One of the objectives of the Strategic Plan for the American College of Cardiology is to develop programs to encourage research careers in cardiovascular medicine. As mentioned in an earlier President's Page, we planned to have focus groups to develop a better understanding of the perceptions and attitudes of training fellows in cardiovascular medicine (1). In June 1989, two ACC-sponsored focus groups were held, one in Washington, D.C. and one in Chicago. Participants consisted primarily of second- and third-year fellows enrolled in adult cardiology programs. I have condensed what was learned from these focus groups into the following areas: 1) career decisions, 2) attitudes and perceptions of academic cardiologists, 3) barriers to choosing the path of an academic cardiologist, 4) opportunities for an academic physician/researcher, 5) requirements for research experience, and 6) factors motivating trainees for an academic career.

Career decisions. How do trainees make career decisions? The consensus was that the choice between becoming an academic cardiologist or a private practitioner of cardiology was a gradual and evolving one. It is based on experiences that trainees have enjoyed or felt comfortable with, mentors who have played a significant role in their lives, as well as family and financial considerations. Physicians in training rely almost entirely on role models and their personal training experiences for information about career choices.

What comes through loud and clear in these focus groups is that mentors must be heavily involved in the recognition and nurturing of those interested in academic careers.

Attitudes and perceptions regarding academic cardiologists. The training fellows emphasized that curiosity, patience and high individual drive are traits that characterize the "generic" academic cardiologist. However, successfully combining the roles of the academic cardiologist (clinician, teacher, researcher) is perceived as extremely difficult in today's world. Trainees noted that although a reasonably high percentage of cardiologists may start out in academic cardiology, many are perceived to have left by their 3rd to 5th year. Trainees had some hunches why this was the case and felt that it was a major problem. They recommended that research be carried out to better understand the causes of attrition of junior level academic cardiologists and to determine how they might be countered.

Barriers to choosing the career path of an academic cardiologist. Trainees perceived that the main obstacles to pursuing a career in academic cardiology are: 1) lower income relative to that of private practitioners, 2) lack of career security, and 3) a more demanding life-style. This latter point is worth amplifying. The trainees in the focus groups generally felt that academic cardiologists experience a more demanding life-style than their counterparts in private practice. Not only are they subject to the "publish or perish" imperative, but they are also frequently prevented from pursuing their research interest by clinical responsibilities or poor facilities. Most indicated that grant writing is regarded as burdensome, time consuming and frustrating, and emphasized the importance of having a good mentor to guide one through it. These comments imply that, unless the incomes and benefits of academic and practicing cardiologists are brought into greater parity, many people will turn to private cardiology for reasons of income. If that happens, efforts to recruit academic cardiologists will need to focus on those for whom economic considerations are less paramount. Another implication of these observations is that greater status and recognition should be accorded to academic cardiologists for their contributions, even when they are at the "bottom of the academic ladder." A better reinforcement system needs to be devised and put in place—for example, some intermediate recognition step before tenure.

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Opportunities for an academic physician researcher. There are numerous opportunities for a physician to begin an academic career. The challenge, stimulation and intellectual interest that come from discovering new knowledge are, according to the physicians we listened to, the major lure. In addition, it should be made known to fellows in training that there are advantages that come with a successful academic career. These include national or international peer recognition, or both, and the particular advantage of being associated with bright, inquiring people, students, house staff, cardiovascular trainees and staff cardiologists. The trainees emphasized that a greater number of academic cardiologists must be aware of their key responsibility as mentors and role models for the young people who desire these careers.

Requirements for research experience. Most trainees reported having relatively short-term exposure to any kind of research, basic or clinical. Clinical responsibilities often interrupted or infringed on their assigned research time. Moreover, trainees expressed the concern that their training had not provided them with the necessary skills to pursue a research career. They thought that some aspects of research training and experience should be generic to their medical education and training and would be useful to them whether or not they ultimately decided on an academic career. As a training program director, I share the trainees' view. I don't believe that anyone would argue that every effort should be made to protect that time assigned to a trainee's research.

Factors motivating trainees for an academic career. Consensus of the trainee focus groups identified four major areas that are important to motivate careers in academic cardiology.

1) A good mentor or role model is considered essential.

2) Research training time set aside from clinical training is a necessity.

3) Early exposure to scholarly work in formative stages of their medical careers would be advantageous—for example, during medical school. This might influence decision making about an academic career early in the training program.

4) Receiving positive feedback on one's work and having enjoyable experiences with research are considered important elements in motivating trainees to consider a long-term academic career.

Conclusions. The message that I take away from the focus group discussions is that the academic cardiovascular community has a tremendous influence on the eventual careers of its trainees. It is apparent from what the trainees in these focus groups have said that those of us who have elected academic cardiology are their role models. If we come across as being negative about research, clinical teaching or patient care, our attitude is immediately identified by the trainees as a reason for not choosing an academic career. If, on the other hand, we enjoy our work, spend time helping the fellows with specific problems, show enthusiasm for teaching patient care or research, or both, then we will clearly influence many of our trainees to elect an academic career.

Many times I have heard academic colleagues grumbling about lack of trainee interest in an academic career. Perhaps the fault is not with the trainees but with the trainers.

References