What I wish I knew in residency about pursuing academic medicine

NOV 12, 2024

Timothy M. Smith
Contributing News Writer

Many resident physicians might feel they already have a firm grasp on what a career in academic medicine is like because they have some experience working in it. But chances are there is a lot more to this practice setting than they realize.

AMA member Kavita Shah Arora, MD, MBE, has worked all of her 11 years since residency in academic medicine.

“I was drawn to the tripartite mission of academic medicine,” Dr. Arora said. “I love providing clinical care, and academic medical centers often get some of the sicker, more complex patients, which is stimulating. I also love teaching, and I have enjoyed doing research since I was in medical school.”


Kavita Shah Arora, MD, MBE

In addition, she has long been interested in advocacy, and academic medicine has enabled her to remain active with the AMA and other organizations. Dr. Arora represents the American College of Obstetricians and Gynecologists in the AMA House of Delegates, and she also is a member of several AMA sections, including the AMA Academic Physicians Section.

“Academia values leadership in other spaces,” she said.

In an interview with the AMA, Dr. Arora discussed what she wants residents to know about academic medicine—beyond that tripartite mission.

One of its biggest selling points: You don’t need to choose it right out of residency.

Every day can be different

“One of the perks of academic medicine is the variety,” Dr. Arora said. “Every day of mine looks different, and I get to do it all. Some days I’m doing research, some days I’m teaching hands-on or giving lectures, and some days I’m providing direct patient care or supervising trainees who are providing patient care. I love that.”

Another perk is the flexibility, she noted.

“At times when I want to do a little bit more teaching or research, I lean into those. And other times, like early in my career when I really wanted to solidify my surgical skills, I was able to lean more into that part of my skill set. That variety and flexibility are exactly what I saw in residency and what drew me to it,” she said.

The AMA Transitioning to Practice series has guidance and resources on deciding where to practice, negotiating an employment contract, managing work-life balance and other essential tips about starting in practice.

Different pace, style of change

Some of the challenges physicians encounter in academic medicine are just what you would expect.

“You are one person—often in a giant university, a giant health care system—and turning giant ships takes time and effort,” said Dr. Arora, professor medicine and director of the Division of General Obstetrics, Gynecology and Midwifery at the University of North Carolina School of Medicine, in Chapel Hill. “It isn’t as nimble as a small private practice. There’s much more bureaucracy.”

But it’s important not to lose sight of the upside to such resource-intensive environments.

“In large academic health systems, a small change to a process may have broader implications, allowing you to have a more widespread impact than in a singular private practice”

Finding your must-have’s

Like any practice setting, academic medicine has its pros and cons, Dr. Arora noted, so knowing what you want is key.

“To me, the grass is green everywhere, no matter the practice setting,” she said. “But every lawn has some brown patches and you just have to find which one has brown patches in the locations you can stomach.”

For example, Dr. Arora wants to do research and teach and also travel for conferences, so not having to focus on making overhead or worry about whether a grant fully covers a physician's salary is huge.

“I can stand the brown patches of my clinical schedule being done in four-hour increments and my staff being from a pool rather than handpicked from people I have longstanding relationships with,” Dr. Arora said. “To some other people, those brown patches would be really aggravating and take away from the joy in medicine and lead to burnout. So I think it’s really important to identify the things that really matter to you.”

There’s support when things go wrong

“We in academic medicine tend to have bigger clinical staffs, so there's some redundancy and layers of support, which is really nice in terms of community building, in terms of safety, in terms of giving people time off,” she said. “So if somebody has a bad outcome on labor and delivery, with a group of 55-plus clinicians we can give that physician a day off so they can decompress and heal or at least start the healing process.”

And there are other ways that it might help head off burnout.

“Research shows the two main drivers of burnout are lack of autonomy and lack of feeling that you make a difference,” Dr. Arora said. “I might not have the same autonomy that I would have in private practice, but I have autonomy in terms of deciding what my balance between clinical and my research and education goals is. I also have autonomy in what I research. Plus, I have autonomy in how I teach.”

