

TABLE 3.1 CLINICAL SCHOLAR PROGRAM SITES

Program Site	Dates of Program*
Case Western Reserve University	1969 [†] -1977
Columbia University	1975-1979
Duke University	1969 [†] -1975
George Washington University	1975-1979
Johns Hopkins University	1969 [†] -1978, 1995-2003
McGill University	1970 [†] -1981
University of California, Los Angeles	1975-2003
UCSF-Stanford [†]	1970 [†] -1996
University of Chicago	1995-2003
University of Michigan	1995-2003
University of North Carolina	1973-2003
University of Pennsylvania	1973-2003
University of Washington	1975-2003
Yale University	1974-2003

*Dates when scholars were in residence at program site.

[†]These programs were supported by the Carnegie Corporation and the Commonwealth Fund until 1972, at which time The Robert Wood Johnson Foundation assumed responsibility for the program.

[‡]University of California, San Francisco-Stanford University joint program.

Source: Showstack, J., Anderson Rothman, A., and Greene, N. *Survey of the Market for the Clinical Scholars Program. Final Report Submitted to The Robert Wood Johnson Foundation.* (Unpublished). 2002.

current chairs of medical school departments. More than thirty former Clinical Scholars have been elected to the Institute of Medicine of the National Academy of Sciences. Although many Clinical Scholars choose to work within their training institutions after completion of the program, graduates have dispersed geographically throughout the United States and are found in every state.

Participants in the Clinical Scholars Program have come from many areas of medicine. The majority were trained in internal medicine, with pediatricians the next largest group, followed by those trained in family medicine, psychiatry, obstetrics and gynecology, preventive medicine, emergency medicine, surgery, occupational medicine, community medicine, radiology, and public health. Although the majority of Clinical Scholars have been men, in recent years there have been approximately equal numbers of men and women in the program.

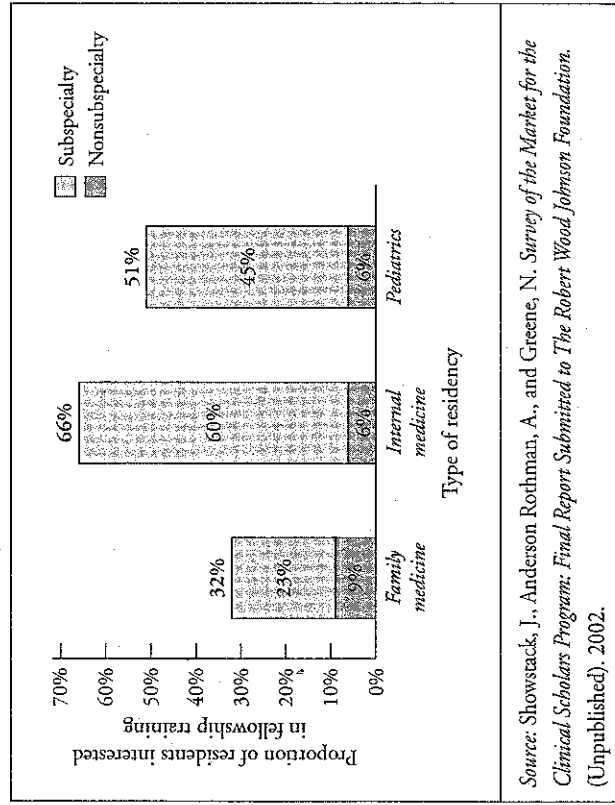
Future Scholars: The Career Goals of Today's Primary Care Residents

The primary career goal of the majority of the residents who responded to the survey was clinical practice. General internal medicine and pediatric residents were three times as likely as family medicine residents to indicate academia as a possible job option.

The main reasons that the residents were considering fellowship training were to specialize, to increase their knowledge, and as a route into academics. As shown in Figure 5.1, two-thirds of internal medicine residents, about one-half of pediatrics residents, and about a third of family medicine residents indicated an interest in fellowship training. Only one in ten said that they would apply to a nonspecialty fellowship, and only a handful mentioned the Clinical Scholars Program as a possibility.

