# Know Yourself, Know the System: Developing a Successful Career and Being Promoted as an Academic Anesthesiologist

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## Why be an Academic?

When a resident finally graduates, she must decide between the lure of a financial package in private practice or the intellectual stimulation offered through a career in academic medicine. For some, the choice between the 2 settings might be as simple as this proposition, but for others these factors and many more will affect the decision of where to practice.

Some aspects of the decision to go into academics can be predetermined by your training experience, such as participation and publication of research in medical school and residency or the presence of academic role models and mentors,[1] but other considerations, such as professional preferences, require deliberate thought. Do you like to write? To travel? Do you prefer to work alone or as part of a team? How do you envision your professional legacy? Do you want your efforts to impact only people with whom you have direct contact or do you want to affect a broader range of people, many of whom you will never know?

You will also need to consider the relationship between your professional and personal lives. In private practice, your focus will be almost exclusively (or at least largely) on direct patient care with variable amounts of effort on local administrative and quality improvement activities and, sometimes, national service such as on an American

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INTERNATIONAL ANESTHESIOLOGY CLINICS
*Volume 54, Number 3, 155–169*

Society of Anesthesiologists committee. In academics, you could still spend up to 90% of your time in direct patient care, but even in a highly clinical role there will be expectations of teaching, administration, and quality improvement as well as, in many cases, local and national service and scholarship. As a result, a typical week in academic practice is likely to be far more variable than a typical week in private practice.

An extreme example of a senior tenured physician-scientist's week might consist of having Monday blocked to write a paper or a grant, flying to Washington to serve on a committee or study section on Tuesday (editing manuscripts on the flights there and back), and working clinically in the operating room (OR) on Wednesday. The week could continue with delivery of a lecture on Thursday morning to medical students and attending meetings with mentees and collaborators the rest of the day, teaching residents in the simulation center on Friday morning, analyzing research data or writing a letter of appraisal for a colleague's proposed promotion, and then participating in an afternoon hospital strategic retreat. All this time engaged in meetings would invariably leave work to take home and complete over the weekend (assuming that you do not have a call shift assigned).

Professional compensation further differentiates the 2 career pathways. Academicians almost always earn less than those in private practice and usually have less vacation time. This is because clinical revenue drives compensation; private practitioners almost always generate more clinical revenue per day, and in many instances more of that revenue flows back to those doing the clinical work. Your income typically stays the same from day 1 in private practice, unless you seek a partner track. In academics, there is salary growth as you become more senior, provided you do not cut back too much on your clinical activities. Benefit packages are variable, so one cannot generalize about differences. However, 1 extremely attractive benefit of some academic practices is university tuition benefits for children.

Success as an academic anesthesiologist will be objectively demonstrated by your ability to get promoted, and your ability to get promoted starts by assessing whether the academic setting is right for you. As with all choices, there are pros and cons for the academic path, but if you are interested in education and research then you will be better off in an academic environment, which still has tremendous variability and opportunity.

## ■ Academic Tracks

It is important for every aspiring or new junior academic physician to possess basic knowledge of his or her pathway to academic promotion and its associated measures of success.[2]

This begins with an understanding of the academic faculty track system. As detailed in the literature, the examination of the impact and effectiveness of this system is a decades-long practice that documents the continued evolution of faculty tracks to meet the changing needs of different faculty members.[3]

Upon acceptance of your first academic position, you will not just be an employee of a hospital; you will also hold a faculty appointment in the institution's school of medicine on a specified track with a given rank. Most academic medical centers have a tripartite mission of clinical care, education, and research, like that of the Association of American Medical Colleges,[4] of which MD-granting institutions are a member. Therefore they (or their affiliated universities) are likely to have a track system that in some way mirrors these missions.

In each track, in addition to baseline clinical requirements, there will be defined expectations associated with education, service, and scholarship. In each available track, a faculty member can progress through ranks from instructor to assistant, then associate, and then full professor. The exact expectations for achieving such a promotion will vary by institution. Thus, to efficiently achieve promotion you need to pick a track that aligns with your individual goals and to have an understanding of the benchmarks for promotion on that track. The 3 most common "tracks" for academic anesthesiologists—clinician, educator, and scientist—as described below are based on Vanderbilt's system, other departments will have variants on these academic career pathways.

