

Building an Academic Pipeline: A Combined SHM Committee Initiative

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Now in its 20th year, Hospital Medicine has - from many perspectives - reached full bloom. Over 50,000 hospitalists populate settings as diverse as academic hospitals, community hospitals and long-term care facilities. Many traditional academic medical centers have taken notice of hospitalists, not just for their clinical role in an era of restricted duty hours, but also for the value they provide in advancing the academic and teaching mission of the institution.^{1,2} As a result, hospital medicine has expanded rapidly: from 10,000 hospitalists in the United States in 2004 to 48,000 hospitalists in 2014.³ Unfortunately, such growth has led to a profession that is “bottom heavy” - with leaders that spearheaded the movement in the upper echelon followed by a conglomeration of junior faculty at the base. For many at the bottom of this pyramid, the path to promotion remains challenging. Core academic metrics such as peer-reviewed publications, quality improvement activities, superb teaching evaluations and a national reputation are challenging to achieve for junior faculty who remain highly clinically occupied.⁴ Mentorship has been cited as a key contributor for academic success and career satisfaction, but not enough senior hospitalists exist with the experience, skills and bandwidth to adequately groom protégés.^{5,6}

The Brief Report in this month’s edition of the Journal is important and timely. Cumbler and colleagues describe the creation of a visiting professor program specifically aimed at cross-pollinating junior faculty on the precipice of promotion with senior members from other institutions.⁷ Using a model of reciprocity, the Visiting Professor innovation provided a mechanism by which

mid-career faculty could travel to another site, exchange ideas, mentor or be mentored, and find partners and like-minded faculty to grow their work. Starting with just two sites, the program quickly expanded to five with exchanges of seven visiting professors. Initial metrics of success appear promising: early career faculty that interacted with the Visiting professor provided positive feedback in key domains including mentor-mentee relationships and advancement of academic careers. We applaud the authors not only for introducing this novel idea, but also for building in evaluative components such as publications and letters for promotion that allow for assessment of success.

Programs such as these help fill key gaps for junior faculty. First, they provide important mechanisms for expanding the network of available mentors for junior faculty. Second, they provide a venue to promote cross-institutional collaborations, receive feedback and grow the circle of stakeholders around innovative projects. Third, they help junior faculty establish a national reputation, propelling them towards promotion. Finally, the program does what few others can: it provides a means by which clinically busy junior faculty can get much needed validation for their academic efforts.

How may this innovation be expanded to a national scale? As Chairs of the Society of Hospital Medicines Academic and Research Committee, we think this a worthy mission. Following a lively discussion at the national meeting, both committees have established a workgroup to support a Visiting Professor Program. The Visiting Professor Program will follow the model introduced by Cumbler and colleagues by cross-linking facilities represented within our

committees into the existing network of Visiting Professor sites. New sites will be asked to name a Site PI who will be responsible for identifying appropriate faculty members and areas of expertise that would benefit from inter-institutional exchange. SHM's Chapters Committee has joined the dialogue and will help by developing a database of faculty, domains of expertise, and geographic locations to create a veritable "match.com" for junior faculty.

We are a field that began with innovation, as pointed out by Cumbler and colleagues. Developing and diffusing a junior faculty program to grow future academic leaders is just an extension of this type of thinking and demonstrates how we consistently think outside the box. Ultimately, we envision the program to be a national model adopted by SHM to help grow not only academic, but also community-hospitalist superstars who also have great ideas and innovations. Faced with the constant peril of clinical workload, academic burnout and career success, our field must begin to invest in programs that nurture our young and provide them with opportunities need to shine. The innovation proposed by Cumbler et al. is a superb example of this type of initiative, one we are proud to help diffuse on a national level. Onwards!

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