Transitioning to academia

Exploring the experience of new family medicine faculty members at the beginning of their academic careers

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Abstract

Objective To explore the experience of new family medicine faculty members at the beginning of their academic careers and determine what factors might facilitate their transition to an academic role in family medicine.

Design Qualitative, phenomenologic study of new academic family physicians.

Setting Eight Canadian departments of family medicine.

Participants English-speaking, full-time academic family physicians who had been in their first faculty position in a Canadian department of family medicine for 1 to 5 years.

Methods Data were collected using semistructured, in-depth interviews that were audiotaped and transcribed verbatim. Data analysis employed an immersion and crystallization technique. The transcriptions were reviewed in an iterative and interpretive manner. Thirteen interviews were performed before saturation was reached.

Main findings The following 3 key themes were identified in relation to the experience of being a new academic family medicine faculty member: lack of or inadequate orientation; the challenges associated with transitioning to academia; and balancing the demands of the role. Orientation was often lacking or suboptimal, with participants left to navigate the transition process alone. The challenges associated with the transition to academia included the realities of clinical work and uncertainties about how to incorporate the various aspects of the new role into members' reality (eg, research). Trying to balance the demands of the academic role (eg, committee involvement, manual reviews), as well as finding work-life balance, was overwhelming.

Conclusion This study highlights the factors that might help recruit and retain academic faculty members in family medicine, as well as help them build successful academic careers. Orientation for these new members is an area that requires more attention. Clear parameters around division of time, support, and expectations for advancement should be explained at the beginning of new faculty members' academic appointments. Effective mentoring might help new faculty members have a more successful transition and reduce the risk of feeling overwhelmed and considering leaving academia.

Editor's key points

- In Canadian academic institutions, one of the ways that family medicine is distinct from other departments is that it has relatively small numbers of faculty members relative to the quantity of postgraduate trainees. Thus, what facilitates an individual's transition to becoming an academic in family medicine is thought to be different from other disciplines. This study determined what factors could help new family medicine faculty members during the beginning of their academic careers.
- To facilitate new faculty members' substantial transition to an academic role, the following should be considered: providing orientation to new members; including a more robust and detailed introduction for members about the academic role and its challenges; and mentoring new members so that they are supported while adjusting to the responsibilities of the academic role.
- New faculty members also struggled with the clinical aspect of their academic positions. For participants who moved directly from residency or academic fellowship into faculty positions, they were immediately supervising learners on a full-time basis with limited clinical experience. For those who were already in practice, they experienced a substantial reduction in their available clinic time and had to become acquainted with a new practice population.

Points de repère du rédacteur

- Dans les universités canadiennes, une des choses qui distingue la médecine familiale des autres départements est le petit nombre de professeurs par rapport au nombre d'étudiants de troisième cycle. C'est pourquoi on estime que les facteurs qui facilitent le passage vers une carrière de professeur dans ces départements sont différents de ceux des autres disciplines. Cette étude voulait déterminer les facteurs susceptibles d'aider les nouveaux professeurs en médecine familiale au début de leur carrière académique.
- Pour faciliter la transition des nouveaux professeurs à la fonction éducative, on devrait envisager les mesures suivantes: leur fournir des orientations; présenter une introduction plus substantielle et plus détaillée concernant la fonction éducative et ses difficultés; et offrir du mentorat aux nouveaux professeurs afin de les soutenir pendant qu'ils s'adaptent aux responsabilités liées à la fonction éducative.
- Les nouveaux professeurs sont aussi confrontés à l'aspect clinique de leur poste universitaire. Les participants qui sont passés directement d'un poste de résident ou de Fellow universitaire à celui de professeur ont immédiatement eu à superviser à temps plein des étudiants tout en n'ayant qu'une expérience clinique limitée. Les médecins déjà en pratique ont connu une réduction considérable de leur temps de clinique disponible et ont dû apprendre à connaître une nouvelle population de patients.

Débuter une carrière de professeur à l'université

L'expérience des nouveaux professeurs de médecine familiale en début de carrière académique

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Résumé

Objectif Étudier l'expérience de nouveaux professeurs en médecine familiale au début de leur carrière universitaire et déterminer les facteurs susceptibles de faciliter leur transition vers une fonction académique en médecine familiale.

Type d'étude Une étude qualitative phénoménologique sur des nouveaux professeurs de médecine familiale.

Contexte Huit départements de médecine familiale au Canada.

Participants Des médecins de famille anglophones travaillant à plein temps comme professeurs dans un département de médecine familiale depuis 1 à 5 ans.

