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**Junior Faculty**

Five Potential Pitfalls for Junior Faculty at Academic Health Centers

BY R. KEVIN GRIGSBY, DSW

R. Kevin Grigsby, DSW, is Vice Dean for Faculty and Administrative Affairs at Penn State College of Medicine in Hershey, PA. He may be reached at 717-531-3570 or at kgrigsby@psu.edu.

Are you at any early stage in your career? Does the ticking of the tenure and promotion clock seem to get louder with each passing week? Maybe you have started thinking about what you need to do to “climb the ladder” of academic promotion. If this sounds familiar, then this article may be helpful to you.

As a faculty affairs dean, I am responsible for the oversight of the academic appointment, promotion, and tenure process in the College of Medicine at my university. Every year, junior faculty members—those persons who have just received their first academic appointment—join the ranks of our faculty. Typically, this enthusiastic bunch is quickly assimilated into the organization's rank and file without much fanfare.

My position as faculty affairs dean allows me to serve as a “participant observ-

er”; I can observe these individuals as they move through the promotion (and tenure, if applicable) process. Based on what I have learned from my own experience and in observing what happens to others in the promotion process, I have identified some common pitfalls of the junior faculty member. In the worst cases, these pitfalls may account for a failure in the award of tenure. In less dire circumstances, delays in promotion may result.

No one warned me about these pitfalls during my junior years—but someone should have! I hope I can help you by alerting you to the lurking dangers.

The pitfalls are:

- ❖ Too much service effort.
- ❖ Diffusion and confusion.
- ❖ Lack of mentoring or guidance.
- ❖ Exploitation by other faculty members.
- ❖ Lack of discipline and perseverance.

Pitfall 1: Too Much Service Effort

To a newly arriving faculty member, it can feel like quite an honor to be nominated to serve on an important committee. On the other hand, committee work is likely to require many more hours than you will



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333 Seventh Avenue, 19th Floor
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spend in the actual committee meeting. As an assistant professor, some service effort is important, as you want to demonstrate that you are a “team player” and committed to the department and institutional missions. Too many service obligations can interfere with establishing a trajectory toward the successful award of tenure and/or promotion, particularly for women and minority group members. Junior faculty members who invest a small portion of effort in service until they are awarded tenure or promoted seem to have fewer problems with demonstrating their value to the institution.

Pitfall 2: Diffusion and Confusion

The early stages of an academic career can be a dizzying experience. Arrival on an unfamiliar campus, a lack of understanding of the campus culture, and a teaching load that far surpasses anything experienced as a teaching assistant (TA) can leave a junior faculty member with both feet planted firmly in the air. Typically, junior faculty members have only a rudimentary understanding of what is expected of them: teaching, research, and everything else. It seems logical that assisting junior faculty members with establishing the foundation upon which to build a career would be a core function of any medical school faculty



“The ‘tyranny of the urgent’ sets priorities on a day-to-day basis while a ‘conspiracy of interruptions’ ensures that the junior faculty member delays establishing a clear plan for the future.”

arrival. Finding a mentor has a number of advantages, not the least of which is helping the junior faculty member to develop a plan for the future. From an institutional perspective, developing a plan for the future improves the chances that the junior faculty member will build on a firm foundation and achieve success.

“The combination of good mentoring and discipline can be very effective in helping to you move beyond what feels like rejection.”

affairs office. Without guidance of some sort, the typical junior faculty member hasn’t a clue as to what is or isn’t a priority. Page Morahan, Jennifer Gold, and Janet Bickel argue that “while a consensus is emerging about the functions of a faculty affairs office, no school has a comprehensive faculty development system.” The “tyranny of the urgent” sets priorities on a day-to-day basis while a “conspiracy of interruptions” ensures that the junior faculty member delays establishing a clear plan for the future. This is manifested in a promotion dossier that is hit or miss—evidence of trying to do anything and everything simultaneously without any clear focus or target. “I’m working so hard but I am not getting anything done” is a common complaint of the person in this situation. Part of the solution is to establish a clear plan shortly after

Pitfall 3: Lack of Mentoring or Guidance

Mentoring and guidance are important in the development of careers in academic medicine. This appears to be especially true for women and underrepresented minorities, who often have a difficult time identifying mentors. Ideally, institutions should have a system for identifying and linking mentors and protégés. However, it is likely that junior faculty members will need to find mentors on their own. Ideally, mentors assist junior faculty members with moving away from the “tyranny of the urgent” and toward a plan that will support the personal and professional growth of the junior member. However, the mentor-protégé relationship is complex. Multiple mentors may be needed to span the diversity of job demands where

guidance is needed. Junior faculty should understand that no senior faculty member is likely to ask: “May I be your mentor?” In fact, some senior faculty members may approach the junior person with an agenda that is not in the junior faculty member’s best interest.

