An Approach to Faculty Development for Underrepresented Minorities in Medicine

Juan Robles, MD, Tanya Anim, MD, Maria Harsha Wusu, MD, MSEd, Krys E. Foster, MD, MPH, Yury Parra, MD, Octavia Amaechi, MD, Kari-Claudia Allen, MD, MPH, Jose E. Rodríguez, MD, Kendall M. Campbell, MD, Dmitry Tumin, PhD, and Judy Washington, MD

Objectives: The diversity of the US physician workforce lags significantly behind the population, and the disparities in academic medicine are even greater, with underrepresented in medicine (URM) physicians accounting for only 6.8% of all US medical school faculty. We describe a "for URM by URM" pilot approach to faculty development for junior URM Family Medicine physicians that targets unique challenges faced by URM faculty.

Methods: A year-long fellowship was created for junior URM academic clinician faculty with funding through the Society of Teachers of Family Medicine Project Fund. Seven junior faculty applied and were accepted to participate in the fellowship, which included conference calls and an in-person workshop covering topics related to writing and career advancement.

Results: The workshop included a mix of prepared programming on how to move from idea to project to manuscript, as well as time for spontaneous mentorship and manuscript collaboration. Key themes that emerged included how to address the high cost of the minority tax, the need for individual passion as a pathway to success, and how to overcome imposter syndrome as a hindrance to writing.

Conclusions: The "for URM by URM" approach for faculty development to promote writing skills and scholarship for junior URM Family Medicine physicians can address challenges faced by URM faculty. By using a framework that includes the mentors' lived experiences and creates a psychological safe space, we can address concerns often overlooked in traditional skills-based faculty development programs.

Key Words: faculty development, family medicine, underrepresented minority faculty

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Groups underrepresented in medicine (URM), including Latinx, Black or African American, and Indigenous people, represent only 6.8% of US medical school faculty,[1] compared with one-third of the US population.[2] This underrepresentation has led to a dearth of mentorship, sponsorship, advancement, and retention of URM faculty in academic medicine.[3–5] URM faculty also experience a range of disparities described as the "minority tax," including disparities in diversity efforts, isolation, lack of faculty development, and racism. This causes the few URM faculty remaining in academic medicine to suffer a lack of psychological safe space, bias, and discrimination.[4]

Faculty development programming can address challenges faced by URM faculty when the institutional culture impairs their success; however, skills-based faculty development models may not address the unique needs of URM faculty,[1,4,6] limiting the results seen in URM recruitment, retention, or promotion.[1,7,8] Existing models of faculty development can be enhanced by using an individualized approach that takes into account

Key Points

- A "for URM (underrepresented in medicine), by URM" approach created a safe space for junior URM faculty to discuss their experiences with navigating the field of academic medicine.
- The minority tax and imposter syndrome were identified as barriers to scholarly productivity and career development.
- Individual passion for clinical and scholarly topics was identified as a pathway to success in academic medicine.

Table 1. Fellowship application requirements

CV application element	Description
Letter of interest	• Written by the applicant
	• Including answers to the following questions:
	What are your top career and scholarship goals in the next 3–5 years?
	What are the resources and support mechanisms you have in place to help you reach your goals?
	What are the challenges that you are facing (or anticipate facing in the future) while pursuing your goals?
Letter of support	• Written by applicant's department chair or program director
	• Pledging to support the scholar's time in the program
	• Matching funding for program-related expenses

CV, curriculum vitae.

participants' cultures and backgrounds; addressing institutions' hidden curriculum; acknowledging racism, historical injustices, and inequities experienced by minority populations; and providing a specialty-focused approach.

In this article, we describe a longitudinal, experiential approach for URM faculty development in Family Medicine led by URM mentors. Because of the importance of scholarly activity for faculty advancement in academic medicine,[9] we focused our initial intervention on understanding the research process and building professional networks to support scholarship. Using qualitative feedback from program participants, we describe how this URM-led faculty development for URM faculty addressed gaps in scholarship support for junior URM faculty in Family Medicine.

Methods

The project was initiated by a group of senior Family Medicine leaders, including a Society of Teachers of Family Medicine (STFM) board member; a foundation trustee and chair of the STFM URM Initiative, a senior associate dean of academic affairs; and an associate vice president of health equity, diversity, and inclusion. Mentors' experience in supporting URM faculty development include being widely published in the literature on issues involving URM faculty and learners as well as being recognized nationally for work in this space.

Institutional review board approval was received for this project. Program mentors secured funding for a 1-year longitudinal URM writing fellowship through the STFM Project Fund. Eligible participants (physician faculty at or below the rank of assistant professor) were recruited via a STFM listserv and at the 2019 STFM annual conference. Application requirements (Table 1) encouraged applicants to reflect on their professional journey and share details that would help the mentors meet individual participant needs. All 7 applicants were invited to participate in the inaugural cohort.

Following an introductory conference call, a 3-day in-person workshop was held at one of the mentors' institutions. The "for URM by URM" faculty development approach of the workshop was designed to provide a shared URM narrative and create a psychological safe space.[10–12] The workshop was conducted away from the fellows' home institutions in a secluded conference room with little foot traffic, thereby creating a physically safe space. The workshop content, summarized in the Supplemental Digital Content Appendix (http://links.lww.com/SMJ/A238) included learning from leaders in academic medicine, reflecting on personal career goals, and putting collaborative scholarship into practice by drafting a manuscript as a group. At the conclusion of the workshop, attendees completed a Qualtrics survey designed by the mentors to capture the fellows' thoughts about the experience using open-ended questions. Survey results and notes from the workshop were reviewed by the URM faculty mentors, and key themes were identified through discussion and consensus.