### The Academic Clinician

In the clinician track, you mostly provide direct patient care, often supervising clinical trainees. As such, the clinician can expect to dedicate 70% to 90% of his or her time to clinical activities. Most institutions are moving away from a defined number of years in rank (either minimum or maximum) before being promoted. Thus, the expectation is that, in addition to providing exemplary patient care and teaching, you will have other professional contributions,[5] things that will distinguish you from being in private practice. Such contributions could be in the areas of administration and leadership, quality improvement, patient education, community service, professional service, and/or academic contributions (scholarship).[6]

Depending on your personal objectives, you may engage in a range of other activities. Given the extensive time spent in the OR, the clinician is likely to play an important role in the education of medical students, residents, and fellows. Further, someone in the clinical track might be involved in managing a clinical service or in developing clinical pathways or guidelines. Serving on hospital committees (eg, transfusion, phar-

macy and therapeutics, blood utilization) is a great start to establishing a professional reputation.

Even in this track, a regional or national reputation is typically required for promotion. You will need to find ways to translate local clinically oriented initiatives into "academic products" that can be disseminated. Such external facing activities might include, but are not limited to, clinical talks at regional community hospitals, lectures at national meetings, running a case-based learning session at a regional or national meeting, or serving on a national committee dealing with the clinical topic that was the focus of the local initiative.

Research and scholarship need not be a focus for faculty on this track. However, because publications are easier to measure than other forms of impact, the clinician may choose (or the department or institution may prefer) to produce "durable academic products." For the clinician, these might include case reports, book chapters, or review articles. Although this does require some writing, such publications are reasonable dissemination products of the unique knowledge you possess from your extensive clinical experience.

### *The Clinician Educator*

The clinician educator is likely to spend between 60% and 80% of his or her time doing clinical activities, with the remaining nonclinical time spent actively pursuing academic endeavors with the intent of synthesizing and disseminating knowledge. At some institutions, this track would expect the faculty member's scholarly emphasis to be exclusively anesthesia education. At other institutions, including Vanderbilt, education need not be the scholarly emphasis. Instead, through external publication and presentation of clinical knowledge, regardless of topic, the faculty member is educating those outside the institution.

To maximize success, early in the educator's career it is important to focus on a well-defined and circumscribed area of academic and/or educational interest in which your ongoing efforts can yield academic products that advance your, your department's, and your institution's reputation at the national level. A track record of academic productivity will be required for promotion—this would include involvement in scholarly projects, presenting your work at scientific meetings, participating in education at national meetings, and publishing in the peer-reviewed literature. Because there are many opportunities and never enough time to accomplish them, to help faculty prioritize their efforts we recommend only pursuing activities that can "count twice" by leveraging them into further academic products. For example, one might accept an invitation to write a book chapter based on a local quality improvement project but it would be even more attractive if it could then serve as the foundation of a review article to appear in a

journal or as an invited lecture at a national meeting or during a visiting professorship.

As a clinician educator, your primary teaching responsibilities will be instruction of medical students, residents, and fellows in the course of your assigned clinical duties. As you transition from trainee to trainer, you may initially struggle to give trainees sufficient autonomy, positive reinforcement and, at the same time, constructive feedback. Besides providing exemplary clinical care, resident education is the core of most academic departments and the foundation upon which scholarship and service is based. Despite the demands of your new responsibilities as an attending physician and clinical scholar, you need to make a deliberate effort to develop your teaching skills. Senior faculty role models can be very helpful in honing your teaching skills.[7]

As your academic interests become better defined, teaching of students, trainees, and colleagues will be complemented by external lectures at academic meetings and other medical centers. Seek opportunities to give panel discussions or plenary talks at academic meetings, and invitations to be a visiting professor and give grand rounds at other academic institutions. These are key to establishing a national reputation and to building the network of colleagues and collaborators upon which your future career will flourish. Early in your career you should be proactive in creating these opportunities; your division chief, chair, and even friends should all be harnessed in this endeavor. As but 1 example, if you attend a 2-day advanced regional anesthesia training course, get to know the other participants, then follow-up on those new relationships. As they develop over time, you can enquire whether their institution has an invited speaker program and propose a trade of corresponding visits. For most academic departments, the biggest impediment to having more outside speakers is paying travel expenses and honoraria. If you are traveling to an out-of-town location, do not be shy about contacting your friends at the local academic institution to see whether you can give them a talk "for free."

