

Project title: Saving Academic Medicine: Recapturing the passionate roots of medical discovery

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Background/Significance: Academic Medicine suffers from a growing rift between our clinical and research missions. Physicians, who used to be drivers of discovery and innovation, are now often marginalized from academic pursuit as they support the Academic Medical Center (AMC) through increasing clinical workload. Many physicians struggle to achieve recognition and promotion despite working harder than ever, leading to burnout. Research scientists are separated from clinical spaces, processes, and people. Clinical seminars focus on implementing current standards rather than imagining future advances, and rarely include PhD scientists. Even biomedical trainees perceive a binary choice between research or medicine. The AMC is at risk of losing the ability to perform our most important function: educating and connecting the brightest minds to solve the pressing medical problems of our day. The historical “triple-threat” model cannot be the only answer; clinical and research terrains have grown many-fold, and AMCs now depend on high-volume physician output. My long-term goal is to develop a roadmap to modernize the academic model, implementing clinician + scientist teams to recapture the excitement and power of the AMC to solve complex medical challenges.

IAP Objectives: Identify barriers to academically productive clinician + scientist teams; begin to implement strategies to address barriers, starting locally with my division.

Approach: Gather data on successful examples, barriers, and strategies to address barriers through interviews with thought leaders and stakeholders. Leverage administrative, leadership, and philanthropic support to develop and implement strategies. Begin building a roadmap for broader implementation.

Long-term outcomes: Publications by, grants supporting, and publicity celebrating clinician + scientist teams; physician engagement scores; on-time promotions; philanthropic interest; tangible medical progress.

Results: Interviewed 17 leaders and stakeholders. Discovered 7 examples of successful clinician + scientist teams. Identified barriers: physician time; clinical vs. research workplace separation; lack of interaction; inadequate clinical research volume and infrastructure; backward-facing clinical seminars; past good ideas not followed through; salary differential; perception that collaboration requires clinicians to acquire research skills; clinical expertise underappreciated; scientist perception they will have to write grants and papers for others. Achievements: mentored two R01 submissions by a clinician + scientist team; negotiated to build clinical research in the division; recruited clinical researchers (2 offers signed, 2 offers out, 1 offer pending); garnered institutional and philanthropic support to protect time for all 5 recruits; wrote, submitted and was awarded a new T32 training grant for clinician and PhD trainees; organized a cross-disciplinary symposium on nutrition and metabolism; engaged a successful “found pilot” in obesity research as a nidus to grow collaborative research; hosted teambuilding events to improve social connectivity among research and clinical faculty, staff and trainees.

Conclusions: Implementing a team-based approach to medical discovery may restore the AMC as a premier, exciting, indispensable destination where people with complementary expertise come together to solve the most important medical challenges of our time.