

Work in Academic Family Medicine: Reflections Meant to Inspire

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It is hard to believe that my year as your STFMM president is almost over. It is with some sadness that I write this last column. What a privilege it has been to share my thoughts with such a talented and committed group of educators, and to hear your responses. This year has given me great insights into the work of family medicine in many parts of the country. I finish my term inspired and optimistic about our future. I want to reflect in this column on the work that I love: academic family medicine. It is the work I have chosen for much of my career, and it is clear that we need many more to choose this career if we are to teach a growing number of learners in family medicine, if we are to perform the scholarship that will transform health care, and if we are to lead our systems in improving health equity. I shared these thoughts with some of you at the Conference on Medical Student Education in Jacksonville and you gave me feedback that the reflections were helpful and even inspirational.

If you have been in academic family medicine for a long time, whether as a physician, a behavioral scientist, a coordinator, a pharmacist, or in another profession, hopefully my message will give you a chance to reflect on your own careers and reinspire you. I find reflecting on the joys of our work is a vital part of self-care. Maybe it will also give you some additional ways to talk to learners about your careers as you counsel and guide. If you have only recently chosen a career in academic family medicine, hopefully it will be an inspiring message of what is possible, and also a reassuring message that it does not all have to happen tomorrow. And if you are a student

or resident reading this column, hopefully my message will inspire you to consider such a career. We need the best and brightest to provide the clinical care, scholarship, and leadership to improve the health of our communities.

I will offer my own reflections as well as reflections from colleagues that I solicited via a survey on STFMM *CONNECT*. I was amazed that I received 100 responses in the first day alone! Faculty in family medicine are passionate about their work.

We come to careers in academic family medicine by many routes. There is no correct path. About 40% of those who responded to the survey came into academics directly after training. Others entered after many years in practice. While the routes that we took into academics varied, the experiences that shaped us were much more alike. My own experiences were remarkably similar to the experiences faculty shared on the survey.

I have long had a passion for teaching. I come from a long line of teachers. My father and my grandfather were both teachers. After college I got a job as a middle school teacher. It was one of my most transformative experiences. I learned about the importance of preparation and meeting learners where they are. I learned about not picking favorites. It is so easy to gravitate toward those eager learners who learn easily and want to please. But like other vulnerable populations, those who struggle, and those who seem resistant to our efforts are most in need of our care and attention. That was a powerful lesson for me. And most importantly, I learned how challenging and fun teaching can be.

Residency was similarly transformative. It was during residency, caring for patients with few resources at Brown Square, a community health center in Rochester, New York, when I made a lifelong commitment to caring for vulnerable populations. Again it was work that was challenging but deeply rewarding.

Even after residency I was still drawn to the field of public health. To explore options further, I completed a master's in public health after residency. In many ways it was a natural extension of my training in Rochester where we learned about the importance of factors outside the office that influence care. It opened my eyes to careers in public health, such as working for the Centers for Disease Control and Prevention.

Mentors and role models were essential. As I tried to figure out how to combine my love for teaching and my commitment to care for vulnerable populations with a desire to help shape policy, I thought about the different jobs my mentors had. John Frey, MD, who I had met at the University of North Carolina School of Medicine when I was a medical student, had exactly the kind of job I wanted.

My most important influence was my family. We had young children and wanted to live closer to our parents. I also wanted a job that would give me the flexibility to spend time at home with our children. Against the advice of the senior leaders in the department at the time, I took a part-time job as an assistant professor of family medicine at the University of North Carolina in 1996. I was told that part-time work would not lead to a successful career. I took the position with little idea of where this career would take me.

It has been an amazing journey. I can say without hesitation that I have the best job in the world. Of course there are difficult days. But for me, academic family medicine is a reinforcing cycle that keeps me inspired and challenged and never bored! Here are some highlights:

I love seeing patients. It is rewarding and challenging. I worked in a community health center affiliated with our university for almost 15 years and now work with patients who all have serious mental illness. While I know that much of health is influenced by factors outside the office, what happens in the one-on-one encounter with patients is transformative. The kindness that we can show patients, particularly those who have been marginalized, can have powerful ripple effects far outside the

office. But the administrative burdens can be challenging.

Devoting time to policy work provides a productive outlet. I have spent a significant part of my career working with the North Carolina Medicaid program. I have been able to provide policy-shaping clinical input. For example, I was the chair of the North Carolina Physician Advisory Group that helped Medicaid revise its formulary. My work with patients has made me a valuable member of those policy teams. But the long meetings and slow rate of change can be challenging.

Teaching is an ideal antidote to these challenges. It gives me an opportunity to pass on the work I love. I am able to contribute in a small way by shaping future doctors who will care. When I model compassionate care or persistent advocacy and see the response in a student or resident, I come away inspired and quickly forget the frustrations and challenges that were bringing me down.

The highlights that faculty shared on the STFM *CONNECT* survey were remarkably similar to my own highlights. Teaching and patient care were central. For many, research was more prominent than policy work. But, most telling, the word "variety" was included in almost every response.

In conclusion, here is some advice that comes from these reflections:

Define your core. For many of you, your core is a desire to be a healer in vulnerable communities. That has been my core. It has defined my work. But this may not be your core. You may have a different passion that guides you. Find that passion and build your career around it. It will focus you and keep you whole.

Hone your skills. Unique skills are needed to succeed in academic family medicine. You need more advanced skills as an educator. You need skills in research and policy. Seek out opportunities to develop these skills. Develop formal skills as a teacher. Improve your research skills. Get training in advocacy. You can do this in small steps during STFM conferences and with online resources.¹⁻⁶ You can do this in workshops at your institutions or in more formal fellowships or degree programs.

Plan ahead. Planning is important, but remember to remain open to new opportunities. There is value in planning ahead, but a rigid 5-year plan can close you off from unexpected opportunities and can lead to stress and frustration.

No need to do it all today. I encourage you to say yes to new opportunities, but it is also important to remember that your career is long. Your life will have cycles, sometimes you will have more time for work and sometimes you will have less. Be aware of those cycles and adjust your work accordingly. Instead of saying no to an opportunity, say yes, but just not yet.

Find mentors—You can have one mentor or you can have 10 mentors. Build your network early and use your network to guide you. Think of mentorship not as an overly formal passing down of wisdom, but rather as strong connections that work in both directions. In many cases your mentor learns as much from you as you learn from them.

Hopefully, these reflections have given you a minute to pause and think about your own careers. Share your own reflections and advice with others. Help strengthen our community. See you in Toronto!

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