Méthodes Les données ont été obtenues à l'aide d'entrevues en profondeur semi-structurées, qui ont par la suite été enregistrées et transcrites textuellement. Les données obtenues ont été analysées à l'aide d'une technique d'immersion et de cristallisation. Les transcrits ont été révisés de façon itérative et interprétative. On a effectué 13 entrevues avant d'obtenir la saturation.

Principales observations L'analyse a identifié 3 thèmes clés liés au fait d'accéder à un poste de professeur dans un département de médecine familiale: des orientations insuffisantes ou manquantes; les difficultés associées à cette transition vers une fonction académique; et l'équilibre entre les exigences de la fonction. Les orientations faisaient souvent défaut ou étaient sous-optimales, les participants étant laissés à eux-mêmes pour traverser ce processus de transition. Les difficultés associées à cette transition vers une fonction académique étaient, entre autres, les exigences de l'activité clinique et les incertitudes concernant la façon de combiner les différents aspects du nouveau rôle de professeur avec les autres types d'activités des participants (p. ex. la recherche). Il était donc très difficile de trouver un équilibre entre les différentes tâches d'un professeur (p. ex. la participation à des comités, la revue de manuels), et aussi de concilier travail et famille.

Conclusion Cette étude identifie les facteurs qui pourraient faciliter le recrutement et la rétention de nouveaux professeurs en médecine familiale, en plus d'aider ces derniers à entreprendre une carrière académique réussie. Il est particulièrement important de leur donner d'emblée des orientations adéquates. Dès le début de leur recrutement comme professeurs, on devrait leur donner des explications précises sur la façon de partager leur temps, sur les ressources disponibles et sur leurs possibilités d'avancement. Un mentorat efficace pourrait aider les nouveaux professeurs à connaître une meilleure transition, et réduire le risque qu'ils se sentent dépassés et qu'ils songent à quitter l'enseignement universitaire.

Effective capacity building in academic family medicine needs not only the continued infusion of talented young faculty members, but also their successful transition and growth within the academic setting. The Association of American Medical Colleges reports that 38% of physician faculty members of all specialties leave academic medicine within 10 years of starting their careers, suggesting that the early years of academic life can be challenging in a multitude of ways.[1]

To ensure that new faculty members are successful during this transitional period, studies suggest that these individuals should have guidance available to them in the areas of teaching and research, as well as have opportunities to further develop professional academic skills, encompassing career development and management.[2-4] Studies in the United States reveal the positive effect of comprehensive faculty development programs on full-time family medicine faculty recruitment and retention.[5-7] Programs are most often geared toward orientation regarding medical student curriculum and residency teaching opportunities, with research orientation being less frequent.[8]

Literature regarding the career paths of family medicine academics in Canada is limited and dated, with the bulk of the information dating back to the 1980s and 1990s. These studies revealed that despite many positive changes and increased resources in many areas of faculty development, few departments offered comprehensive orientation programs for new faculty members.[9-12] A more recent survey in 2010 reported an increased number of faculty development activities.[13] Yet it is not known if these processes are attended by or meet the needs of new family medicine faculty. At an international level, there are concerns about the difficulties in both recruiting doctors to careers in academic medicine and retaining them.[14,15] Consequently, there is a growing need to develop models and infrastructure that can reduce the loss of current faculty members and retain the next generation of faculty and leaders in academic family medicine.

The Canadian health care system, and how medical education functions within that system, is unique in comparison to the international data available. In Canada, family medicine is also distinct from other departments in a number of ways such as its decentralized nature, its inclusion of undergraduate medicine teachers throughout the curriculum, and its relatively small numbers of faculty relative to the quantity of postgraduate trainees. Thus, what facilitates an individual's transition to becoming an academic and helps to ensure his or her success in having an academic career is postulated to be different from what is found in both the international family medicine literature and other disciplines in Canada. The purpose of this study was to explore the experience of new, full-time family medicine faculty members in Canada during the beginning of their academic careers.

Methods

Design

This qualitative study used an interpretative phenomenologic approach to explore the experiences of new academic family physicians.[16] This method was chosen in order to explore the participants' "lived experience" in the context of their setting, and how the participants made sense of their experiences.[17]

Participant recruitment

English-speaking, full-time academic family physicians who had been in their first faculty position in a Canadian department of family medicine for 1 to 5 years were invited to participate by the principal investigator (M.L.). Purposeful sampling was employed to capture potential geographic variation across the country, namely western, central, and eastern Canada. We also ensured representation of both male and female faculty members.[17,18] Ethical approval was received from the Health Research Ethics Board at the University of Alberta in Edmonton.

