Mission Impossible: Young Faculty Pursuing Careers in Academic Medicine

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or many young trainees and junior faculty the thought of advancing science and treatment of patients is the ultimate mission for which they were trained. Yet, when faced with their first job offer, they discover the burden of academic medicine. Academic medicine has always been a difficult field that many have tried to conquer, but few successfully. So, is the academic path an impossible mission for junior faculty and future leaders of the world of hematology and oncology?

Faced with all the challenges in the world of academia, trainees and young faculty members are expected to be successful. Yet, who are the role models showing them how to achieve these goals? Who is mentoring young trainees and who is responsible for their success these days? Faced with more questions than answers, young trainees expected to focus on their own ideas, but not *too* much; to conduct innovative clinical trials, but with little guidance on how to fund them; to obtain funding in order to be promoted; to collaborate with others, but to be sure to publish first- or last-authored papers.

For example, take funding as the first mission impossible for a young faculty member who wants to become an independent investigator. The current NIH funding level is below the 15th percentile, and none of the new investigator applications is currently funded with the first application. Many senior and more seasoned faculty members have lost their funding and closed their labs in the face of this drought. Foundations and other sources of funding for junior faculty are now flooded with applications from more senior scientists. Another major hurdle is conducting the clinical trial. As principal investigators of a clinical trial, junior faculty are faced with increasing challenges and regulations but with little support or infrastructure to meet these requirements. Finally, the obstacle of financial compensation for academic medicine plays an important role in the decision by many trainees deciding about taking a faculty position or joining a private practice. As a result, many of our brightest and best trainees are choosing to leave academic medicine. So, will academic medicine be extinct in the future? Will we wake up some day to find that all the innovative and exciting ideas are lost, and, as a result, the chance to update old paradigms of thinking?

ASH has always been a strong advocate for mentoring and "showing the way" to our trainees and young faculty. Yesterday, for the first time, ASH sponsored a "Trainee Day" to discuss these challenges and provide guidance and mentorship to young future leaders. In addition, trainees and junior faculty are also offered ASH grant and manuscript writing sessions today and Sunday and ASH career development sessions on Monday. More importantly, ASH has created the ASH Clinical Research Training Institute (CRTI), which provides mentorship and guidance on clinical trials design and development for 20 fellows or junior faculty every year. In addition, the ASH Scholar Award program provides seed funding for outstanding fellows and junior faculty to allow them to perform outstanding clinical/translational and basic science research, which provides the tools to promote their future research independence. As a former trainee in the ASH Clinical Research Training Institute and a recipient of an ASH Scholar Award, I can attest to benefit of the guidance and mentorship ASH provides its junior members. So, young fellows and junior members of the academic world, do not despair. Though the road is narrow and the mission seems impossible, remember that you are the future leaders of academia and the future of our advancement in science, medicine, and clinical practice, and ASH is committed to help and mentor you to achieve academic success.