Lately, you notice that your department chair is under mounting pressure to increase revenue through clinical productivity, increase extramural research funding, and maintain or reduce the costs of teaching, even as class size expands. Different demands are now being placed on you, creating a dilemma. The core component of what differentiates academic medicine and makes it unique—scholarship—is being diluted and, at times, neglected, and you are beginning to question your career choice. The professional literature in academic medicine describes changes in organizational structure, leadership, and culture.1,2 What has not been explored is the question of whether a different “model” of faculty member is needed. This is a good time for faculty members to ask: Am I a “future-oriented” faculty member? Do I possess the key ingredients—values, skills, and commitment—necessary for future success in academic medicine?

A New Model
The prevailing culture in academic medicine is often described as individualistic, autonomous, scholarly, expert-centered, competitive, focused, high-achieving, and hierarchical.3 It is not surprising, therefore, that many faculty members are highly competitive, high-achieving individuals who strive for autonomy in narrow areas of expertise and scholarship. These individuals are comfortable in hierarchical systems, typically having done well in similar systems throughout their careers. Senior faculty members are likely to have been rewarded for individual achievement and expect to see the same in the faculty who succeed them in the world of academic medicine.

The Current Dilemma
To paraphrase Spencer Johnson (a physician), someone moved the cheese.4 The qualities and characteristics that led to success in the past are becoming less relevant in the changed environment. If you want to be a successful faculty member in the coming years, you should be sure you are equipped to deal with the changed environment and newly emerging culture of academic medicine.5 A different behavioral repertoire and skill set will likely be required.6 But upgraded skills alone are only a part of required changes in behavior. If you want to truly adopt an orientation toward the future of academic medicine, other changes will be necessary.

Characteristics of the Future-Oriented Faculty
Future-oriented faculty members are similar to present-day faculty in several ways. Most have developed an ability to postpone gratification as they work toward future goals that are often in the distant future. Most are deeply committed to helping others and generating new knowledge in the service of improving the human condition. However, there are significant differences between today’s faculty and the future-oriented faculty.

First, the future-oriented faculty member is much more likely to be female and/or to be from an underrepresented minority. These individuals will probably have experience working in teams with collegial or collaborative members. If the person is trained as a scientist, he or she will quite possibly be oriented toward the conduct of translational or clinical research, and as such, more comfortable with team science. The future-oriented faculty will be less concerned about the accumulation of knowledge and more oriented toward the practical application of that knowledge—in other words, it will be competency-centered rather than knowledge-centered. (For a table comparing traditional and future-oriented faculty, see the expanded version of this article at www.acphysi.com.)

The Changing Organizational Culture
Academic medicine is under pressure to sustain itself in the face of declining reimbursement, rising levels of uncompensated care, a decreasing NIH budget when adjusted for inflation, and ever-increasing costs of labor and supplies. The need for tighter alignment between the health system and the physician practice plan is becoming increasingly apparent, given the need to partner in supporting salaries, invest jointly in capital expenditures, and implement business strategy. In the research enterprise, extramural grant funding is necessary, but not sufficient, to support research. One analysis found the need to subsidize 17% of academic medical centers’ research funding in 2003 with clinical enterprise dollars or endowment interest and gifts providing the additional revenue needed to support research.7

Becoming Future-Oriented
In order to be successful in the transition to a future orientation, you should create a customized career development plan that is carefully planned, linked to measurable goals, monitored routinely, and reinforced by effective feedback and coaching.8

In order to protect the integrity of the academic medical center, the unifying theme of the new community of future-oriented faculty must be scholarship. Keeping academic medicine anchored in scholarship has several advantages. First, all faculty will contribute to scholarship. Newer reward systems will have to acknowledge team contributions to science and to technology, commercialization, and licensing. Second, the litmus test of scholarship...
will be simple: Does the scholarship, via knowledge creation or transfer, add value to the people we serve in academic medicine? Finally, collective scholarship will help to attract new faculty and will serve as the “glue” that retains and sustains faculty. The organization’s mission—improving people’s lives through scholarship—remains its most fundamental reason for existence, one that goes far beyond generating a margin. This mission is one that will resonate extremely well with the various stakeholders the institution must engage.

Although scholarship remains at the core of all the missions—teaching, research, patient care, and service—there is less time available to both clinicians and researchers to engage in the process of creating new knowledge and innovating. Ernest Boyer proposed a broad definition of scholarship—one that went beyond emphasizing pure discovery to one that included “integration, application, and teaching.”9 This broad definition of scholarship applies aptly in academic health. To a degree, evidence of these changes is all around us as greater emphasis is placed on clinical and translational science and less on basic science research. In effect, the question of value from funding agencies (NIH and others) has changed from “What have you discovered?” to “What have you cured?” The emerging organizational culture of academic medicine now requires a parallel-processing applied research model—and a faculty with the requisite skills to conduct applied research.

Likewise, intellectual pursuits have become more transdisciplinary and less insular. In the past, individualism prevailed, and the controversies about the dearth of women in science14 are likely to become manifest in the near future.

In terms of recruiting future-oriented faculty members, Bickel and Brown suggest that generational differences will require novel recruitment and development strategies.10 Much of the challenge of recruiting, retaining, and sustaining the future-oriented faculty member involves the ability to promote scholarship at the same time as asking clinicians and scientists to maximize revenue, ensure efficient use of resources, and “right-size” the entire enterprise. In the past, many of the rewards to faculty members originated “within” the individual faculty member rather than from within the organization. In the future, the cultural expectation will need to focus on “we” (collective success) rather than “me” (individual success). Although this may sound contradictory, it is not. The crucial element within the organization is to create a culture that rewards collaboration and simultaneously promotes the vitality of the individual faculty member.

Academic medical centers will be challenged to change their organizational culture swiftly enough to recruit and subsequently retain future-oriented faculty. A future-oriented organizational culture is likely to be manifested as collaborative, transparent, outcomes-focused, mutually accountable, team-based, service-oriented, and patient-centered.3 Rewarding interdependence rather than independence, supporting work-life balance, and ending the reliance on individualistic rewards are likely to be other key features of successful academic medical centers in the coming years.

If you are a faculty member who wants to be successful in the future, anticipate and prepare for it. Adopt an orientation to the future, align your workplace behavior accordingly, and relish the fact that you are a part of creating the future of academic medicine.

References