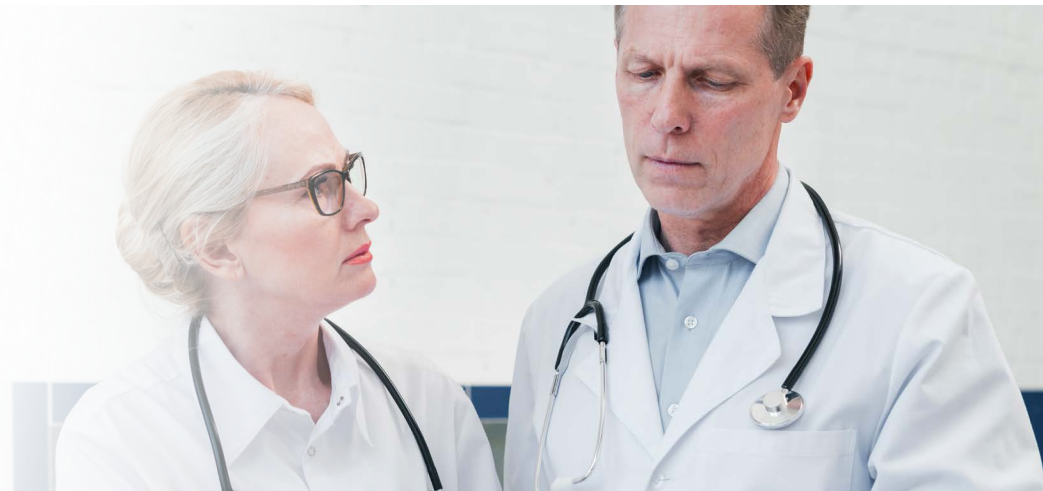


Reflections on life as a clinical academic: experience and learning of a Canadian physician leader



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When I began my medical career over 40 years ago, the last thing I imagined was becoming a clinical academic. I was delighted to have gotten into medical school, and I was eager to learn as much as I could to be a competent and compassionate physician. While in medical school, I developed an interest in mentoring and, with a classmate, organized a mentoring program — my first foray into academic leadership. Two clinical academic mentors were assigned to me, and I learned a lot about the effect their careers had on their professional and personal lives, both positive and negative. In addition, several faculty members served as exceptional role models; one is a dear friend and colleague and the reason I became a child and adolescent psychiatrist.

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After entering residency, I developed a better appreciation of what it meant to be a clinical academic by working with and learning from many supervisors and teachers. Becoming the representative for our residency program at the national level increased my interest in medical education and provided me with an invaluable opportunity to contribute to the national discussion on various aspects of psychiatric education. I learned the importance of networking with peers and academics outside my institution.

In the last year of residency, I was offered a faculty appointment as a clinical lecturer. Although I knew I loved teaching, I wasn't aware of what it truly meant to be a clinical academic, but I was eager to contribute to the education of others. As a result, my views about the role of clinical academics have evolved.

Evolution of the role of a clinical academic

When I started as a clinical lecturer, I was expected to be promoted based on education, research, and service. This is typical of PhD academic faculty members at the university and was referred to as the "triple threat." I was comfortable in the clinical and education realms, but I had to learn about research as this was not an integral part of my undergraduate and postgraduate education. In contrast today, undergraduate medical programs integrate research education into the curriculum with many programs requiring undergraduate students to do research projects.

With the establishment of the Royal College of Physicians and Surgeons of Canada's CanMEDs framework,¹ where Scholar is a core competency, residents are expected to do a quality improvement and/or research project. In addition, there is increasing expectation that full-time clinical academics have advanced degrees, such as a master's or PhD. To develop my research skills, my mentor and supervisor engaged me in a variety of research projects, including clinical and educational research. To further enhance my educational competencies, I enrolled in a master of higher education program, which provided formal training in pedagogy, curriculum development, assessment, evaluation, and scholarly work. The service component needed for promotion was easy to develop by sitting on numerous university committees and eventually expanding my reach to provincial, national, and international committees and leadership positions.

