

ACADEMIC PHYSICIAN & SCIENTIST

THE COMPREHENSIVE SINGLE SOURCE FOR RECRUITMENT IN ACADEMIC MEDICINE

HIGHLIGHTS FROM ACADEMIC MEDICINE

THE JOURNAL OF THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES

www.academicmedicine.org

- ▼ Standardization and Simulation Cannot Replace Direct Observation
- ▼ Are Medical Students Prepared for Clerkship?
- ▼ Integrating Social and Behavioral Sciences into Medical Curriculum
- ▼ Training Medical Students to Care for Chronically Ill Patients

See pages 5-8 for these topics and others

Whose Mission Are You Living?: The Whys and Wherefores of Goal-setting

BY JANET BICKEL, MA

Many, if not most, physicians and scientists consider their profession a vocation—a calling that will never be just a “job.” Career building starts with “know-how” (i.e., technical skills), but that is only the beginning. Successful careers also depend on “knowing why,” that is, continuing insights into the sources of your motivation and energy.

It is never too early or too late to work at expanding this understanding of yourself, but this work is especially critical for early-career professionals. Many young physicians accept faculty appointments with only vague goals and little insight into opportunities and demands. An annual review with their department head may reveal stark differences between their hopes and preferences and the chair’s expectations. For instance, Dr. New expects her leadership of the medicine clerkship and residency program and her service on two admissions committees to win her points; but her chair’s only comments during her 15-minute review pertain to bringing in more grant dollars and upping her clinical productivity. In the face of such an apparent misalignment, four types of less-than-optimal reactions are common: (1) get mad at the boss; (2) work even more hours (difficult if the work week already exceeds 60 hours and you have many



“Think of your goals as a developmental plan—your goals should stretch and challenge you, but not defeat you.”

responsibilities at home); (3) go into denial, i.e., pretend that the conflict will disappear; or (4) leave without careful evaluation or exploration of options.

A more analytical approach begins with articulating your personal mission or vision statement and the professional goals that grow logically from your values. Moving from reactive to clearly directed choices, and accepting responsibility for

Continued on page 4

INSIDE

Page 2

News & Views: Faculty Salaries; AAMC History; Palliative Care Centers; NIH Rule on Peer Review Committees

Page 3

Online Connections Science’s Next Wave

Page 3

Washington Watch: NIH Response to Conflict Allegations

Visit APS Online at
www.acphysci.com

for expanded versions of APS articles and for weekly updates of positions listed for academic medicine.



ASSOCIATION OF
AMERICAN
MEDICAL COLLEGES

Academic Physician & Scientist is endorsed by the AAMC and is published by Lippincott Williams & Wilkins.

See
Page 9
for listings
of positions
in academic
medicine

Goal-setting
continued from page 1

managing your own career, trigger an executive consciousness. Focusing energies and clear intentions also: engage your commitment; help you envision options; allow more efficient targeting of time, support, and mentoring; and are more likely to attract resources. Asking deep questions about priorities also may trigger new perceptions that lead to more effective behaviors.

Writing down your goals is important. If your commitments are simply stored in your "psychic RAM," what is stored is invariably over- or under-used; you recall items based on "most recent" or "loudest." David Allen recommends a "Core Brain Dump"—capturing everything that pops into your psychic RAM, preferably when in an energized state. Later, thinking like the

Getting Started

Even though you may well have felt "called" to medicine or science, by the time you finish training, your sense of this calling has likely matured in unexpected directions.³

If you have never, or not recently, articulated your hopes for your life and career, here are some suggestions meant to stimulate your self-examination. First, visualize your ideal work and life situations. Analytical types tend to over-rely on the well-developed logic-oriented left brain, not giving the nonverbal right brain a chance for input. Your creative right brain is better at transcending immediate circumstances and scripting, but you may need to jumpstart your access to it.

To get started, try:

- ❖ Examining what you daydream about and what gives you energy. During what activities do you lose track of time? Perform beyond your normal capabilities? Consistently feel enthusiastic and engaged?

