

Scholar Map

Academic family physician career planning

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Academic medicine is a rewarding multifaceted career. The complex demands of being an effective clinician, researcher, and educator require faculty to juxtapose areas of interest and passion with scholarship and leadership, which can be challenging, especially for physicians early in their careers. Attracting junior physicians into academia can be beneficial, as it creates opportunities for new ideas that foster growth and development within academic clinical departments. However, retaining academic physicians, especially those who are early in their careers, continues to be a challenge for many institutions. In 2008, the Association of American Medical Colleges reported that 38% of academic physicians across all specialties leave academic medicine within the first 10 years of their careers.¹ A recent Canadian qualitative study found that the most common reasons family physicians leave academic practice are a lack of clear expectations, feeling overwhelmed by the demands of academic faculty, and a lack of guidance in navigating multiple complex requests.² Addressing these issues is required to not only recruit but to retain high-quality academic family physicians.

Additionally, physician burnout is a growing concern in medicine, which might be another factor contributing to the decision to leave academic medicine.³ The literature associated with academic physician burnout reports an interesting paradox. Specifically, faculty who spend less time with patients have higher rates of burnout; however, faculty who spend more than half of their time in clinical work have less time and resources to develop their academic careers, which also leads to burnout.^{1,4} Further compounding this problem is that the degree of satisfaction physicians receive from these roles varies among individuals and might not align with their overall career or personal goals.⁵ Therefore, it is not surprising that higher rates of burnout are observed among academic physicians who report spending proportionately less time on personally meaningful activities.⁶

The following question arises from this observation: what defines a *meaningful activity*? Junior academic faculty members are often approached with numerous requests to join committees and take on research or education roles on top of their clinical work.⁷ There is currently no established method to help junior faculty define their career goals or map how their various roles contribute to their overall scholarly development. Without defined career goals and a prescribed trajectory, junior faculty might end up participating in roles that appear disconnected from what they personally recognize as

meaningful. As a result, these disconnected roles reduce the time junior faculty have to pursue more appropriate commitments, which further exacerbates the sense of overwhelming academic demands and burnout.⁸

We propose an intervention that consists of a visual mapping tool that will enable junior faculty to more easily develop a career trajectory map and track how the activities they undertake align with their career goals.

Approach to career mapping

Multiple studies have proposed approaches to help with physician burnout, but the integration of these approaches with career mapping has not been established. Swiss researchers have developed a scale that scores faculty to determine their career success. However, this scale primarily focuses on research as opposed to other areas of scholarship, specifically education and leadership.⁹ The UK Clinical Research Collaboration proposed an integrated training program and the associated infrastructure required to implement this training. However, the program description focuses on the timing and sequence of the training and lacks specific guidance on determining a career trajectory and integrating scholarly progress.¹⁰ Within the CanMEDS-Family Medicine framework, the family medicine expert, scholar, and leader roles can help guide academic family physicians.¹¹ However, these roles are presented as distinct entities, and the framework does not provide accessible criteria for easily integrating them.