Balancing clinical and academic roles

Over time, medical school leaders have recognized that given their heavy clinical workload, it is incredibly difficult for clinical academics to engage in all three parts of the triple threat. As a result, many universities have developed academic categories, such as clinician teacher, clinician educator, clinician researcher, clinician scientist, and clinician administrator, which better match the realities of clinical academics and allow them to excel in one or two key academic activities. This is much more achievable for busy clinicians.

In most medical schools, the majority of the faculty tend to fall into the category of clinician teacher/educator. Academic clinician educators assume primary responsibility for the organization, delivery, assessment, and evaluation of education.² Many medical schools have adopted Boyer's classification of scholarship, which includes teaching, integration (e.g., review articles, book chapters), application (e.g., clinical practice), and discovery (e.g., traditional research).² Often clinical academics interested in education will start their careers as clinical teachers providing didactic lectures, small-group teaching, and clinical supervision. Studies have noted that clinician teachers are motivated by their duty to the medical profession, giving something back to the profession, and having a deep personal interest in teaching.³ With more experience, mentorship, and engagement in education scholarship, many clinical academics evolve into clinical educators. As such, they can be promoted on their educational scholarship. Those involved in clinical research generally require more protected time given the increasing complexity of research and the time necessary for research completion while simultaneously writing research grants and publications to disseminate their work.

Academic administration

A newer role for clinical academics is that of academic administrator, not only developing and leading the implementation of programs and initiatives but also engaging in scholarly work about academic administration.

The exciting aspect of being a clinical academic is that your career evolves over time. I started as a clinician teacher and, after completing a master's degree in higher education, I evolved into a clinician educator. Toward the later part of my career, I became a clinical administrator. Changes in roles



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and the promotion process allow clinical academics to pursue areas of interest and passion while developing expertise in particular aspects rather than having to excel in the three main traditional areas of promotion.

Those roles and promotion criteria will now have to evolve to incorporate such emerging issues as artificial intelligence in education.

Passion, goal setting, and challenges

To become an effective clinical academic, it is important to be passionate about your work, to have fun, and to make a difference in other people's lives, especially our patients. One experiences many personal and professional challenges during one's career. It is not always easy to keep your focus and move forward, but with support, mentorship, coaching, and sponsorship, you can do it.

One of the things I learned later in my career was the value of goal setting. I was in mid-career when my inspiring dean nominated me for what would turn out to be a career-changing leadership program. The application required that I set goals for five years and ten years, and this was incredibly helpful in steering me to the opportunities and education that would allow me to achieve my 10-year goal in eight years.

Sadowski and Schrage⁴ recommend developing a plan with key action items that will assist you in obtaining your goals. Some goals include meeting with mentors to discuss what one needs to move forward. Establishing collaborations with others to complete projects or becoming involved in a departmental initiative that will align strategically with your career goals⁴ can be very rewarding. Your career development plan should be reviewed annually with your supervisor to assess progress and determine whether other resources and support are required to fulfill your goals.

Personal development and life-long learning

Another important lesson is the value of engaging in educational courses to enhance and learn new skills, whether in research, education, or administration and leadership. As clinical academics, we need to be life-long learners and model this for other learners, faculty, and staff to create a vibrant academic culture.

Most universities have teaching certificate programs which are helpful for developing a baseline of teaching skills. To develop more skills in pedagogy and educational scholarship, obtaining a graduate degree in medical education is extremely beneficial.⁵ Receipt of a graduate-level degree in medical education has been found to develop and enhance teaching skills and academic productivity among clinician educators, with many reporting higher levels of achievement in terms of educational leadership, publications, and teaching awards.⁵ In addition, this education signals to the faculty that you are a committed clinical educator who wants to contribute to high-class education for learners, which, in turn, will allow you to become involved in educational committees and/or take on significant educational leadership roles. Involvement in a master's degree or fellowship in medical education provides you with a network of passionate, committed educators with whom you can collaborate over time.

