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ORIGINAL RESEARCH

Tried and True: A Survey of Successfully Promoted Academic Hospitalists

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BACKGROUND: Academic hospital medicine is a new and rapidly growing field. Hospitalist faculty members often fill roles not typically held by other academic faculty, maintain heavy clinical workloads, and participate in nontraditional activities. Because of these differences, there is concern about how academic hospitalists may fare in the promotions process.

OBJECTIVE: To determine factors critical to the promotion of successfully promoted hospitalists who have achieved the rank of either associate professor or professor.

DESIGN: A cross-sectional survey.

PARTICIPANTS: Thirty-three hospitalist faculty members at 22 academic medical centers promoted to associate professor rank or higher between 1995 and 2008.

MEASUREMENTS: Respondents were asked to describe their institution, its promotions process, and the activities contributing to their promotion. We identified trends across respondents.

RESULTS: Twenty-six hospitalists responded, representing 20 institutions (79% response rate). Most achieved promotion in a nontenure track (70%); an equal number identified themselves as clinician-administrators and clinician educators (40%). While hospitalists were engaged in a wide range of activities in the traditional domains of service, education, and research, respondents considered peer-reviewed publication to be the most important activity in achieving promotion. Qualitative responses demonstrated little evidence that being a hospitalist was viewed as a hindrance to promotion.

CONCLUSIONS: Successful promotion in academic hospital medicine depends on accomplishment in traditional academic domains, raising potential concerns for academic hospitalists with less traditional roles. This study may provide guidance for early-career academic hospitalists and program leaders. *Journal of Hospital Medicine* 2011;6:411–415. © 2011 Society of Hospital Medicine

KEYWORDS: academic hospital medicine, hospitalists, promotions process.

The growth of academic hospital medicine has been driven by multiple factors including expanding clinical needs, housestaff duty hours' limitations, and an increasing focus on quality and patient safety.[1] Hospitalists at academic medical centers frequently assume roles that differ substantially from traditional faculty positions. Academic hospitalists may have predominantly clinical positions, and may be involved in quality improvement and patient safety projects.[2–4] Because of these commitments, many academic hospitalists spend less time on research or educational efforts.[1,5] Many have raised concerns that these unique job descriptions might lead to less time to devote to scholarship and academic pursuits, and consequently greater challenges in the promotions process.[2,5]

There are little published data on promotion and tenure in academics, and even less specifically focused on the promotion of hospitalists. Theoretically, promotion should recognize an individual's contribution to his or her institution and field. However, each institution has unique criteria though which faculty achieve promotion. Previous articles addressing specific groups, such as part-time,[6] clinical faculty,[7–9] or clinician-educators[10] may be relevant to hospitalists, as hospitalists may be more likely to fall into these categories. These reports suggest general agreement that promotion committees should consider and weigh clinical and educational work (in addition to scholarly publications) in the promotions process, but assessment methods vary across institutions and the contribution of activities, such as quality improvement, remain unclear. The educator's portfolio has gained momentum as a way to document valued teaching in

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many institutions,[11,12] but academic hospitalist participation in education may be limited.[13]

Literature related to the development of Divisions of General Internal Medicine is relevant insofar as similar concerns for promotion were expressed with the growth of their faculty.[14,15] However, its applicability may be limited by differences between roles of hospitalists and more traditional general medicine faculty.

To better understand the factors influencing promotion for academic hospitalists, the Society of General Internal Medicine (SGIM) Academic Hospitalist Task Force (AHTF) undertook a survey of promoted hospitalists who had successfully reached the rank of Associate Professor or higher.

METHODS

Development of the Survey

The AHTF is a group of 18 academic hospitalists representing 15 institutions. Draft survey questions were developed by the group and sent to its members for refinement based on group consensus. Three cycles of refinement were performed, and the final survey (Appendix) was converted into an electronic format distributed through SurveyMonkey (SurveyMonkey.com, Portland, OR).

Identification of Survey Recipients

We identified a convenience sample of hospitalists who had been promoted to Associate or Full Professor of Medicine by querying members of the AHTF, the Society of Hospital Medicine (SHM) Academic Committee, and colleagues of academic medical centers with established hospitalist programs. We identified 33 promoted hospitalists.

Each recipient received an email from the AHTF cochairs in January 2009 asking them to complete the survey. If a response was not received in three weeks, a second email was sent. If a response was again not received, an AHTF task-force member who knew the recipient asked him or her to complete the survey. All responses were received by March 2009.

Data Analysis

We examined responses using descriptive measures. Responses were analyzed across all respondents, as well as between these two subgroups. Statistical analysis with Fisher's exact test was performed using Stata 9.0 (StataCorp, College Station, TX).