Like the clinician, many of the educator's publications will be case reports, book chapters, and review articles. However, there is an added expectation for faculty in this track to publish peer-reviewed journal articles reflecting their own original scholarly work. Such scholarship can actually take many forms, but most traditionally are clinical research projects reflecting clinical innovations or the generation of new evidence for best clinical practices. This work is pursued in a scientific manner, and the resulting original published research is the quintessential form of knowledge dissemination, a key objective for promotion on the educator track. The goal is a body of scholarly work that demonstrates a meaningful contribution to the field. Although the number (and quality) of your publications will not be the sole determinant of readiness for promotion, at most institutions it is the bellwether of academic success.

Each institution will have a different publication benchmark that may or may not be stated explicitly. A common benchmark for a top-20 anesthesia department is about 20 publications for each promotion (assistant to associate and associate to full professor).

Local, regional, and national service is also an essential component of the educator's portfolio. By service, we mean a variety of academic pursuits other than publishing and presenting. The most common types of service are work on committees of academic societies, reviewing for journals, and moderating panels or poster presentations at national meetings. This type of service typically starts at your local institution (eg, serving on the medical school's applicant selection committee). Externally, there are myriad opportunities, many of them highly focused (eg, the Database Committee of the Congenital Cardiac Anesthesia Society), hence it is relatively easy to identify opportunities of relevance to you, your specialty, and medicine more broadly at the national level. Seek to get involved in such organizations with the goal of achieving leadership responsibilities (eg, chairing a committee and then serving on the society's board of directors).

### *The Physician-Scientist*

A physician-scientist is broadly defined as someone who takes a rigorous scientific approach to a focused topic of relevance to society. On the scientist track, a robust program of research is required, and the criterion for promotion is an independent, extramurally funded research program. The research can be basic, clinical, or translational. The majority of your time on this track is spent in the pursuit of new knowledge or finding innovative solutions to substantive health care problems, but you can be expected to continue to spend between 25% and 50% of your time taking care of patients both to maintain your clinical skills and your salary.

To be promoted in the scientist track, you must be able to objectively demonstrate your scholarly reputation in your particular discipline. This is primarily done through the publication of research papers and invited presentations at academic institutions and at national scientific meetings. Expectations in this regard are similar to but generally higher than that of clinician educators. For example, the quality of your publications is more highly weighted with publication in higher impact journals, as measured by Journal Citation Reports. Promotion to associate professor in the scientist track is frequently associated with the receipt of tenure (see next section). Thus, promotion criteria go beyond what you have achieved to include your potential for future achievements to the field (and external research funding).

The scientist must demonstrate a sustained record of research funding through receipt of major foundation and, preferably, federally funded grants and contracts. At top-20 institutions, it was generally

expected that to be promoted to associate professor, a "research track" faculty member would need to have received at least 2 National Institutes of Health (NIH) R01 grants as principal investigator. However, in recent years, given the constrained funding environment and the increased time to receive one's first R01, faculty can be promoted with a track record of funding that includes only 1 R01 as principal investigator. Aside from financial support your institution receives in the way of indirect costs when you receive an extramural grant or contract, these "awards" represent some of the strongest evidence of the quality of your research and your stature in the national scientific community. Thus, extramural funding is both the cornerstone of promotion and the most highly weighted factor.

Most anesthesiology physician-scientists start out their research career as a mentee in the laboratory of a more senior scientist. Traditionally, a key criterion for promotion was evidence that the mentee had established his or her own "independent" research program. In an era of constrained extramural funding and increasing use of "team science," establishing full independence from one's mentor is more challenging. However, pursuing at least 1 independent research avenue, collaborating with scientists outside your mentor's laboratory, and publishing papers with your own mentees (hopefully without your mentor as a coauthor) are all ways to establish an independent record of funding. The outside experts who are solicited to write letters of appraisal at the time of promotion will be asked to address this issue.

Teaching continues to be an important responsibility for the scientist. Although you will conduct intraoperative teaching of residents and fellows, the scientist is more likely to provide classroom (or flipped classroom) teaching of medical and graduate students. You will likely also do a great deal of one-on-one research mentorship.

Avenues of service for the scientist at the local level might include departmental research committee member, trainee research program director, or institutional review board member. National opportunities include editorial board for a journal, annual meeting scientific chair, or symposia organizer. A highly regarded external activity is service on extramural grant funding review committees, especially an NIH Study Section.