With the reality of longer life expectancy, rather than pushing to the point of burnout early in one's career, it is wiser to adopt a long-term perspective to career management.

CEO of your career, return to your list and make decisions on the goals and activities to which you will commit. Next, come back in a managerial role and make tactical decisions regarding timing, resources, and the like.¹ Written goals are especially helpful. With your goals fresh in mind (you may wish to keep a copy in your wallet), your decisions about commitments will be more reliable and you can say "no"—or a limited "yes"—with greater integrity and clarity.

Because women and minorities face extra challenges in making the most of their intellectual capital,² goal-setting is especially critical. Not only do women and minorities lack role models who resemble them, but many also inherit a "personal glass ceiling" from our culture, limiting their achievement orientation so that they "settle for less." They also encounter more pressures to devote themselves to community service and need help protecting their time if they are to advance. The earlier that women and minorities understand these realities, the more effective their strategies will be.

- ❖ "Scenario building" with a forward-looking friend in a field other than your own. Imagining a series of "what-ifs" allows a questioning of your usual assumptions and a fresh look at the world.

- ❖ Writing your obituary or a tribute statement you would like to have said of you on your 80th birthday.

- ❖ Keeping a pad and pen by your bed to write down dreams. Dreams are the imagination at work during sleep. You may be surprised at the response from your unconscious.

Now back to relying on your left brain. Assess what "businesses" you are investing your energies in; then calculate a return on investment in terms of your life satisfaction.⁴ Another left-brain exercise is to categorize your professional activities in terms of high, medium, and low impact. Most people get about 80% of their impact from 20% of their activities.

Setting Value-based Goals

What goals grow naturally from your responses to the above exercises? Think of

your goals as a developmental plan—your goals should stretch and challenge you, but not defeat you. Young professionals might begin by sketching out short-term, mid-range, and long-term goals; you may wish to focus only on professional growth or include family considerations, spiritual growth, and physical health as well. With aims that require a lot of juggling or depend on unpredictable forces, thinking in terms of three- to five-year intervals of relative emphases may help, e.g., de-emphasizing research productivity during the years before your children begin school.

Within these constraints, be as specific as possible. For example, one year's professional development goals might include: complete and submit four manuscripts; decrease time in clinic by 10%; reduce staff attrition by 25%; establish regular contact with at least 10 new individuals.

To test your goals, talk over your outline with people worthy of your trust. Ask if you have considered the threats and opportunities looming on the horizon. Are you underestimating or overestimating your potential and the value you add to your department? Have you taken into account your weaknesses and problem areas? Encourage your confidants to be specific regarding their perceptions of your strengths and weaknesses.

Priorities change with life stages and as new constraints and options present themselves. So take inventory on a regular basis. What do you want to spend more time on? Less time on? Is what you give your time to what you value? Your review might also encompass your assets, e.g., which skills were most important to your impact and achievements this year? What competencies do you need to acquire or to build? To free up energy for this new work, what are you not doing well or not enjoying that you can delegate or discontinue?

Retaining a copy of your annual goals and updates produces, over time, an invaluable record of your own development. Another benefit of a regular goal review is remaining in touch with your emotional, developmental, and financial realities. Finally, your inventory can serve as the basis from which you approach your annual review with your boss.

Continued on page 5

HIGHLIGHTS FROM
ACADEMIC MEDICINE
 THE JOURNAL OF THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES
 www.academicmedicine.org

Standardization and Simulation Cannot Replace Direct Faculty Observation of Trainees' Clinical Skills

In today's environment of rapidly advancing medical information and technology, just how important are clinical skills to successful patient care? If these skills are important, what is the current quality of these skills among medical trainees and practicing physicians? What role should physician-educators play in evaluating these skills? Eric S. Holmboe, MD, looked at these questions and reports in the January 2004 issue of *Academic Medicine* that medical educators must not abdicate their responsibility for teaching and evaluating clinical skills to standardized patients and simulations; rather, both approaches should complement each other.