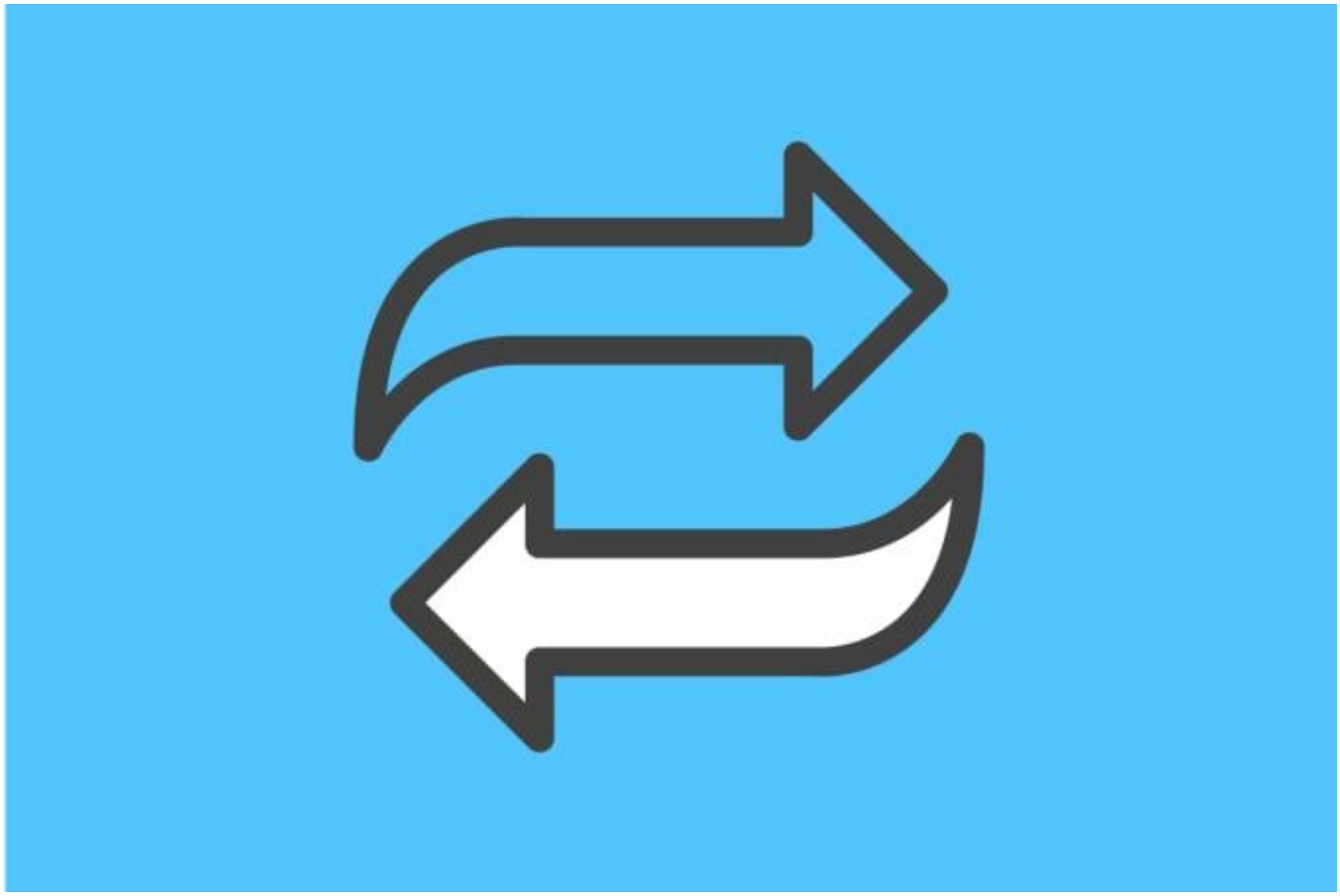
Here too, physicians considering academic medicine need to establish their professional priorities.

“To me—someone who's much more impact-oriented, being part of the academic tripartite mission definitely prevents burnout,” she said.

Get tips on your transition to practice

Make your transition from resident to attending physician seamless with expert advice.

Subscribe Now



Earning potential lags, but opportunity abounds

“There is more heterogeneity in salary in academic medicine than people think,” Dr. Arora said. “I know plenty of private practice or community nonacademic employed physicians who make more than

I do, but work way more than I do. But I also know plenty who make the same or a little less than I do and still work more hours than I do.

"My point is that while I think the salary spread is a little tighter in academia than in private practice, the pay is probably not as low as people think when you account for the work-life balance issues. So maybe my earning potential is lower, but I have a lot of life potential because I don't have to take as much call, I get to be home with my kids more, and I have the flexibility to travel for conferences."

Here again, the question that every resident physician needs to answer is: What is important to you?

"After residency, if you have a lot of loans to pay off, the earning potential may be higher off the bat in private practice. However, there are also considerations in academics such as public-service loan forgiveness, retirement benefits, etc. Most importantly, you can always flex into other parts of your career later on. It may not be a static thing," she said.

In other words, it's about knowing what you need at different points in your life.

"Not everyone thrives in academia, because they don't get the same joy from teaching or research or being part of a big group. Therefore, some of the cons outweigh the pros, and then you burn out," she said. "The same would be true for me in a private practice, where I wouldn't want to worry at all about what an insurance company reimburses. I just want to take care of patients."

There are lots of growth opportunities in academic medicine, even beyond its tripartite mission.

"You might want to lean into quality, or patient safety, or medical education, or admissions, or hospital leadership—you name it," she said. "There are always opportunities in academic medicine to grow and develop without having to leave your job to do it. Growth is encouraged."

You don't have to pick now

Dr. Arora knows many people who concentrated initially on private practice but then came back to academia and were still great educators. Working in academic medicine is not something a physician has to do continuously.

"They wanted to communicate their love of clinical medicine to the next generation," she said, noting that academic medicine is always looking for the best doctors it can find. "The most important thing is being a great clinician. We want to hire people who patients want to see, because that is still the bedrock of medicine."

More specifically, the academic setting is looking for physicians who have a lifelong commitment to their profession.

“I’m talking about people who love teaching and are curious—people who stay up to date with the literature and want to learn better ways to do things,” she said. “It's much more about wanting to do the work than anything else. The folks I have hired who came from outside academics were simply good clinicians who our trainees would have been lucky to learn from. That's the whole point: to pass along the art and science of medicine.”