your schedule will allow your participation in a way that is enjoyable and not overly stressful for you. Consider running new opportunities by your “No Committee”—a committee of your mentors who have agreed to give you a thumbs up or thumbs down regarding new opportunities. If some of your mentors are seasoned

academicians, they will know which types of projects can lead to meaningful work in the academic setting.

Tip #12: Steer Clear of “Imposter Syndrome”

Avoid falling prey to “imposter syndrome,” mentioned in the “Introduction” section. Because you may have more post-training experience than other new faculty, some people may assume you know what you are doing with respect to research. Don't be afraid to tell people if your experience in producing research is not deep, but also share your depth of clinical experience and experience working with families and staff to provide exceptional care. Don't think you don't have anything to offer. Although self-doubt happens to all of us, don't let self-doubt take over.

Conclusions/Summary

A mid-career change to academic medicine can feel daunting and exhilarating at the same time. Embrace both these emotions. Use your experience to guide you, and give yourself time to explore new opportunities. Feel confident that you have unique and valuable insights to offer. Most of all, enjoy the experience, and perhaps in the future you can help others who are transitioning just like you.

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