Despite the burgeoning of technological advances, the clinical skills of medical interviewing, physical examinations, and counseling are critical to successful patient care. Even with new technology,

nothing can replace a well-conducted medical interview and physical examination as diagnostic and therapeutic tools. Effective physician-patient communication has also been demonstrated to improve patient outcomes; furthermore, patient satisfaction is lower when physicians communicate poorly or neglect psychosocial aspects of the interview.

Although much has been learned about effective interviewing methods, Dr. Holmboe observes that deficiencies in interviewing skills continue to manifest themselves, and may even be on the rise, according to some experts. In addition, communication skills often do not seem to improve even after residency training. Studies have repeatedly pointed out errors in physical examination skills and subpar interview techniques that fail to elicit many patient complaints.

"Perhaps the biggest problem in the evaluation of clinical skills is the lack of observation by faculty of trainees," says Dr. Holmboe. The increased use of standardized patients for some aspects of training has led to a decrease in direct observation by faculty of actual patient encounters. In a recent study, almost 40% of medical students reported four or fewer observations by faculty members during their entire medical school program. Furthermore, most of these observations were conduct-

ed by residents, not faculty members.

Dr. Holmboe points out that "given the diversity and range of patients seen during training, medical educators are in the best position to evaluate the ongoing and continuous care of patients by trainees performing with actual patients who are not following a predefined script. He states that medical educators "have a moral and professional obligation to ensure that any trainee leaving their training program has attained a minimum level of clinical skills to care for patients safely, effectively, and compassionately." To this end, he calls for training that will improve both faculty evaluation skills and the faculty's own clinical skills, encompassing periodic reinforcement. He recommends the following:

- ❖ Evaluation of clinical skills by faculty must be given high priority by school administrators. Faculty observation of clinical skills must be encouraged and rewarded.

- ❖ Medical schools and residency programs should develop core groups of clinician-educator faculty to serve as experts for clinical skills teaching and evaluation.

- ❖ Schools and residencies need to develop systems to "evaluate their evaluations."

- ❖ National and regional certifying organizations should provide meaningful

Continued on page 6

Goal-setting

continued from page 4

The Long View

Most young professionals in medicine and science feel overwhelmed by deadlines, in part because promotion requirements presume the existence of "ideal workers" who devote themselves wholly to their work, never seeking time away. But with the reality of longer life expectancy, rather than pushing to the point of burnout early in one's career, it is wiser to adopt a long-term perspective to career management.

Faculty adopting a long-term perspective and seeking more flexibility than personnel and promotion policies allow may find themselves going head-to-head with administrators pressured to increase productivity

now, if not sooner. But as leaders in academic medicine recognize their dependence on the next generation, they will likely update these policies in order to recruit and retain young physicians. Visionary leaders understand that in the long run, productivity is dependent on employee satisfaction and creativity; therefore, nurturing the development of people is the smartest business strategy. At the same time, smart "knowledge workers" accept responsibility for managing their own careers from the start.

Goals are no protection against the inevitable uncertainties of life. But your "whys" will help keep you wise as you build

For an expanded version of this article, visit the APS Web site at www.acphysci.com.

your career. Career happiness is not a function of Brownian motion, but of continuing exploration of the intersection between your skills and what you find most meaningful and most enjoyable. ❖

Janet Bickel, MA, is a career development coach and faculty career and diversity consultant. She may be contacted at Janetbickel@cox.net; www.janetbickel.com.

Notes

1. Allen D. *Ready for Anything: 52 Productivity Principles for Work and Life*. Viking, 2003.

2. Morahan P and Bickel J. Capitalizing on women's intellectual capital. *Acad Med* 2002;77:110-112.

3. Levoy G. *Callings: Finding and Following an Authentic Life*. New York: Three Rivers Press, 1997.

4. Eckblad J. *If Your Life Were a Business, Would You Invest in It?* McGraw-Hill, 2003.