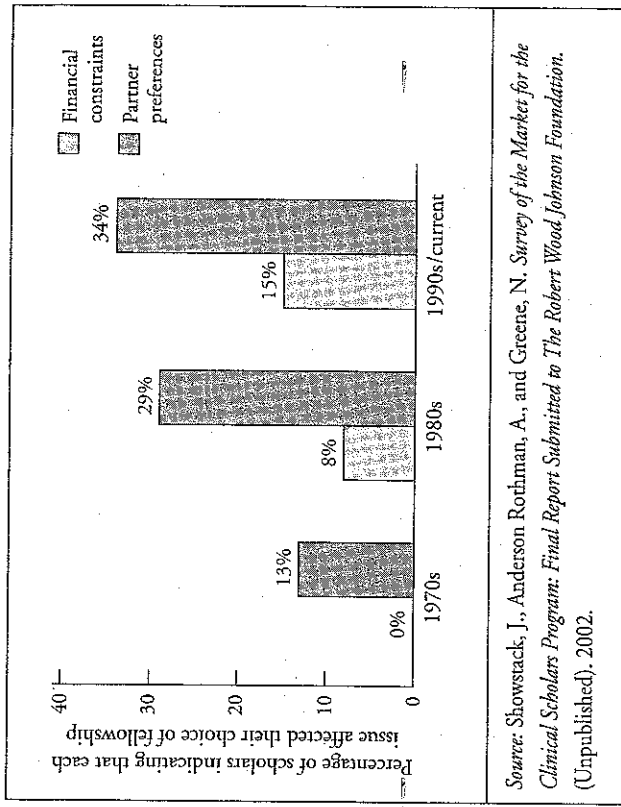
The national reputation of a fellowship program, its placement of graduates, and its research reputation were rated as important by most residents, with family medicine residents placing less emphasis on research

Figure 5.1 Residents Are Primarily Interested in Subspecialty Fellowships



Source: Showstack, J., Anderson Rothman, A., and Greene, N. *Survey of the Market for the Clinical Scholars Program: Final Report Submitted to The Robert Wood Johnson Foundation*. (Unpublished), 2002.

Figure 5.2 Personal and Financial Issues Have Increased in Importance



The vast majority of scholars (87 percent overall) said that they had gained what they had hoped for from the program, with one in four saying that they achieved the maximum benefit from the program that they thought possible. There was, however, a small but important increase in the proportion of scholars in the 1990s cohort who said that they had gained only part or none of what they had hoped. Additional gains that had not been anticipated included networking, program content, career development, and mentoring. A small proportion, but increasing over time, said that there was a need for better mentoring, and the need for an additional (third) year was mentioned by a number of more recent Clinical Scholars.

In the program's first two decades, most graduates of the Clinical Scholars Program were able to obtain the type of job that they desired. During the 1990s, however, a decreasing proportion of scholars said that they were able to obtain the type of job that they wanted. Compared with Clinical Scholars in earlier years, approximately twice as many scholars in the 1990s found their job searches to be more difficult than expected.