Results

Participants included 6 women and 1 man from 6 institutions, all of whom identified as Black or African American or Latinx. Participants' professional characteristics are summarized in Table 2. Representative qualitative feedback collected from participants at the end of the workshop is summarized in Table 3. Key themes emerging from the discussion and participant feedback included the high cost of the minority tax, individual passion as a pathway to success, and overcoming imposter syndrome.

The High Cost of the Minority Tax

Fellows shared their experiences of being asked to serve on multiple committees, recruit minority clinicians and students, and provide diversity and equity education, with little recognition for

Table 2. Fellow profile

Fellow initials	Time in rank, y	Clinical fellowship	Institutional faculty development program	National faculty development program	No. peer-reviewed/ indexed publications at program start
J.R.	5	No	Yes	Yes	1
T.A.	5	Yes	Yes	Yes	1
K.E.F.	3	No	Yes	Yes	3
M.H.W.	3	No	Yes	Yes	1
O.A.	2	Yes	Yes	Yes	0
Y.P.	2	Yes	No	No	1
K.-C.A.	1	No	No	No	0

Table 3. Participant written feedback at the end of the workshop

"This is one of the most important professional development activities I have done. It is worth the resources and funds invested and more. I wish I had this earlier in my career, but I am happy it is now available. It feels like the beginning of something special. Thanks for making this possible."

"This experience has been remarkable, and I am very thankful to have been selected to participate in such a transformational activity. I am hopeful that bonds formed through our group will last through our participation in STFM and lead to many collaborative activities moving forward. Our facilitators were excellent and 'real'—they modeled behaviors and provided individual and group recommendations for strategies to help advance in our roles, departments, and careers, and I am immensely grateful for their leadership and flexibility."

"Thank you so much for breaking many barriers and creating opportunities for us."

"This is really the most fabulous meeting I've ever been to. It was personalized, it was very relevant to where we are in our careers, and it was comfortable. Having underrepresented in medicine mentors who can relate to our challenges and share the wisdom they have in navigating academia and learning how to become superproducers in research was invaluable."

STFM, Society of Teachers of Family Medicine.

these efforts. Clinically, fellows shared pressures to care for racially, ethnically, and linguistically concordant populations, decreasing available time for scholarly work. Mentors validated these experiences and provided the fellows with skills to advocate for themselves when faced with the minority tax.

Individual Passion as a Pathway to Success

Fellows were encouraged to develop a scholarly portfolio that raised awareness of the issues they supported through community and advocacy efforts and that reflected their passions. This requires purposefully accepting or declining new roles to position oneself to become a content expert in the area about which they are most passionate.

Overcoming Imposter Syndrome

Fellows discussed how a lack of peers and mentors to help address barriers facing URM faculty contributes to imposter syndrome, and described finding validation outside work, such as family or friends. The discussion addressed how imposter syndrome can decrease time and confidence for scholarly writing. Fellows were encouraged to be confident in their role and work as academic family physicians.

Discussion

The STFM URM Writing Fellowship integrated mentoring, instruction on academic writing, and networking opportunities,[6] incorporating both skills-based training and the lived experience of URM mentors. Leadership by URM faculty created a psychological safe space, characterized by mutual trust and respect, where participants openly discussed the challenges faced by URM faculty, including racism, isolation, and the minority tax.[6,10,13] Feedback from participating faculty was overwhelmingly positive, with multiple participants remarking that they felt inspired, energized, and equipped to increase their scholarly productivity and advance their academic careers. Incorporating such URM-to-URM mentorship in future faculty development programs may increase the retention, promotion, and job fulfillment of URM faculty.

URM faculty face the undervaluing of their work and barriers to professional advancement. As such, connecting with mentors who understand the challenges faced by URM faculty is an important strategy for overcoming these barriers and fostering retention and promotion.[14] In Family Medicine, offering URM-focused faculty development opportunities has been shown to increase URM representation.[15] Our fellowship built upon this approach by beginning with creating a safe psychological space and progressing through the knowledge and skills needed to help participants repeal the minority tax. Moving forward, we plan on collecting follow-up data on participants' scholarship, career advancement, and fulfillment in academic medicine, as well as exploring opportunities to develop similar programming for other specialties.

Given the prevalent barriers to career advancement among URM faculty in academic medicine, other organizations may wish to consider similar programs to support their faculty. Based on our experience, key requirements for program success include identifying senior faculty mentors with expertise in faculty development, creating a safe space for junior faculty participants to express their concerns, and identifying specific goals to be addressed through the program (eg, increasing scholarship to strengthen participants' candidacy for promotion and tenure). Partnerships among institutions can pool resources and experience to provide such programs to a greater number of faculty. Whereas URM faculty development programs can help participants overcome a range of barriers, from imposter syndrome to the minority tax, it also is important that senior leaders in academic medicine work toward dismantling these barriers within their institutions and across the medical profession,[16] recognizing that these barriers are part of a deficient system and not the characteristics of a URM faculty member.[17] Concerted institutional efforts to address barriers to URM faculty advancement and individual or small-group mentorship, such as those described in the present article, can help achieve equitable recruitment, retention, and promotion for future generations of faculty.

Acknowledgments

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