RESULTS

Of the 33 hospitalists who received the survey, 26 responded (response rate of 79%). Of these, 25 completed the survey in its entirely and were included in our analysis; 1 did not submit details regarding specific promotion-related activities. General information regarding the respondents and their programs at the time of their promotion is contained in Table 1.

TABLE 1. Respondent and Hospitalist Program Characteristics

No. of institutions represented	20
Program age	5.7 years (range 1–10)
Size of hospitalist program at the time of promotion	10 (range 1–28)
Size of hospitalist program currently	25 (range 7–45)
Programs that were separate divisions at the time of respondent promotion	4 (20%)
Programs that are now separate divisions	8 (40%)
Programs with 1-track* promotion system	2 (10%)
Programs with 2-track promotion system	8 (40%)
Programs with 3-track promotion system	9 (45%)
Other type of promotion system	1 (5%)
Tenure track*	8 (32%)
Institutions with tenure and promotion criteria that explicitly recognized hospitalist work	8 (40%)

*Tenure not defined by survey, but was reported by the respondent.

The seven nonrespondents were from seven different institutions; however two of these institutions were represented by respondents. One nonrespondent had achieved a rank of Professor (through general medicine); the rest had been promoted to Associate Professor. One nonrespondent is known by the authors to hold a research position.

Ten respondents identified themselves as clinician-educators (40%), ten as clinician-administrators (40%), and five as clinician-researchers (20%). Seventeen (68%) of the promoted hospitalists were not on a tenure track (as defined by them); they were more likely to have administrative or educational roles than a research appointment. Though the majority of self-identified researchers were among the earliest to have been promoted, there were no statistically significant differences in self-defined job description between more and less recently promoted hospitalists.

Promoted hospitalists were involved in a diverse range of activities which supported their promotion, including service (eg, institutional committees), education, research, and quality improvement. Nearly all hospitalists surveyed listed teaching and educational activities, and almost all had disseminated scholarly output and some degree of grant funding. Table 2 lists the specific activities in which respondents reported being engaged in each of these domains.

A range of individuals assisted the respondents in the promotion process. Twenty-three (92%) respondents identified the individuals who supported their promotion, and all listed more than one person. Respondents most commonly credited their Section or Division Chief (43%) with facilitating their promotion, followed by Departmental Chairs or Vice/Associate Chairs (22%). Mentors (13%) or peers (8%) were also named. Four respondents (17%) named themselves as the person providing most guidance through the promotions process.

TABLE 2. Types of Activities Performed by Promoted Hospitalists

Activity	Percent of Respondents Engaged in Activity
Service	
School of Medicine	56
Department of Medicine	84
Hospital	80
Professional societies	92
Administration	67
Education	
Medical student	72
Housestaff lectures	84
Ward/consult attending	96
Clinic precepting	40
Course director/curriculum development	80
Program director (or associate)	36
Research	
Peer-reviewed publications	92
Abstract/poster presentations	80
Invited speaker	96
Reviewer/editor	80
Study section	24
Federal grants	32
Nonfederal grants (internal and external)	72
Quality improvement/patient safety	
Project member	36
Project leader	52
Institutional leadership	32
Curriculum development	32

TABLE 3. Reported "Most Important Activities" for Supporting Promotion

Category of Activity	Frequency of Response* (%)
Research	14 (58)
Peer-reviewed publications	8 (33)
"Research"	4 (16)
Research funding	2 (8)
Activities outside institution	8 (33)
National reputation	5 (21)
Professional society membership	3 (13)
Education	7 (29)
"Teaching"	3 (13)
"Educational activities"	2 (8)
Residency Director	1 (4)
Curriculum development	1 (4)
Service	6 (25)
"Service"	3 (13)
Administration/leadership of group	3 (13)

*Twenty-four respondents answered this question.

No consistent themes regarding obstacles emerged from free-text responses to questions about the promotions process. One respondent felt that high clinical expectations made participation in other academic activities a challenge. The only other barriers noted were "not being on the radar screen of the Division Chief of GIM," and difficulty identifying external, senior hospitalists to write letters in support of promotion.

When asked about the most important activities supporting their promotion, 24 respondents listed one to two key activities, detailed in Table 3. The most common response was "peer-reviewed publications" (33%). Activities related to education and/or teaching were the next most common response (29%), specifically "teaching," "educational activities," "curriculum design," or "program director." "Research" or "research funding" represented 26% of responses. Valued activities outside of the respondent's institution included national reputation (21%) and service in professional societies (16%). Service or administrative responsibilities were mentioned by 25% of respondents.

DISCUSSION

We conducted a unique and comprehensive survey of academic hospitalists who have been promoted since 1995. We identified the most common and important activities contributing to promotion. Contrary to our expectations, survey respondents generally did not report being a hospitalist was a barrier in the promotions process.