## ■ What About Tenure?

Virtually all anesthesiology departments affiliated with a medical school or an institute of higher learning will have tenure.[8] As stated earlier, generally tenure is awarded at the time of promotion to associate professor in applicable track(s) but can be delayed for several years in some cases. The notion of tenure as we know it was developed in the 1940s to protect general campus professors from being fired because

their personal politics were different from those of the leaders of their institution, even though they were effective scholars and teachers.[9] Subsequently, the practice made its way to state-run (public) medical schools and later to private schools.

Tenure is typically limited to those faculty tracks that focus on scholarship, most commonly the scientists (both basic and physician) who receive research funding and publish in the peer-reviewed journal literature. In addition to some kind of "salary guarantee," tenure may be associated with benefits not necessarily afforded to faculty in other tracks, such as access to sabbaticals, to internal research funding, to graduate students, or the opportunity to serve the institution in specific capacities (eg, faculty senate or general campus committees). Finally, a potential benefit of success in this track is that it better positions you for future appointment as a chair or a dean.

Tenure is almost always associated with some kind of employment or salary guarantee. For physicians, and especially at private institutions, the salary guarantee is modest, typically equivalent to that of a general campus faculty member—that is, "salary exclusive of clinical earnings."[8] However, because there is some kind of institutional employment commitment, the granting of tenure is not taken lightly, and it is generally more difficult to be promoted in this track than in others.

Unlike the other faculty tracks, the tenure track is almost always associated with a "time clock". From the time of appointment as an assistant professor, a faculty member will have 7 to 9 years to achieve tenure or otherwise must leave the institution (the so-called "up or out" provision). However, in recent years, some institutions have developed "flex" tracks that do not require an individual to declare a tenure track when they are hired initially, which, in essence, acts as an extension of the probationary period.[3]

Thus, at some institutions, tenure potentially means very little to a physician-scientist. First, there may be few if any perks, particularly at private academic medical centers. Second, unlike the tenured psychology professor who may have limited ways to fund his or her salary if they lose their grant support, a tenured anesthesiologist can always go back into the clinical environment if his or her extramural grant funding period expires. This track is only for those who are totally committed to science and the traditional academic career.

## ■ Setting Yourself up for Academic Success

When interviewing for a position at an academic medical center, you will want to have a conversation with the chair and your division chief about your professional objectives and their vision of your role in the institution. You should then agree on a track that best aligns with these goals. At the same time, it is highly desirable for you to identify role

models and a mentor at the institution who can provide you with career guidance. In addition to assessing whether you will be a good fit, you will want to make sure that the department has the infrastructure to provide you with the resources, tools, and opportunities you will need to develop and succeed.

Depending on your focus and track, you will want to negotiate differently: the clinician will want access to specific patient populations, specialized equipment, etc. The educator will want access to trainees and educational resources, whereas the scientist will need seed funding to start a laboratory, a research mentor, and protected time. Regardless, the negotiation should include access to the additional training and mentorship that you need. Women should be particularly mindful of this process—do not be afraid to ask for what you need or make a case for what you deserve. In a survey performed to assess possible reasons that fewer women are promoted than men, women reported having fewer research resources, which could be linked to ineffective negotiation skills.[10]

Additional training and career development as a beginning faculty member is critical. For example, being an effective educator is not something that comes naturally to most people—it is a learned skill.[11] Anesthesiology training usually includes little formal training in how to teach, so you may know few of the basics of learning theory and have had only limited experience training others, particularly those who are challenging to teach. Thus, to be a serious and successful educator in an academic department, you may need to take educational training workshops and courses or even undertake a formal degree program. Your negotiation may include the request for additional training, such as tuition for a simulation train-the-trainer course or a Harvard Macy Institute course.

The decision to be a scientist may best be made during medical school, potentially by pursuing a concurrent PhD or other supplemental degree. If you know early that you want a research career, you can pursue residency training at an institution that has an established research infrastructure and provides residents with the opportunity to receive extra time and mentorship to pursue research. Similarly, if you decide to pursue a scientific career later (during residency or fellowship), you will want to find an institution that will allow you to pursue additional postdoctoral training or you will not have the skills to be successful.[12] One indicator of this type of environment is the availability of a formal program specifically tailored to foster career development with the goal of becoming an independent extramurally funded physician-scientist, such as Vanderbilt's Benjamin Howard Robbins Scholars Program, Penn's Dripps Scholarship, Columbia's Virginia Apgar Society, and Duke's Academic Career Enrichment Scholars Program. Another gauge of the quality of an institution's training

environment is whether the department offers NIH training grants (T32 awards).[13]