Scholar Map

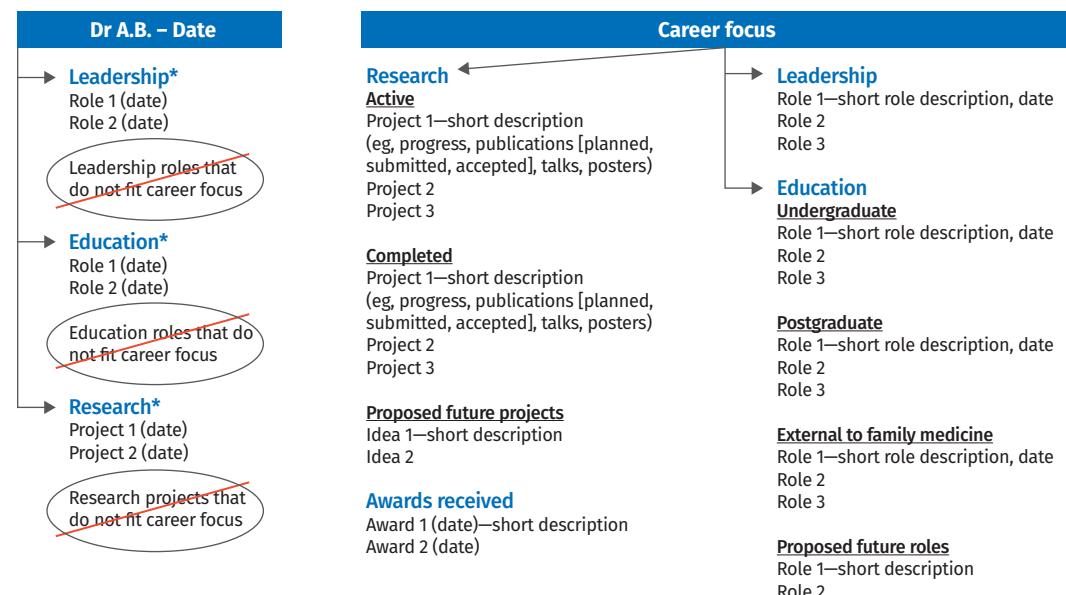
Our proposed approach is called the Scholar Map. This approach is based on the pertinent roles of the CanMEDS-Family Medicine competency framework and is consistent with a previously published working definition of clinical scholarship.^{12,13} The Scholar Map is also structurally similar to other general career mapping tools that aim to build more focused and strategic curricula vitae (CVs).¹⁴ The Scholar Map displays, in a single page, the current work within key scholarship areas of research, education, and leadership (**Figure 1**).

Creating a Scholar Map

The following steps will help junior faculty to develop an individual Scholar Map:

- Identify one current area you believe would describe your overarching career passion. It can be generic or very specific and can (and should) be modified over the years as your career progresses.

Figure 1. Sample Scholar Map: In this sample Scholar Map, the date the map was created is clearly shown, as is the overarching career focus. Junior faculty should separate and list their roles and projects into pillars (ie, research, leadership, education) as shown. Roles listed in the asterisked pillars (*) are those that do not appear to support the career focus but might be necessary for departmental function. Roles that are not necessary and do not support the career focus should be listed in the appropriate circles.



- List all academic commitments you currently have. Create a brief description of each commitment and categorize them into research, education, and leadership (administrative) pillars.
- Create a visual map of your career with your overarching career passion at the top, supported by these 3 pillars and their corresponding commitments.
- Identify those commitments that currently support your career passion and circle those that do not fit.
- Add and highlight potential or future commitments and projects for growth that would help support the further development of your career passion.

How to use the Scholar Map

The Scholar Map is fluid; it should be updated as one's career progresses. It is a useful tool to update annually in preparation for faculty career review meetings. The Scholar Map should highlight key completed successes from a junior faculty member's CV (eg, awards, publications, key leadership roles), activities in progress (eg, a research grant proposal), and future directions (eg, planned manuscripts, future collaborations, future roles).

Tasks and projects that are circled are considered not necessary to support departmental function. Junior faculty can assess these roles and opportunities by weighing the advantages and disadvantages of each activity and seeing how each one fits with their overarching career goals. This map empowers them to say no to certain opportunities.

It is important to note that there are roles that are integral to running an academic department; these roles are often necessary and might not fit within the Scholar Map proposed here. However, noting and tracking these roles could provide junior faculty members with an opportunity to discuss work-life balance and career development with department chairs.

Discussion and considerations

There is substantial literature on physician burnout. Our proposed Scholar Map will help junior faculty define and map their career goals. By visually mapping various activities, academic family physicians can see how their commitments contribute to meaningful activities. This mapping concept can also be adapted and used by community family physicians and resident learners to help them self-advocate and protect their time.^{6,7}

Maintaining a CV is a necessary task for all academic faculty members. However, strategically mapping scholarly work helps to demonstrate career progression and highlights individual-level contributions. Our 1-page Scholar Map should be used by junior faculty in conjunction with their CVs during mentorship discussions with more senior faculty and could be used during performance meetings with department chairs. By keeping different versions of the map, junior faculty can easily look back and see the changes they have made and accomplishments in their careers to date and view their gradual career progression. It is also important to

acknowledge that as one's career develops, multiple passions might arise. This Scholar Map could support the reflection process in deciding whether to balance multiple passions concurrently or signal a natural career path transition. Having multiple passions is not wrong, but consideration is required to look at where time is being placed and whether career goals could be effectively achieved in multiple areas.