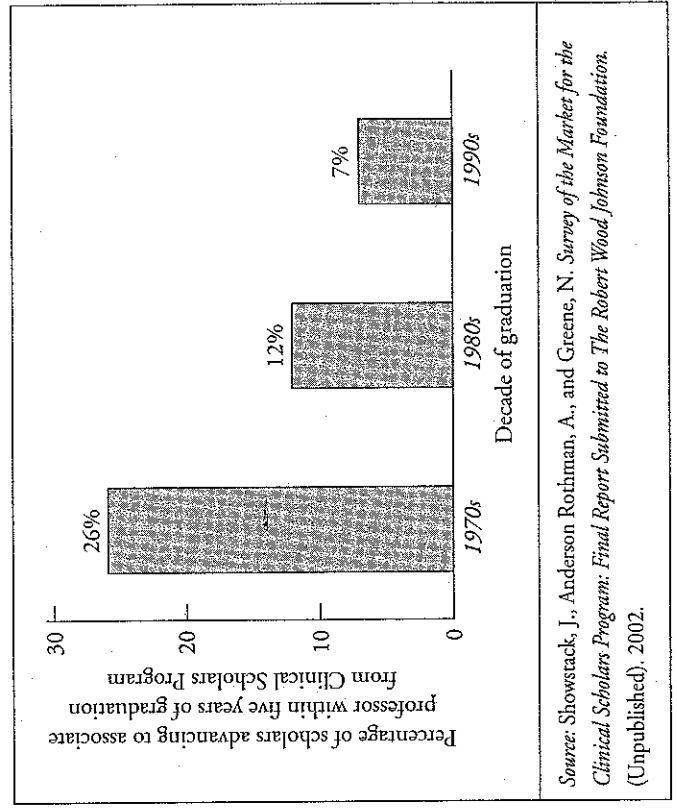
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The first job for three out of four Clinical Scholars after they completed the program was in academia. In the early years of the program, career progression was quite rapid; over one-quarter advanced to the level of associate professor within five years of graduation from the Clinical Scholars Program. In recent years, the program's graduates began their academic careers in lower-level positions (lectureship and similar positions rather than assistant professor positions, and fewer scholars in tenure-track positions), and their rate of advancement slowed significantly (see Figure 5.3).

The perception of the program's graduates about their careers mirrors these objective data. Most scholars who graduated in the 1970s are satisfied with the rate at which their career has progressed. This has changed dramatically in recent years, however, with nearly 40 percent of recent Clinical Scholars being dissatisfied with their rate of career progression (see Figure 5.4).

Figure 5.3 Academic Advancement Has Slowed for Recent Scholars



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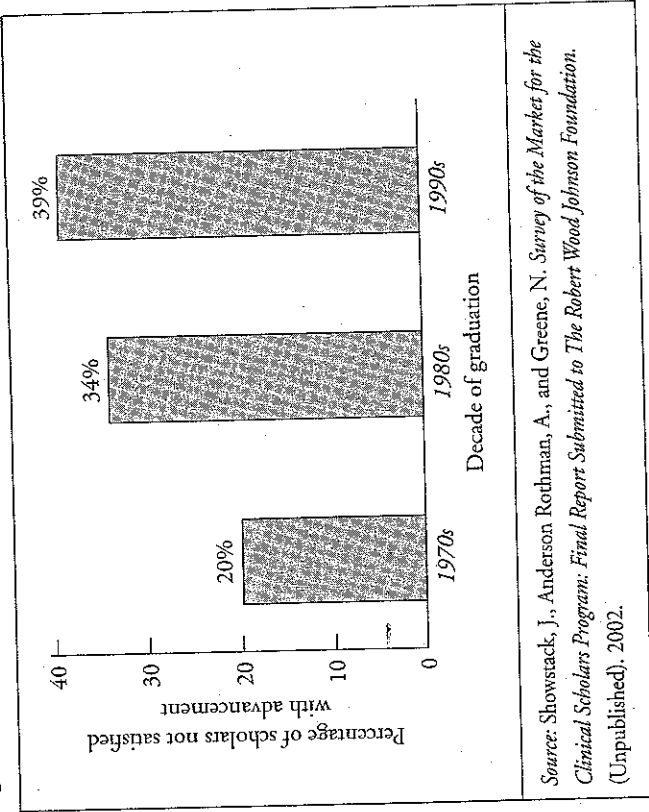
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Figure 5.4 Recent Scholars Are Less Satisfied with Their Rate of Career Advancement



Implications for the Clinical Scholars Program

The surveys of primary care residents and current and former Clinical Scholars suggest a more competitive environment for fellowship programs as they try to attract applicants and for graduates of the Clinical Scholars Program as they enter the job market. The high proportion of primary care residents, especially of general internal medicine residents, who intend to subspecialize is sobering. The trend toward subspecialization by primary care residents and their general lack of awareness of The Robert Wood Johnson Foundation or the Clinical Scholars Program suggest that the potential pool of applicants for the program has declined and may continue to decline over time. Or it may well be that the traditional sources of Clinical Scholars will become a smaller proportion of the applicant pool, with more Clinical Scholars applying from medical and surgical specialties.

