

VIEWPOINT

AMERICAN PEDIATRIC SOCIETY

Updating the Academic Playbook

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For generations, in mentors in academic medicine have used an informal, unpublished “playbook for academic success” with their mentees. The playbook is a metaphorical resource, a manual that has been shared across generations. In sports, a playbook describes general strategies as well as specific formations and tactics. The academic playbook describes the factors that promote and hinder academic success, summarizes common scenarios, and allows mentors to provide appropriate advice. With each generation, mentors have tweaked the playbook’s content to ensure that the advice remains relevant. The metaphorical playbook is complemented by each university’s guidelines for advancement and promotion. Those of us who represent the sandwich generation, who continue to interact with our mentors while we mentor a new generation, understand that the playbook’s principles have the ring of timelessness and *prima facie* validity. I admire the countless mentors who developed and refined the academic playbook and recognize that I was raised on the standard recommendations, but I suggest that one of the “chapters” needs to be updated, perhaps even discarded.

I refer to the playbook’s chapter on committee service, which is embedded within a section entitled “Academic Quicksand, Caveat Emptor.” This section describes committee service as a distraction from the important academic work required for success and recommends that the mentor discourage mentees from participating in committee service. Among many mentors, the recommendation to discourage committee service is deeply engrained and passionately communicated to their protégés. Assistant professors are instructed to assiduously avoid all types of committee assignments until they have achieved associate professor rank, presumably based on the assumption that the greatest academic hurdle is the first. This principle was probably developed when promotion to associate professor was the most important challenge to a successful academic career, but in modern academic life every phase of an academic career brings both challenges and opportunities.

Based on my professional experiences and changes in academic medicine, including the evolving criteria for academic success, I believe that it is a mistake to discourage committee service, even among newly minted faculty members. Academic medicine has become more of a “team sport” and faculty are engaged in team science as well as interdisciplinary, transdisciplinary programs. While individual achievement will always be fundamental to academic success, faculty members’ ability to work productively in a group setting is of increasing importance. In addition, academic health centers are creating accountable care organizations and our trainees are required to learn systems-based practice; these activi-

ties are founded on the ability to work productively within a committee. At many institutions, the criteria for academic success include service to professional organizations or publications, university service, and community or public service.

My own experience, based on 20 years as a faculty member, has taught me that committee service is an essential competency and has the potential to be a career accelerator. I believe that committee service distills the core competencies needed for a successful academic career and overlays an essential interpersonal element. When I was a junior faculty member, my division chief assigned me to a committee despite my mentor’s misgivings. As I reflect on my first committee assignment, I learned 3 lessons that have had a lasting impact: how decisions are made by a group, how power and influence are wielded in academics, and how to be productively and respectfully collaborative. These lessons are important but not part of the traditional residency or fellowship curriculum. Whether one serves on the department’s residency selection committee, the hospital’s formulary review committee, the school’s admissions committee, a National Institutes of Health study section, or a professional society’s award committee, one must learn about competing priorities, unspoken agendas, resource limitations, leadership style, and clear communication to effectively serve on a committee, advocate for pediatric patients, or advocate for our specialty.

While it is tempting to minimize the importance of interpersonal interactions, I believe that one’s behavior on a committee demonstrates characteristics that are strongly associated with the probability of academic success. Nearly everyone has worked on a committee where an individual volunteers to undertake a task but fails to deliver or worked with an individual whose behavior disrupted the committee’s ability to accomplish a task. In other cases, an individual is more interested in advancing his or her opinion than considering what is best for the group. On the other hand, some committees function smoothly because of strong leadership, clear goals, or collaborative engagement among committee members. We know that the academic world is small and academic pediatrics is even smaller, so those individuals who demonstrate the ability to work productively on committees acquire a favorable reputation that can have far-reaching and lasting implications.

Even if committee service is a requirement rather than a requested assignment, I believe that the work can be rewarding and educational. For example, committee service is an opportunity to expand one’s professional network and observe leadership skills in action. In fact, the negative behaviors one may witness on committees may serve as real-time lessons in leadership

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styles to be avoided. Committee service can also expand one's professional horizons and open the opportunity for a new career path or new position or identify talented individuals for future recruitment. Whether one represents the interests of pediatric patients or one's department, university, or specialty, committee service can be an opportunity to advance an important issue on a broad platform. In pediatrics we often feel overlooked by larger constituents of patients or clinicians, but we generally have high moral authority, we represent the future, and our voice is highly valued.

Who benefits from committee service? I believe that there are multiple levels of benefit. First, the individual benefits through the fulfillment of an academic expectation, expansion of the professional network, and creation of informal contacts. Service on committees may demonstrate regional, national, or international recognition, which is important for academic advancement at many universities. Second, new administrative roles such as chief medical officer and chief medical information officer are based on committee activities and these leaders often rise through the ranks, so committee service could open the door to a new career path. Third, institutions and departments benefit when their faculty members

are asked to serve on influential committees. When a member of the pediatric community represents our specialty on a National Institutes of Health panel, an Institute of Medicine committee, or a search committee, our voice lends diversity and enriches the discussion.

More recently, since I have assumed an academic leadership role, I try to be thoughtful when I ask a faculty member to serve on a committee or encourage a colleague to volunteer for a position through a professional organization. While some turn a jaundiced eye to my entreaties, I explain that I have directly benefited from my engagement in committee service. The professional network I have built through committee service has resulted in membership sponsorships, visiting professorships, research collaborations, and even job opportunities. Because my university values and evaluates professional service, I am simultaneously fulfilling a professional requirement.

Mentors and academic leaders teach fellows and junior faculty how to succeed in academics. Although our academic playbook has traditionally discouraged committee service, I believe that committee service is a core competency that benefits the individual, the institution, and our profession.

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