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Robert T. Brodell, M.D.

Professor and Chair, Division of Dermatology
Professor of Pathology
University of Mississippi Medical Center
Jackson, Mississippi
Instructor in Dermatology
University of Rochester School of Medicine and Dentistry
Rochester, New York

Academic Medicine in Private Practice

Robert T. Brodell, M.D.^{1,2}

¹University of Mississippi Medical Center, Jackson, MS

²University of Rochester School of Medicine and Dentistry, Rochester, NY

After 27 years in the solo private practice of dermatology and dermatopathology in my hometown of Warren, Ohio, I transitioned to a full-time, tenured academic position as Chairman of the Department of Dermatology at the University of Mississippi Medical Center. This “bent arrow” career pathway is far from unique, but certainly not as common as the course taken by traditional academics who begin their professional careers on the faculty of a university. I am not a naturally talented educator or a particularly creative researcher, nor do I have an abiding, driving interest in administration. Any academic successes that I have achieved are rooted in my medical school education at the University of Rochester School of Medicine and Dentistry, dermatology and dermatopathology residencies at Washington University in St. Louis and career mentoring by David R. Bickers, M.D., who was Chairman of Dermatology at nearby Case Western Reserve University when I started my private practice in Ohio. The take-home message of this editorial is that academic careers can be

nurtured in small town solo private practices by physicians who are mission-driven, self-motivated, and have proper guidance.

CHOOSING AN "ENRICHED" LIFE

The “regular” life of a physician in clinical practice is special. There is no greater honor than to be given the complete trust of patients who rely on their physician to provide their care. Many physicians, however, choose to enrich their lives through special efforts. They focus on nurturing their family, volunteering for a church or other non-profit agency, or developing special talents, to name just a few. I recommend the enrichment that comes with academic pursuits that are built on the decades of education to which we have devoted ourselves. This can easily be combined with other enriching activities. It is no more time-consuming than golf and just as much fun.

KEYS TO ACADEMIC SUCCESS IN PRIVATE PRACTICE

There is no single way to achieve academic success in the private practice setting. A physician may have a brilliant, creative mind that sees what other physicians are unable to see. In some cases, serendipity plays a role. This is the accident of finding something useful while not specifically searching for it. No one is more

Corresponding Author: Robert T. Brodell, M.D., Department of Dermatology, University of Mississippi Medical, 2500 North State Street, Jackson, Mississippi 39216.

Email: rbrodell@umc.edu

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Table 1: Motivation for Academic Pursuits

- Expectations of Your Mom and Dad
- Potential for Sainthood
- Intrinsic Motivation of Unknown Type
- Competition
- Social Justice
- Interactions with Colleagues
- Enjoyment of Positive Feedback from Teaching or Research
- Leaving a Permanent Mark through

well-positioned to make such discoveries than the private practitioner in a busy clinical practice. As Wingate Johnson said in 1937:

"The average family doctor is like to be so overawed by the word "research" that he refuses to entertain for a moment that he (I would add "or she") himself is capable of doing it while engaged in active practice. In truth, however, he is in a better position to do clinical research because he is in practice."¹

Charles Horace Mayo in the late 19th century developed the Mayo Clinic out of a forward thinking, patient-focused, research-oriented private practice. Most of us will never achieve such momentous successes, but we may make meaningful—albeit small—contributions to science through teaching and clinical research. The keys to such success are rather pedestrian: 1) a willingness (self-motivation) to devote time to academics, e.g. make academics a primary "hobby;" 2) an in-depth, perhaps mercenary, analysis of what the physician can offer the academic world; 3) a gathering of academic currency through a prospective approach that could be termed an educator's or researcher's portfolio; and 4) a method of gauging academic successes

through the activity of applying for promotions to advance university rank as affiliate, volunteer faculty member.