## ■ Finding and Benefiting from a Mentor

A mentor is a trusted, more experienced advisor and often (but not necessarily) friend who is willing to invest the time and effort into providing guidance, assistance, and support to someone under their "tutelage." It is far more difficult to be successful purely by trial and error without feedback or guidance from those with prior experience. The best way to obtain this guidance is through coaching by an academic mentor.[14]

Different institutions will have different approaches to identifying mentors for new faculty. Generally the best mentorship comes from forming a relationship with time and trust.[15] A mentee is not going to listen to somebody if they do not respect him or her and feel that they have his or her best interests at heart. Similarly, a mentor is less likely to give you good advice if he or she does not like and respect you. Furthermore, the relationship must survive the inevitable initial challenges and failures of a budding academic career (eg, publication rejections). Hence, it is critical that you find someone who is willing to take on what can be a difficult job and with whom you can develop a substantial longitudinal relationship.

A key part of a mentoring relationship is the development of a career plan. Usually this includes a long-term (eg, 10 y) aspirational vision statement, a 1-, and a 5-year plan. The latter 2 will contain very discrete, measurable kinds of objectives. Identifying annual goals will give you a clearer sense of expectations and help identify milestones along the way to achieving specific objectives. The process of developing, implementing, and revising a career plan is an interactive effort. Thus, both the faculty mentee and the mentor must fully participate in the process. Establish a regular progress review, ideally at least once a quarter, so that you can address opportunities and challenges and update goals as needed.

## ■ The Promotion Process

The standards and processes for promotion from the rank of assistant professor to associate professor and then to professor will vary by institution. Depending on an institution's view of their academic stature compared with their "peer" institutions, the requirements for rank promotions will vary. If you are at a top-10 or even top-20 institution, the criteria for promotion will be more stringent than if you are at a smaller state or less research-oriented institution. Regardless,

the bar will be appreciably higher to attain promotion to a full professor than it had been to be promoted to associate professor. Specific details of your department's requirements should be available in your faculty handbook or from your Office of Faculty Affairs.

At many institutions, the decision to promote an individual originates with a departmental appointments and promotions committee, a body of senior faculty members that recommends such actions to your chair. Once the departmental committee feels that you have met the requirements for promotion, you will be asked to prepare a dossier for submission to the institution's appointments and promotions committee. The required documents will vary by track and sometimes by rank, but the core components for most faculty promotion files include the following:

(1) The chair's letter. This document expresses the department's support for the proposed promotion and extols your academic and other relevant accomplishments. At many institutions, you will be asked to write the first draft—do not shy away from expounding on what you have done and promoting yourself, even shamelessly. If you are hyperbolic, while still being truthful, your chair will tone it down.
(2) Curriculum vitae (CV). Your CV should provide the committee with a comprehensive well-organized description of all of your professional accomplishments. This is often the first thing that both external referees (see below) and the committee members look at to ascertain your readiness for promotion. Thus, it is very important that you keep it up-to-date, complete, and accurate. The CV should include your education and training, prior positions, publications, invited presentations, honors and awards, intramural and extramural activities, in particular, national service, and grant funding, if applicable.
(3) Teaching portfolio. Institutional teaching (and sometimes external teaching) is often excluded from your CV and instead placed in a separate "teaching portfolio." In addition to documenting the frequency and nature of your teaching activities, this document should also support your value as an educator to your department and the institution—for example, by providing trainee evaluation scores and comments, teaching awards, educational leadership roles, and innovative curriculum development activities. It can be useful to indicate how local educational initiatives were disseminated across departments and beyond the walls of the institution.
(4) Documentation of significant publications or academic contributions. Some institutions require, at least for some tracks, other documents in the promotion file. For example, for those faculty whose promotion is based on their scholarship, a description of their (often 5) most important contributions may be required. You would list your most significant contributions to the literature and describe your role in and the impact of each publication.