Respondents were engaged in a diverse range of activities, including service, education, and research. Interestingly, no one identified him or herself primarily as a clinician. Teaching appeared to be a core component for all surveyed, regardless of academic appointment. Only one felt that her clinical workload as a hospitalist was an obstacle that prevented her from being engaged in other activities important for promotion. With more programs potentially evolving to separate divisions, the issue of "being on the radar screen" of a General Internal Medicine Division Chief may become less common over time. We hope that as programs mature and the numbers of associate and full professors increase, there will not be difficulty obtaining outside letters.

Although only 23% self-identified as clinician-researchers, nearly all had peer-reviewed publications and other evidence of disseminated scholarly work. Grant funding, both federal and nonfederal, was also common among this group. This finding is consistent with self-reported activities of a cohort of junior internal medicine faculty followed over three years who were eventually promoted, though the majority of those participants were classified as having either traditional clinician-educator or clinician-researcher positions.[16]

Despite outlining a seemingly clear pathway to promotion for hospitalists, concerns remain. Most importantly, those surveyed seem to have achieved promotion through relatively traditional academic job descriptions. Obtaining or maintaining these types of positions may be difficult as clinical needs at academic centers increase. According to a recent survey of hospitalist faculty,[13] over one-third spend more than 60% of their time on nonteaching clinical services. In

that survey, over half of respondents had little or no "protected time" for scholarly activities. The contrast between this survey's findings and ours raises the question of whether our promoted sample had positions similar to those of most academic hospitalists. Given that the majority of our respondents noted peer-reviewed publications and grant funding to be among the most important activities for promotion, there may be a dangerous disconnect for junior academic hospitalists who spend the majority of their time in direct patient care. Moreover, the promoted hospitalists in our survey reported relatively less participation in quality improvement/patient safety activities, in contrast to both anecdotal and survey reports that these activities are a major component of many academic hospitalist positions.[5,17] Most academic medical centers do not yet consider achievements in this area in their promotions criteria, potentially creating a barrier for the ranks of "clinician quality improvers."[1] Thus, significant obstacles to promotion of academic hospitalists may exist.

Leaders in academic hospital medicine are recognizing these potential barriers. A diverse group from major professional societies recently published a summary of the challenges and opportunities for the field of academic hospital medicine.[1] Several needs and areas for intervention were identified, including enhanced faculty development and improved documentation of quality improvement activities. The SGIM, the SHM, and the Association of Chiefs and Leaders of General Internal Medicine (ACLGIM) recently cosponsored an intensive four-day faculty development course for junior faculty to promote skills necessary for academic hospitalist success. Early reports indicate that this was a success.[18–20]

In addition, the AHTF has developed a Quality Portfolio, paralleling the Educator's Portfolio, that can be used as a tool for documenting quality improvement and patient safety activities in a way that can be useful for career development and promotion.[4] Lastly, the Society of Hospital Medicine has hosted the inaugural Academic Hospital Medicine Leadership Summit as part of the national meeting to provide mentorship and professional development opportunities for junior faculty. Our hope is that these opportunities, coupled with the growth of mid-level and senior leaders in hospital medicine, will provide greater infrastructure for the development and promotion of junior faculty.

Our results may have relevance beyond hospitalist groups. With anticipated further limits on housestaff duty hours, more academic physicians may be asked to fill predominantly clinical roles. In addition, a growing emphasis on quality and patient safety may lead to a more general expansion of academicians who focus on these areas.[15]

Our survey and methodology have limitations. By including only promoted individuals, we did not survey hospitalists with the most difficulties in the promotions process—those who were not promoted. Thus, we are unable to directly compare successful versus unsuccessful strategies. Identifying nonpromoted academic hospitalists to understand the reasons they were not (or have not yet been) promoted could be a next step in this line of inquiry. Additionally, understanding the attitudes of promotions committees regarding hospitalists, and the clinical and quality improvement roles in which they are engaged, could enhance our current results. Finally, we surveyed a convenience sample of a limited numbers of hospitalists and institutions, and were unable to systematically account for variations in promotions criteria across institutions. However, to our knowledge, this is the most comprehensive study of promotions among academic hospitalists to date. Given the common themes that emerged in terms of activities that supported promotion, mentors, and advice, we believe that our sample was sufficient to identify important themes and advance our understanding of this nascent specialty.

In conclusion, our survey of promoted hospital medicine faculty provides valuable information for junior faculty and hospitalist leaders. Success was found through engaging in a diverse set of activities in the traditional areas of education, service, and scholarship, frequently in conjunction with developing recognition outside of their institutions. While all respondents were clinically active, none described themselves as having purely clinical roles. As academic hospitalist roles evolve, academic leaders will need to provide adequate mentorship, create time for scholarly pursuits, and promote documentation and recognition of nontraditional activities that may nonetheless be worthy of promotion.

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