When I became more interested in leadership and administration, I participated in several Canadian Medical Association Physician Leadership Institute courses, the Executive Leadership in Academic Medicine for women at Drexel University in Philadelphia, and the Association of American Medical Colleges Council of Dean Fellowship Program to learn more about being a dean, and I received the Certified Canadian Physician Executive credential. These various experiences contributed to my knowledge of leadership in health care, and academic medicine in particular. These programs incorporate stretch exercises where you lead an initiative or committee to learn, develop, enhance, and practice various leadership competencies.

Role modeling, coaching, mentoring, and sponsorship

The other important aspect of becoming an effective clinical academic is exposure to inspiring role models and effective mentors. Role models play a critical part in influencing your motivation and choices to engage in academics; demonstrating professionalism, beliefs, and values of the discipline; and inspiring you to move forward in your career and be successful.³ Mentorship is also a critical component for success. Over your career you will have multiple mentors, and they will change depending on your goals. I have been fortunate to have a variety of mentors related to my clinical work, education, and leadership. Mentors provide you with honest feedback, support, and guidance; they open doors for you and prepare you



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for long-term career success. Those who have been mentored feel greater satisfaction,^{6,7} are promoted more quickly,^{6,7} have a more positive view of their work environment,⁸ and are more likely to stay at their institution.^{7,9}

Coaching and sponsorship, which are used extensively in the business environment, have become much more prevalent in academic medicine and bring value to individuals as they continue to evolve as clinical academics. Coaching has been defined as: “a facilitative process for the purpose of coachee’s learning and development and a greater working life (e.g., psychological well-being) through interpersonal interactions between the coach and coachee.”¹⁰ Coaching has been shown to: increase employees’ sense of competence,¹¹ increase employees’ learning and development,¹¹ improve learning at work,¹² improve cognitive and affective learning outcomes (goal attainment and self-efficacy),¹² improve psychological well-being,¹² improve self-regulation and self-awareness, increase work satisfaction, promote more desirable work attitudes and greater organizational commitment, and lower intention to leave.¹²

In the business context, sponsorship is defined as “active support by someone appropriately placed in the organization who has significant influence on decision-making processes or structures and who is advocating for, protecting, and fighting for the career advancement of an individual.”¹³ Sponsorship is becoming more prevalent and is incredibly important to showcasing one’s talents and exposing you to more influential people. Sponsors encourage their protégé to be ready to accept new challenges while also persuading other institutional decision-makers to see the protégé’s capabilities.¹⁴ If you are being sponsored, it is important to participate in the activity you are being sponsored for; however, if you have other competing priorities, inform your sponsor and ask that they consider you for other opportunities. Kathy Hopinkah Hanna, a national managing partner at KPMG LLP US in 2011, clearly indicated the differences between a coach, mentor and sponsor in the following statement: “A coach tells you what to do, a mentor will listen to you and speak with you, but a sponsor will talk about you.”¹⁵

Final reflections

I feel extremely privileged and honoured to have had an amazing career in which I believe I have made a difference in the lives of learners, staff, and faculty members and improved health care for people. As a clinical academic, I accomplished things I never dreamed possible. I was able to contribute to the education of our future physicians, engage in research to improve the way we teach our students as well as care for our patients, develop and lead programs to improve patient care, enhance the education of our learners, and provide opportunities for health care researchers.

To have a successful rewarding career that makes a difference in the lives of others, I have outlined what I think are instrumental: engage in work you are passionate about, whether it is education, research, or leadership; set personal and professional goals and review them annually; engage in education and experiential learning to enhance your knowledge and skills; be inspired by role models; seek out effective mentors; engage in coaching; and take advantage of opportunities that high-placed sponsors offer you. I have also learned that the balance between personal interests and professional life is critical. I believe the newer generation of physicians is much wiser when it comes to maintaining health and well-being. The future is bright for academic medicine. However, we need to be cognizant that we have a crisis of person power, and we need to take into account the critical role clinical academics play in developing a more effective and responsive health care system.



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Mantra:

Callie believes physician leadership, wellness, engagement and fulfillment are essential for our health care system to thrive. Her coaching programs and courses help physicians to explore, learn and develop leadership skills and competencies so they can excel in leading themselves, others, and the system more effectively.

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