MOTIVATION FOR DEVOTING TIME TO ACADEMICS

If one chooses to enter the academic fray, I recommend some thoughtful self-analysis to determine the exact motivation in choosing this path. (See Table 1) Success in academic pursuits requires a life-long commitment that cannot be powered by transient interest. If becoming wealthy beyond your dreams is the driving motivational force, incorporating academic medicine into your private practice is probably not the best approach to reach this goal. On the other hand, private practitioners have a particular advantage when compared to full-time academics. The income from many private practices is ample to fund academic efforts without the uncertainty inherent in grant applications. In other words, private practitioners may be able to fund their own "protected time." If your desire is to cure cancer, you will need to come armed with other personality traits such as the ability to accept a long series of small defeats on the pathway toward victory and relish each small incremental victory. Ultimately, satisfaction must accompany academic pursuits, or else any initial motivating factors will be stymied.² I was motivated by the small dollops of positive feedback from my peers and students whom I had been fortunate to teach. It is a stunning coincidence that the "special sauce" of hyper-efficient people in any field is the unselfish giving to others.³ This investment in peers, residents, and medical students led to frequent, and often unexpected, contributions toward my own academic goals.

Table II: Contents of an Academic Portfolio

<p>I) Identifying Information (Name, address, phone, fax, email, and current academic title)</p> <p>II) A mission statement and philosophy of education</p> <p>III) Research</p> <p>A. Laboratory-oriented research</p> <ul style="list-style-type: none"> • Active research projects (title and funding) • Published research in peer-reviewed journals • Abstracts <p>B. Patient-oriented research</p> <ul style="list-style-type: none"> • Active research projects (title and funding) • Published research in peer-reviewed journals • Abstracts <p>C. Literature reviews and meta-analysis published in peer-reviewed journals</p> <p>IV) Teaching and service</p> <p>A. Medical student teaching</p> <ul style="list-style-type: none"> • Didactic teaching in medical school curriculum (title, course, dates) • Hospital rounds (dates and location) • Student rotations in clinical practice locations (names, dates) • Evaluations <p>B. Resident teaching</p> <ul style="list-style-type: none"> • Grand rounds presentations and other formal venues (date, location, topic) • Staffing resident clinics (date and location) • Resident rotations in clinical practice settings (names, hospital affiliation, department, dates) • Evaluations <p>C. Postgraduate Continuing Medical Education (CME)</p> <ul style="list-style-type: none"> • CME presentation (title, date, location, sponsor) • Industry-sponsored presentations (title, date, location, sponsor) • Course directorships • Evaluations <p>D. Lay teaching in scientific fields (title, date, location, sponsor)</p> <p>E. Other service</p> <ul style="list-style-type: none"> • Committee assignments (committee name, 	<ul style="list-style-type: none"> dates, specific projects) • Committee chairs (committee name, dates, specific projects) • Special projects, innovative teaching efforts, curriculum development) • Mentoring and counseling (names, dates, service provided) • Recommendations written (student/resident name, date) • Philanthropy – (Organization, dates, category of giving) • Preparation of examinations and learning assessment of students and residents <p>V) Honors, commendations, and awards</p> <p>A. University-affiliated awards (name and date)</p> <p>B. Other academic awards (name and date)</p> <p>VI) Professional societies</p> <p>A. Specialty Societies</p> <ul style="list-style-type: none"> • Committee work • Committee chairs • Leadership positions • Special Projects <p>B. Other medical societies</p> <p>VII) Continuing Medical Education</p> <p>A. Credits earned per year</p> <p>B. CME awards</p> <p>VIII) Research databases</p> <p>A. Clinical photograph files</p> <p>B. Clinical research files</p> <p>IX) Community Service</p> <p>A. Health related organizations</p> <p>B. General community service</p> <p>X) Personal and professional references (Name, address, email)</p>
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Adapted with permission from Table 1, Brodell RT, Alam M, Bickers DR. The Dermatologist's academic portfolio: A template for documenting scholarship and service. Am J Clin Dermatol. 2003; 4(11):734-735.

