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Academic Plastic Surgery: Faculty Recruitment and Retention

Jennifer F. Waljee, MD, MPH¹ and Kevin C. Chung, MD, MS²

¹Assistant Professor of Surgery, Section of Plastic Surgery, Department of Surgery, The University of Michigan Health System

²Professor of Surgery, Section of Plastic Surgery, Department of Surgery, The University of Michigan Health System

Across many disciplines, interest in academic practice has waned, and faculty recruitment and retention is difficult.¹ Bentz et al. have performed a comprehensive analysis of academic plastic surgery practices, detailing the current state of faculty retention at academic medical centers. The authors surveyed academic plastic surgery programs in the United States by soliciting information regarding the clinical and research infrastructure as well as the financial climate of each program over the last 10 years. In this study, academic plastic surgery programs are sustained through clinical revenue, largely based on reconstructive procedures. Faculty promotion has declined, but the overall number of surgeons in academic practice has increased. Finally, the majority of programs remain housed under a larger department of surgery, although the number of independent plastic surgery departments has increased in recent years.

This timely study is one of the first to define the current state of academic plastic surgery in the United States. In 2013, academic medical centers are facing enormous strain due to uncertain payment structure, eroding reimbursement for clinical delivery, decreasing philanthropic revenue, and, most importantly, decreasing federal investment in research due to continued stagnant funding from the National Institutes of Health.² Academic practice is widely perceived as being supported by either state or federal funding, providing a generous financial buffer. In reality, academic plastic surgery practices are similar to any clinical practice in which revenue must match expenses to avoid cuts in salaries and employment. Additionally, academic practices must also adhere to a tripartite mission: medical and surgical innovation, rigorous and ethical education, and excellence in institutional and clinical service. These competing demands are difficult to balance in order to achieve a viable clinical and academic enterprise.

Although this study details the challenges and rewards of maintaining a diverse and talented complement of surgeons in academic surgery, some may question its relevance to surgeons in non-academic settings. Many procedures performed today are derived from dedicated scientific contributions from academic medical centers, such as fat grafting, bony

Corresponding Author: Kevin C. Chung, MD, MS, Section of Plastic Surgery, University of Michigan Health System, 2130 Taubman Center, SPC 5340, 1500 E. Medical Center Drive, Ann Arbor, MI, 48109-5340, kecchung@umich.edu, Phone 734-936-5885, Fax 734-763-5354.

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distraction, or vacuum-assisted wound closure. The expertise and infrastructure available in academia allows surgeons to explore new techniques and rigorously evaluate clinical practice in a way that is often difficult in other settings. Multidisciplinary collaborations, such as with engineers or economists, are facilitated by clinicians and scientists working in close proximity to one another. For example, composite tissue allotransplantation requires multiple specialties to manage highly complex patients and institutional support to offset large expenditures. Furthermore, as our nation's healthcare undergoes seismic changes in its structure, academic plastic surgeons are generating rigorous outcomes data to critically assess the value and effectiveness of our procedures. In short, Plastic Surgery is a specialty of innovation, and the benefits of academia are tangible to all practicing surgeons.

The current study does have notable limitations. A direct comparison among different academic practice models is lacking because some academic faculty are remunerated based on collected revenues whereas others are strictly salaried. Therefore, it is difficult to ascertain the extent of commitments and assigned responsibilities of the various components in academic practice. A cross-sectional study cannot discern the association or even causal relationships amongst the factors being examined in this study. Although programs reported retrospective data, future longitudinal studies will be useful to further our understanding of the most effective strategies for recruiting and maintaining academic faculty. Despite these limitations, this study provides a framework of important elements to achieve a successful academic plastic surgery practice and raises important questions going forward.

First, how can leaders in plastic surgery identify and recruit individuals who will be successful in academics? Identifying young surgeons early in their careers and matching these individuals with compatible and committed mentors can improve professional satisfaction and faculty retention. Furthermore, integrated training models can provide a more efficient trajectory and foster longer and more fruitful mentoring relationships compared with independent models.

Secondly, how can academic programs maintain excellence in all areas with competing clinical, research, and service demands? In this study, successful retention strategies include increasing compensation and minimizing clinical responsibilities. Therefore, securing departmental status and achieving financial independence will provide the latitude needed to allow academic programs to direct resources creatively and effectively to meet their needs.

Third, how can academic programs optimize professional satisfaction among faculty members? Careers in academic medicine are demanding, and professional and personal balance is elusive. Clinical demands on faculty members have risen sharply with the inception of resident work-hour regulations, and many academic physicians report a decline in research productivity due to diminished clinical support for patient care. Financial support for research has become increasingly competitive for dwindling resources, and there is incremental pressure on physicians to generate revenue for their salary through patient care. Despite the intellectual rewards of entering academic practice, these constant pressures accumulate, and over 30% of practicing surgeons endorse burnout and exhaustion. Physician burnout, lack of mentorship, and difficulty with work-life balance are the most important predictors of faculty attrition among surgeons.³⁻⁶ Furthermore, attrition is not uniform, and

female surgeons and surgeons of ethnic minorities are more likely to leave academics. In addition to financial losses, the loss of diversity among faculty can weaken collaborative clinical and research efforts, and result in fewer mentors and role models for trainees, further propagating inequities in academic surgery. Because changing financial incentives is difficult, it is important to focus on those factors that promote faculty retention and well being, such as mentorship, work-life balance, and recognition of scholarly contributions through education and research. For example, a recent analysis of faculty satisfaction survey at the University of Michigan revealed faculty satisfaction was strongly correlated with coherent mentorship and involvement of the department chairmen in faculty development. (unpublished data)

Finally, how can professional organizations encourage academic plastic surgery? The American Society of Plastic Surgeons and The Plastic Surgery Foundation are committed to promoting academic achievement within our specialty through a variety of avenues. For example, the Plastic Surgery Foundation organizes research fundamental workshops, mentorship through one-on-one grant review sessions with young investigators, and a rigorous and transparent grant review mechanism for intramural applications. Additionally, Dr. Rod Rohrich has continued a long running symposium at the annual ASPS meeting on preparing a successful manuscript for submission to *Plastic and Reconstructive Surgery*. As practicing plastic surgeons, we can all participate in innovation and education. Whether contributing clinical cases to breast implant registries, financial donations to fund meritorious research projects, or helping in local and national service/advocacy-related groups, we can continue our legacy of academic endeavors that distinguish plastic surgeons as those who strive to solve challenging problems. We congratulate the authors of this study for highlighting important themes in academic plastic surgery in informing future strategies to secure the success of our specialty.

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