Data collection

Data were collected using semistructured interviews that were conducted by the first author (M.L.) with each participant. Interviews were conducted either in person or by telephone, depending on the geographic location of the participant. The questions explored the participants' experiences and ideas about becoming new academic faculty. Examples of statements and questions from the interview guide included the following: Tell me about your experience of being a new faculty member. Are there things that you think would be helpful for new faculty? Have there been challenges to being an academic family physician? Each interview lasted between 45 and 60 minutes and was audiotaped and transcribed verbatim. All identifiers were removed to ensure confidentiality.

Data analysis

Data analysis was both iterative and interpretive. Data collection and analysis were conducted concurrently to help guide subsequent data collection. The transcripts were first reviewed in detail by all 3 researchers independently to identify the key concepts and phrases emerging from the data. Next, the researchers met and reviewed the transcripts as a team. A coding structure was developed and exemplar quotations were identified through a process of group discussion and consensus. Data analysis employed the technique of immersion and crystallization, wherein the researchers engaged in the next level of analysis to formulate the key themes—immersing themselves in the tone, range, and mood of the participants' descriptions until the main themes emerged.[19] Thirteen interviews were performed before saturation was reached, such that no new themes or disconfirming ideas arose.[18,20]

Trustworthiness and credibility

The trustworthiness and credibility of the study was established through audiotaping and verbatim transcription of the interviews, as well as by taking detailed field notes during the interviews. Both individual and team analyses were performed, as described previously. Potential for investigator bias was considered, particularly with the coding and interpretation of data, based on the researchers' professional backgrounds (2 academic family physicians [M.L., S.K.] and 1 postdoctoral researcher [J.B.B.]); this was addressed through a commitment to reflexivity and occurred throughout the data analysis and manuscript preparation, with constant reflection and discussion among the researchers. It provided an opportunity for the researchers to reflect on their beliefs, values, perspectives, and assumptions.[21]

Findings

The final sample consisted of 13 academic family physician faculty members representing 8 of 17 departments of family medicine in Canada. There were 8 female and 5 male participants. All but 2 of the participants were currently academic faculty members at the same institution where they completed their residency training. Five participants went directly from completing their residency or fellowship training to having a role as an academic faculty member at the same institution; 5 participants had a gap (from 3 to 8 years) between completion of training and joining a faculty. The remaining 3 participants had a graduated transition into a faculty position by first becoming an adjunct faculty member in an academic teaching practice affiliated with their institution.

The following 3 key themes were identified in relation to the experience of being a new academic family medicine faculty member: lack of or inadequate orientation; the challenges associated with transitioning to academia; and balancing the demands of the role.

Lack of or inadequate orientation. Participants described an overall lack of orientation upon their entrance into academia: "We didn't have an orientation within our program for new faculty, so over the years I've had to learn a lot of things myself."

Many participants also believed that there were departmental assumptions being made about who needed orientation and who did not.

> Certainly he got more orientation than me. I think there was an assumption that you just finished here, you know how this program runs, you were the chief resident. So I think by virtue of me having certain expertise, there was less offered.

Being the most recent faculty members to join departments that had been without new recruits for a number of years, some participants believed that there was a limited concept by the team of what would be beneficial in regards to orientation: "When I joined, they hadn't had somebody new for a while, so I think it was a little bit of 'figure this out as we go along.'"

Some participants described their experience of orientation as unhelpful because what was available for new faculty members did not meet their specific or unique needs of becoming an academic family physician: "There is a 3-day course for junior faculty and it's offered yearly … I never took it because I have a master's, so it was sort of more junior than what I would have needed."

Acknowledging the unique background of each new faculty member, participants recommended that a customized or personalized orientation be developed to make it an effective and useful endeavour: "I think it would have needed to be a custom-made orientation. Just like any educational session you might approach—you do a needs assessment of your audience first."

Participants identified a number of areas where it would have been beneficial to receive orientation by department members. This included orientation to the teaching, research, and program areas of the department to help filter the abundance of requests that new faculty members receive: "There are lots of committees, lots of teaching. When I started I got a bunch of these requests, and I didn't necessarily know what they were or where they fall into the grand scheme of things."

Overall, participants believed that they were left on their own to navigate what they needed to do and to learn how to do it: "I was often sort of thrust into situations …. It really was about 'Okay, I'm faced with this situation or this problem. How am I going to figure out how I do this new job.'"

Some participants suggested how an orientation might have ameliorated their angst about becoming an academic: "I think part of it is that overwhelming feeling. I think that could be alleviated for new faculty with a more formal orientation, because I definitely wavered and thought that I might have made a mistake."