ANALYSIS OF ACADEMIC CAPABILITIES AND PRACTICAL OPPORTUNITIES

Whereas motivation is an entirely internal process, one key component to an academic career involves an assessment of personal strengths and capabilities that must be meshed with practical opportunities in your medical field. For most physicians, this requires effective mentoring. My mentor suggested that I take a photograph of every lesion biopsied in my practice. My dermatopathology lab could match these clinical images with H&E slides to develop a teaching set and research tool not easily duplicated by others. Since I did not have a specific research interest, it was suggested that I take every opportunity to teach and to develop research goals tied to teaching and learning.⁴ I also developed an interest in dermatologic mnemonics to help my students learn the way I learned most efficiently.⁵ Finally, I was lucky to have the opportunity to be near a medical school that valued contributions of part-time, volunteer clinicians: Northeast Ohio Medical University (NEOMED). In fact, the majority of clinical teaching at NEOMED is performed by volunteers. Having medical students in my office proved to be stimulating and gave me an academic focus. While my mentoring helped them reach their dreams, they provided the energy and enthusiasm that brought many academic projects to fruition. Involvement in multicenter clinical trials was also academically stimulating and easy to do if you employ a well-trained research nurse.⁶ Ultimately, these activities led to involvement with the American Board of Dermatology, the Association of Professors of Dermatology, and the American Dermatological Association that allowed me to interact with leaders in the field, further develop my interest in teaching, and identify projects where I could apply the educational resources I had developed.

In summary, a focus on “what is possible” will help you to make small contributions to the education of medical students and peers, and sometimes it may lead to academic environments where you never dreamed you could tread. The pathway I chose might have been rooted in serendipity, or perhaps just dumb luck. If this editorial uncovers an interest in academics in a young private practitioner or medical student thinking about practicing solo or in a small group, a good place to initiate your academic career is to establish a relationship with a mentor in your field at a nearby medical center.

THE IMPORTANCE OF A PROSPECTIVELY GATHERED EDUCATOR'S PORTFOLIO

Perhaps the single most important thing I learned from my “academic mentor” was the importance of keeping track of every academic endeavor in an organized, prospective educator’s or researcher’s “portfolio.”^{7,8,9} While most physicians keep track of their peer-reviewed publications, an academic portfolio contains the date, topic, and location of every lecture you give, every medical student or resident who rotates in your office, every article you review for a medical journal (yes, they are looking for volunteers!), and more! (See table 2) I found the portfolio to be invaluable when I applied for my first full-time academic position. Furthermore, in a somewhat unexpected way, each time I recorded an accomplishment in the portfolio, it had a motivating effect. It was as if I was getting “credit” for my academic contributions!

ADVANCING IN ACADEMIC RANK DURING PRIVATE PRACTICE

For individuals contemplating the possibility of a full-time academic career at the end of their

private practice years, it is critical to advance to the highest academic rank possible as a volunteer. This serves several purposes. First, attempts to advance in academic rank will alert you to areas of strength upon which you can capitalize and weaknesses where you can improve. Secondly, it is an opportunity to motivate yourself to increase involvement in academics as a volunteer. Thirdly, if you do apply for a full-time, paid academic position later in your career, the likelihood of being asked for an interview and being offered a job is increased if you have a higher academic rank as a volunteer or affiliate faculty member of your current institution. Fourthly, your salary in academics is partly related to your rank and it is very likely that you will be offered your current rank when you arrive at your new institution.

CONCLUSION

My motivation for writing this piece is to emphasize “what is possible.” Perhaps the most important suggestion I can make to the young medical student, resident, or young physician in private practice is to “get started!” You do not make the decision to totally break from an academic life when you choose to enter private practice. In fact, as the health care system changes, the government may provide less funding for residencies eventuating in fewer full-time academic physicians. The training of young physicians and medical students could become more and more dependent upon self-motivated, fully-engaged, research-oriented

volunteer teachers.¹⁰ Perhaps some of you who start down the pathway to a career in private practice will enjoy the gratification of ending your careers as full-time academics.

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