Pitfall 4: Exploitation by Other Faculty

I wish I could report that all other faculty members are kindly mentors who take pride in assisting their junior colleagues in becoming successful. This may not be the case, however. An invitation to assume the role of co-investigator on a grant can be very flattering and a healthy step in the right direction. On the other hand, being saddled with all of the “grunt work” associated with a project is far from flattering and is likely to steal valuable time and effort from accomplishing what one needs in order to be successfully promoted and/or tenured. Accepting additional responsibilities always comes at some cost. Therefore, it is wise to be very specific. Draft a Memorandum of Understanding that clearly states your role, your expectations, and the commitment you are making. You should state your understanding of the role of the other party, what you understand as being expected of you, and your understanding of the commitment being made to you. Both parties should initial the document to indicate agreement and each party should retain a copy. The aphorism that “good fences make good neighbors” is very applicable as the document may prevent misunderstanding in the future. The process of constructing a Memorandum of Understanding is valuable in and of itself. It will give you a good “feel” for the potential working relationship. In fact, it may lead you to say, “No thanks.”

Pitfall 5: Lack of Discipline and Perseverance

Not exercising discipline and perseverance in the pursuit of extramural funding, improved teaching, and development of manuscripts is the downfall of many bright and energetic junior faculty members. The award of extramural funding is important for two reasons. The first reason is that it pays the bills. The second reason, which is often overlooked, is because it validates your research efforts. In other words, some person or persons (peer reviewers, program officers)

think enough of your efforts to provide you with financial support. Junior faculty should not expect success with the first submission of a grant application. Likewise, it is atypical for a new faculty member to receive superior teaching evaluation scores the first time he or she offers a lecture or course. It's no different concerning the development of a manuscript. It may require several iterations

before it is publishable. Don't give up! Junior faculty members should develop the discipline to remain focused on a project until success is achieved. Receiving a low priority score or a rejection letter is demoralizing—but it isn't the end of the world. Learning to use these experiences to produce better scholarship is in the best interest of the individual, the profession, and science. The

combination of good mentoring and discipline can be very effective in helping to you move beyond what feels like rejection.

I am certain that other pitfalls exist for junior faculty members. The five pitfalls listed may not be the most daunting. From my perspective, they seem to be the most common. I hope that learning about these pitfalls will help you to avoid them. ❖



Non-Tenure Tracks Now More Respected

BY DAVID J. BACHRACH, FACMPE/FACHE

David J. Bachrach has more than 30 years of experience in academic medicine administration and provides leadership coaching to physicians in academic medical centers and teaching hospitals. He may be reached at The Physician Executive's Coach, 2650 Juilliard Street, Boulder, CO 80305; (303) 497-0844, or www.PhysXCoach.com.

Some say the “triple-threat” faculty member is becoming an artifact of history. The exponential expansion of knowledge, combined with increasing competition for research grants and the demand for ever-expanding clinical service loads, has made it nearly impossible for all but the truly exceptional individual to perform both significantly and substantially in all three sectors of academic medicine. Thus, there has been steady movement since the early 1990s toward more highly regarded research and clinical tracks for the full-time faculty member whose career is better suited to a concentration in one or two of the traditional sectors of academic medicine.

Growth in Medical Schools

Table 1 shows how medical schools have changed between 1975 and 2000.

The number of medical students has increased during this 25-year period by only 550, to 15,901 (3.6%), but faculty size has increased by 63,000; federal grants now exceed \$8 billion; and clinical revenue, at nearly \$15 billion, exceeds 50% of the total operating costs of US medical schools in

contrast to less than 3% in the mid-1960s, when Medicare and Medicaid were enacted into law.

Medical education is a priority but it now competes (and sometimes not very well) with research and patient care.¹ The considerable growth in faculty was stimulated by competition for federal grant funding—often the “gold standard” of excellence in ranking medical schools—and clinical income as the cost of maintaining these hugely expensive enterprises continues to rise.

Status of the Tenure Track

Tenure used to be the benchmark of excellence for most individuals in academic medicine (and still is for many). It represents, however, a substantial liability to the medical school and its parent university when tied to total salary, as was often the case. With increasing frequency, the tenure commitment has been uncoupled from salary or its definition has been recast to limit it to a core uni-

versity base salary, often a fraction of total salary for the faculty member in a clinical department. In a 1997 article in *Academic Medicine*, Jones and Gold reported on the evolving growth in the number of institutions that are introducing clinical and research tracks to accommodate the changing landscape in academic medical centers.² This has required a culture shift for many, as faculty assigned to these tracks in the past were often regarded as “second class” citizens in the academy.

Schools that have made progress in achieving respected status for faculty in these tracks have found it possible to recruit excellent talent and allow them to thrive in their focal area. Thus, the tapestry of the well-balanced school is now rich with dimension and texture in proper proportion because its broad, tripartite missions of education, research, and patient care have been accomplished with a balance of a relative few triple-threat individuals coupled with an increasing number of those who demonstrate exceptional performance in one of the mission areas, while contributing in a supportive role in at least one other.

Schools with the most rigorous criteria expect the individual to contribute in a meaningful fashion to the teaching process and to the advancement of the science and art of medicine through the publication of observations and the presentation of findings and technique at professional meetings. Highly respected institutions, such as Johns Hopkins, offer rather long-term commitments (as much as ten years) to individuals at rank whose performance warrants it but

Table 1. Changes in medical schools, 1975-2000

	Increase
Number of Medical Students	3.6%
Number of Residents	161%
Number of Basic Science Faculty	65%
Number of Clinical Faculty	223%
Total faculty	163%
State Support*	50%
Federal Grant Support*	269%
Clinical revenues*	967%

*Adjusted for inflation

Source: *Acad Med* 2003;78(7):660.

<http://www.academicmedicine.org/cgi/content/full/78/7/659>.