Challenges associated with transitioning to academia. Participants described the transition to academia as challenging in a variety of areas. Several participants were surprised to discover how different they found the realities of clinical work as an academic in comparison to their previous clinical experiences: "The most challenging aspect of my job currently is my clinical activities. And this is the world in which I lived before becoming an academic so it really surprised me."

As described by another participant, one difference was having reduced clinical time because of the pressure to be involved in other aspects of the academic position:

> One of the biggest adjustments for me was having to scale my clinical time back … I've struggled with that, and it's a piece that hasn't made me as happy about that change, because I'm finding it a little bit hard to feel like I'm maintaining my clinical acumen.

Some of the challenges of transition appeared to be triggered by the reality of new expectations that diverged from, or were not explicit, in the participant's understanding of what his or her academic role would entail: "There was an agreement worked out with the university that for the first year of my practice, I wasn't going to have learners … that lasted for 6 months."

Even if a specific role (eg, clinician, teacher, researcher, administrator) was an expected part of the job description, participants remained uncertain about how to incorporate these various roles into their reality as academic family physicians: "They want us to do research; they expect us to do research. But it's not sort of ingrained in our everyday lives of how that's going to happen and supported in making that happen."

A few participants did express that they had a clear understanding of what to expect in becoming an academic family physician: "I had a fairly good idea of what the academic world entailed. My expectations were to teach; to do research; and to be clinically very strong."

However, even for those participants who thought they understood the expectations of academia, there was a pattern of reflecting on whether they had made the right decision: "I definitely went through a period, and I think I knew quite well what I was getting myself into, where I really contemplated whether I was doing the right thing and whether this was for me."

Participants recommended a more well defined and robust introduction to address the various aspects of the academic role and the expectations from the department and faculty: "How to balance being a teacher with being a clinician; and what the expectations are; and how to do that well."

Participants also believed that a clear plan for the first years after becoming an academic and knowledge of the people to access in time of need would also be very advantageous: "I think it would have been very helpful to have someone lay out a 5-year plan and for them to identify resource people that you could go to with certain problems."

Balancing the demands of the role. Participants uniformly described challenges with managing all of their academic responsibilities and hence felt overwhelmed by their new role as an academic family physician: "The real problem is just the multiple roles as a faculty [member]. Trying to get things done with more and more things added on to your plate, and you have no more hours in a day."

This appeared to stem from frequent requests to be involved in various activities and frequently assume multiple roles:

> At the very beginning it was like everybody was sort of looking for some part of you …. "Review this manual. Review this protocol. Sit on this committee. Take this leadership position. Take on this teaching thing." It was a bit overwhelming.

This feeling of a lack of guidance or filter to decline requests was present for both participants who became academics directly from training and those who had been practising for some years before becoming a faculty member. "You quickly get kind of—I don't want to say *sucked in*—volunteered for lots and lots of committees."

For some participants the experience of being overwhelmed did not surface until a few years later: "I think it was a bit of jump in and then figure out how to swim … and then it's 3 years down the line, and you think, 'Oh my goodness! How did I end up on so many committees?'"

Other participants explained that being an academic family physician meant considerable encroachment into their personal lives:

> It's actually been a real juggle. I have to fit in my teaching and I sit on 6 or 8 different committees and working groups. I do find I work a lot at night just on the stuff that I can't keep up with during the day and the clinical work. It's just all the balls in the air [that] I know everyone in this kind of work struggles to maintain.

Academic responsibilities clearly affected family life, most notably for participants with children, as the following participant statement exemplifies:

> I'll give you a story to illustrate this. Last year my daughter said to me, "Mom, can I have your cell phone?" And I said, "Why?" She said, "Well, I want to see when you're involved in meetings because I need to put a meeting in there." And I said, "Well, a meeting? What do I have to go to?" She said, "I need shoes. I've got holes in the bottom of my shoes. And if I don't put it in your phone as a meeting, you're not going to buy me shoes."

Participants recommended having access to a mentor, or in some cases multiple mentors, to help them achieve balance. "My mentor is a wonderful support in terms of talking about the juggle of the teaching and the clinical and the admin and the family and sanity, how to balance."

Female participants in particular sought out female mentors to help guide them in seeking a balance:

> Having a female mentor, how to work smarter not harder and how to shift and juggle things, has been helpful from a mentorship perspective. That was done somewhat strategically again because I'm cognizant of other demands that will encroach on my future potentially.

Discussion

Our study revealed 3 important findings that are pertinent to successful recruitment, retention, and growth of academic family medicine faculty members: providing orientation to new members; including a more robust and detailed introduction on the academic role to help address the challenges associated with the transition to academia; and mentoring and providing guidance to new members to help them find balance with the demands of their various responsibilities, as well as with their personal lives.