Academic family medicine places demands on faculty members that require contributions to education, research, and leadership within the context of day-to-day clinical work. The Scholar Map aims to help junior faculty strategically identify their central career passions and plan their scholarly development accordingly by visualizing how activities and roles they have committed to align with their passion. By doing so, the Scholar Map might help reduce the feelings of overwhelming burden or burnout identified by junior faculty. Thus, this practical tool can be used to help focus career goals, ensuring that faculty better align their daily activities with their career goals, in turn helping them to maintain their passion and dedication to medicine.



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Competing interests

None declared

References

- Alexander H, Lang J; Association of American Medical Colleges. The long-term retention and attrition of U.S. medical school faculty. *Analysis in Brief* 2008;8(4).
- Levy M, Koppula S, Brown JB. Transitioning to academia. Exploring the experience of new family medicine faculty members at the beginning of their academic careers. *Can Fam Physician* 2018;64:907-13.
- Rotenstein LS, Torre M, Ramos MA, Rosales RC, Guille C, Sen S, et al. Prevalence of burnout among physicians: a systematic review. *JAMA* 2018;320(11):1131-50.
- Buckley LM, Sanders K, Shih M, Hampton CL. Attitudes of clinical faculty about career progress, career success and recognition, and commitment to academic medicine. Results of a survey. *Arch Intern Med* 2000;160(17):2625-9.
- Pololi LH, Krupat E, Civian JT, Ash AS, Brennan RT. Why are a quarter of faculty considering leaving academic medicine? A study of their perceptions of institutional culture and intentions to leave at 26 representative U.S. medical schools. *Acad Med* 2012;87(7):859-69.
- Shanafelt TD, West CP, Sloan JA, Novotny PJ, Poland GA, Menaker R, et al. Career fit and burnout among academic faculty. *Arch Intern Med* 2009;169(10):990-5.
- Graham JE. Ticket on the Titanic. Perils and pitfalls of junior faculty development. *Can Fam Physician* 1996;42:1271-4 (Eng), 1281-4 (Fr).
- Krueger P, White D, Meaney C, Kwong J, Antao V, Kim F. Predictors of job satisfaction among academic family medicine faculty. Findings from a faculty work-life and leadership survey. *Can Fam Physician* 2017;63:e177-85. Available from: <https://www.cfp.ca/content/cfp/63/3/e177.full.pdf>. Accessed 2020 Apr 7.
- Buddeberg-Fischer B, Stamm M, Buddeberg C, Klaghofler R. Career-success scale—a new instrument to assess young physicians' academic career steps. *BMC Health Serv Res* 2008;8:120.
- UK Clinical Research Collaboration. Modernising Medical Careers. *Medically-and dentally-qualified academic staff: recommendations for training the researchers and educators of the future*. London, UK: UK Clinical Research Collaboration, Modernising Medical Careers; 2005. Available from: http://www.ukcrc.org/wp-content/uploads/2014/03/Medically_and_Dentally-qualified_Academic_Staff_Report.pdf. Accessed 2020 Apr 7.
- Shaw E, Oandasan I, Fowler N, editors. *CanMEDS—Family Medicine 2017. A competency framework for family physicians across the continuum*. Mississauga, ON: College of Family Physicians of Canada; 2017. Available from: https://www.cfp.ca/uploadedFiles/Resources/Resource_Items/Health_Professionals/CanMEDS-Family-Medicine-2017-ENG.pdf. Accessed 2019 Feb 20.
- Grigsby RK, Thorndyke L. Perspective: recognizing and rewarding clinical scholarship. *Acad Med* 2011;86(1):127-31.
- Boyer EL. *Scholarship reconsidered. Priorities of the professoriate*. Stanford, CA: The Carnegie Foundation for the Advancement of Teaching; 1990.
- Laker DR, Laker R. The five-year resume: a career planning exercise. *J Manag Educ* 2007;31(1):128-41.

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