(5) Reference letters. Internal and external faculty members will be asked to provide an assessment of your professional accomplishments, whether they believe you fulfill the requirements of your institution's requirements for promotion, as well as if you would qualify for promotion at their institution. This is typically a confidential process and the letter writers will need to be of the proposed rank or higher. These individuals usually are expected to be prominent members of your subspecialty or doing similar scholarship or other academic activities. They cannot generally be close collaborators or friends. One implication of this aspect of the promotion process is that during your first 4 to 6 years on faculty you need to be "out there" networking with more senior colleagues to begin to build the relationships you need to be able to identify competent and helpful referees. For example, for promotion to associate professor in the scientist track, the institution will expect letters from full professors at peer institutions who have the credentials to evaluate your scholarship and other professional contributions. Most institutions also require several letters of appraisal from current or former mentees (individuals for whom you have been their mentor) who will be asked about your one-on-one teaching and mentorship, how it affected their own career development, and how it compared with other teachers and mentors with whom they have interacted.

The salient information is that, to get promoted in a specific track and rank, you have to know and achieve the expectations. Your achievements will be assessed in terms of your institution's guidelines by a departmental governing body, evaluated by external parties, and then by an institutional governing body. The dean of the school will have ultimate decision authority in the promotion process. Your chair can be a major facilitator of promotion.

The average time to promotion at most institutions, regardless of track and rank, is about 7 years. If you are a high achiever you could be considered for "accelerated promotion" and if you changed tracks or research emphases it could take longer. In most cases, time in rank alone is not sufficient for promotion on any track. If you never gain recognition outside the walls of your institution, you could be in the same rank for 25 years.

## ■ Staying Engaged Throughout Your Career

According to esteemed management consultant Drucker,[16] "Companies today aren't managing their employees' careers; knowledge workers must, effectively, be their own chief executive officers. It's up to you to carve out your place, to know when to change course, and to keep yourself engaged and productive during a work life that may span some

50 years." Thus, depending on where you are in your career your focus will have to change to stay engaged.

After you are promoted to associate professor, it is still expected that you will continue to advance your own career and progressively accumulate the evidence of a national and even international reputation required for promotion to professor. There is no time clock—so you can attain it in due course or make a dedicated effort to achieve this career milestone sooner. This applies to tenured faculty members as well. Once tenure is awarded at the associate level, there is no specified amount of time in which promotion to professor must be achieved.

As you progress in your academic career, and especially after promotion to associate professor, there will be increasing expectation that the emphasis of your professional activities begin to shift from your own accomplishments to that of facilitating the accomplishments of others. As a more senior faculty member, the expectation is that you will mentor and guide junior faculty, fellows, residents, and students. The best evidence of this transition can be seen in your publications as your own name in the authorship list moves from first author to senior (last) author. For physician-scientists, another key indication of this transition is the number of mentees who receive training grants and subsequently transition to their own independent professional careers. The more successful your mentees, the stronger your track record of mentoring.

In most academic anesthesiology departments, the incentives for faculty after they are promoted to full professor diminish. Most departments have relatively flat salary structures with little to no escalation after promotion to professor. So how does a department get professors to continue what they have been doing? By the time a person becomes a professor, they have been operating at a high level of scholarship for 15 to 20 years. Thus, in many cases one can expect professors to keep performing because they love it or they would not have been doing it for 15 years. But at some point, as faculty members age, most slow down and start looking toward retirement. Then, it becomes more difficult to keep them motivated to continue to advance their own careers. Refocusing senior faculty on advancing the careers of more junior faculty, and on leaving an academic legacy, can help to maintain their motivation.

## ■ Conclusions

If you are early in your academic career or are contemplating an academic career, it is important to emphasize that successful academic anesthesiologists must be developed, nurtured, and supported. To achieve promotion, you need to consider a track that aligns with your

individual goals and to have an understanding of the benchmarks for promotion on that track. You will then need to spend 4 to 7 years of concentrated effort to build the collaborations, relationships, ideas, and projects that will translate into a national reputation and eventual promotion.

If you are committed to an academic career, make sure you are in a department with the infrastructure to assure your success. Does the department have successful role models and mentors in your area(s) of interest? Will it be able to provide you with the nonclinical time, travel funds, and other resources necessary to achieve your academic goals? If not, you should consider looking elsewhere.

With the above said, if you are reading this, you have likely already decided on a career in academic anesthesiology. You can probably even point to one of the reasons stated by Straus et al[1] or the lifestyle choices associated with an academic versus private practice career as to what led you to travel this road. There is no hard and fast path based on your answers, but knowing what you want—or what you do not want—will help guide you in decision making throughout your career.

The authors declare that they have nothing to disclose.

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