The presence of orientation appeared to be one of the factors needed to ameliorate the sense of being overwhelmed as a new faculty member. The relative paucity of new hires into departments of family medicine in the decade before some of the participants joined their departments might have contributed to the absence of formal orientation policies at the departmental level. Given the variation in structure of family medicine departments across the country, and the unique backgrounds of family physician faculty members, we would expect that the content and structure of orientation within the department would also need to be tailored to specific faculty and departmental needs.

Many of the study participants described their experiences in academia as different than what they had expected; this suggests that improvements could be made in ensuring greater transparency with respect to recruitment and expectations for new faculty members. In exploring the transition period into academia, 2 distinct groups emerged. First were participants who were initially community-based family physicians who then transitioned into a full-time faculty role. The other participants had completed an academic fellowship or had worked as a clinical preceptor at their own academic teaching centre. This finding, not previously reported in the literature, suggests that the early years as a new faculty member might be smoother for those who have a graduated transition at the same institution. This proposition, however, requires further investigation, perhaps using quantitative methodology such as a national survey of all new family medicine faculty members. Interestingly, having some familiarity with the department, either as a former resident or a community teacher, still did not prepare the participants to fully understand the multiple roles that an academic faculty member must assume.

The struggle in the clinical transition was an important finding in this study and does not appear to have been addressed in the recent faculty development literature. This difficulty was noted both by participants who had limited clinical years of experience before becoming full-time faculty members and those who had been practising in the community for several years. For participants who moved directly from residency or academic fellowship into faculty positions, they were immediately supervising learners on a full-time basis while still recognizing their own limited clinical experience. For those who were already in practice, they were often faced with a substantial reduction in their available clinic time and needing to become acquainted with a new practice population. The challenges of getting to know a new practice in an academic setting with multiple learners has been previously identified.[22]

Family medicine training has continued to move away from a more apprenticeship model, in which teaching occurs predominantly in the clinic, to the current model, in which family physician teachers are increasingly expected to teach in the classroom and provide small group learning activities. This expectation is juxtaposed with the increased pressure in the past decades for academic physicians to generate more of their income through patient care activities, thus reducing time for teaching and research.[23] Contributing to concerns about finding balance with the demanding responsibilities of the academic role, there were notable challenges associated with managing the expectations to assume a multitude of roles, including clinician, teacher, researcher, and administrator. Orientation and mentorship on multiple role management should be investigated as one potential means to facilitate the retention and success of new family medicine faculty members.[6,24-26]

In this study, female participants were more vocal with regard to work-life balance compared with the male participants. The suggestion that female academic family physicians might have more challenges with maintaining work-life balance is another area that would benefit from further study. While a study published by the Association of American Medical Colleges reported that 38% of physician faculty members of all specialties leave academic medicine within 10 years of starting their careers, findings revealed that a disproportionate number of female physicians dropped out of their academic careers.[1] Also, in the United States, only 35% of medical school faculty members are women, despite entering medical school in equal proportions to men.[27] Previously reported factors associated with leaving academic medicine for women include the lack of role models for women, frustrations with research, work-life balance, and the institutional environment.[28-31] In our study, mentors and role models were recognized as being important in the development of effective strategies for work-life balance.

Limitations

The findings of this study might not be transferable to all new academic family medicine faculty members. While the data in this study were collected in only English-speaking medical schools in Canada, the findings might have relevance to our Canadian Francophone colleagues who are making the transition to an academic career. In addition, only new academic family medicine

faculty members participated in this study. The perspective of chairs or other senior leaders in family medicine might have provided a different description of the phenomena, which deserves further study.

Conclusion

This study provides insights into areas requiring attention in regards to recruitment, retention, and successful career development of academic faculty in family medicine. Overall, an effective means of orientation of new family medicine faculty members is an area that requires more attention. Clear parameters around division of time, support, and expectations for advancement need to be laid out at the beginning of academic appointments. There was the suggestion of some benefit observed with a graduated transition such as the completion of an academic fellowship or by acting as a clinical preceptor at an academic unit before becoming a faculty member. However, virtually all participants clearly would have benefited from a more structured and deliberate effort at ongoing support and mentoring, regardless of their previous experience. Effective mentoring might help new faculty members have a more successful transition and reduce the risk of feeling overwhelmed and considering leaving academia. This study begins to answer questions relevant to the sustainability of family medicine as an academic career choice in Canada and the transition into academia of new family medicine faculty members.

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Contributors

Drs Levy and **Brown** contributed to the conception of the research project. **Dr Levy** collected the data. All authors contributed to the data analysis and interpretation, identifying emerging themes, and preparing the manuscript.

Competing interests

None declared

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