

The Scope of Extraprofessional Caregiving Challenges Among Early Career Faculty: Findings From a University Medical Center

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Abstract

Purpose

Academic scientists work in competitive environments, and many institutions invest in career development supports. These investments may be imperiled when extraprofessional demands challenge a faculty member's reserve capacity. This research assessed prevalence of caregiving challenges and estimated incidence of stressful life events.

Method

In 2015–2016, the authors surveyed recipients of career development awards supporting $\geq 75\%$ effort and individuals within the funding period of their first National Institutes of Health R01

or equivalent at Vanderbilt University Medical Center. Domains included family structure, hospitalizations of family members, responsibility for coordination of caregiving, and an inventory of stressful life events.

Results

Seventy-two percent (152 of 210) of early career researchers responded. Over half endorsed experiencing one or more substantial caregiving challenges in the prior year. This included 35 (23%) having a child or adult in the household hospitalized in the prior year and 36 (24%) being responsible for health care needs for a child or adult in the household, or for coordinating elder

care, assisted living, or hospice care. The majority experienced one or more caregiving challenges. Stressful life events increased relative risk of "thinking about leaving academics" by 70% (risk ratio: 1.7; 95% confidence interval: 1.2, 2.4). Prevalence and incidence of caregiving demands did not differ by gender.

Conclusions

Leaders, administrators, mentors, and faculty should anticipate that most women and men early career researchers will experience substantial caregiving challenges and life events in any given year. Sufficient need exists to warrant investigation of institutional programs to address caregiving challenges.

All academic scientists face obstacles including stagnating research funding, increasing clinical pressures, declining staff support, and risk of demoralization in a competitive environment.^{1–4} Career development awards that protect a majority of time for research and training,⁵ alongside strong mentoring programs, can insulate early career faculty from some

challenges and improve the likelihood of achieving sustained contributions to science through stable independent funding.^{6,7} Nonetheless, investments in career development are imperiled when extraprofessional events challenge a faculty member's reserve capacity.^{8–10}

In spring 2015, in preparation to extend resources to early career faculty facing significant caregiving challenges, we hosted a series of four confidential discussions: two with participants in National Institutes of Health (NIH) K12 programs and two with individuals with a current or recent individual career development award. Each discussion included 8 to 10 participants. We focused on serious life events that temporarily derailed individuals accustomed to high levels of academic productivity. Each had a history of strong publication and grant preparation efforts. Examples of challenges that surfaced included:

- Prolonged hospitalization of a child, spouse, or parent in the faculty member's care;
- Lengthy out-of-state residential rehabilitation care for a child;

- Divorce with elements of violence and financial hardship, resulting in need to alter living and child care options;
- Extended bedrest followed by preterm birth and complicated newborn course for twins; and
- Complex therapeutic needs of a child with intellectual and developmental disabilities.

The scope and urgency of needs ignited action. To assess the prevalence of caregiving challenges and estimate the incidence of stressful life events among our faculty, we conducted a confidential electronic survey of those with current career development awards or in the funding period of their first NIH R01 award (or equivalent). We aimed to determine type and scope of caregiving challenges and incidence of stressful life events experienced by faculty and to assess the forms of assistance, inside and outside of work, that they believed would help when facing substantial caregiving demands. In addition, we sought to describe whether experiences and preferences for assistance differed between women and men.

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Method

With approval from the Vanderbilt Institutional Review Board, we conducted a confidential electronic survey of all faculty at Vanderbilt University Medical Center who were recipients of career development awards that protected 75% or more of their time for research and training (predominantly NIH K awardees) or who were within the funding period of their first NIH R01, Veteran’s Affairs Merit Award, or equivalent, at the time of survey distribution. Equivalency was defined as receipt of an extramural investigator-initiated award of at least \$250,000 direct costs per year for a minimum of three years’ duration. We excluded postdoctoral trainees on T32 training grants or similar funding sources, even if in instructor rank, as well as faculty with 75% or more time to develop research that was funded by the individual’s startup package or direct departmental funds.

We used REDCap electronic data capture tools for surveys, which allow direct e-mail circulation and confidential responses while identifying nonrespondents for recontact.¹¹ In waves, from July 2015 to March 2016, we distributed surveys and follow-up requests to nonrespondents. The survey (see Supplemental Digital Appendix 1, available at <http://links.lww.com/ACADMED/A542>) included 22 items distributed as follows: faculty characteristics (10 items), career challenges (3 items), desired assistance (2 items), child and adult care responsibilities (6 items each with tailored follow-on questions), and current help (1 item). We also included an abbreviation of the life events inventory as a 12-item checklist.¹²

We considered an individual responsible for “coordinating care” if they indicated they had any of the following: a child with debilitating chronic or serious acute illness; responsibility for coordinating medical care for someone outside the home; elder care, assisted living, or nursing home care; or hospice care inside or outside of the home. The survey also included two items with free-text responses. One queried what events or circumstances outside of work had the greatest potential to negatively affect research productivity. The other asked which resources would best help

overcome such challenges. The responses were analyzed for common themes and then grouped into identified domains.

We grouped preference for additional assistance in the form of additional effort from existing or new staff including a study coordinator or manager, lab or project manager, administrative assistance, or clerical support as desire for assistance with coordinator or manager support. Need for a research assistant, laboratory technician, animal services staff, programmer, clinical research nurse, pathology/tissue preparation core, analytic core, imaging technician, or work-study students was grouped as technical support. Desire for new or greater assistance from a collaborator/coinvestigator(s), biostatistician, bioinformatics analyst, medical illustrator, grant coordinators, editorial consultants for writing, project management consultant, or team building

consultant was grouped as support from consultants or collaborators. For classifying help outside of the workplace, we grouped desire for services from a professional organizer, personal assistant, or career or financial coach as support from a personal assistant or coach. Services such as meal preparation/delivery, cleaning services, and lawn care were grouped as general household help.

We evaluated differences in characteristics of early career faculty by response status using Pearson chi-square test, *t* test, or two-sample test of proportions, as appropriate. In the same manner, we tested differences in participant characteristics, experience of life events, and desired assistance by gender. We used log-binomial regression to calculate the risk ratio (RR) and 95% confidence intervals (CIs) for considering leaving academics comparing early faculty members who were responsible for

Table 1
Characteristics of Early Career Faculty in Research Careers, From a Study of Extraprofessional Caregiving Challenges, Vanderbilt University Medical Center, 2015–2016

Characteristic	Respondents (N = 152)	Nonrespondents (N = 58)	P value ^a
Age, mean ± SD	39.7 ± 5.1	43.9 ± 6.0	< .01
Gender, no. (%)			< .01
Female	76 (50.0)	15 (25.9)	
Male	74 (48.7)	43 (74.1)	
Unknown/declined ^b	2 (1.3)	0 (0)	
Race/ethnicity,^c no. (%)			.17
White, non-Hispanic	115 (75.7)	42 (72.4)	
Black, non-Hispanic	6 (3.9)	2 (3.4)	
White or black, Hispanic	3 (2.0)	0 (0)	
Asian	15 (9.9)	12 (20.7)	
Other	6 (3.9)	2 (3.4)	
Declined ^b	7 (4.6)	0 (0)	
Faculty rank, no. (%)			.20
Instructor	18 (11.8)	4 (6.9)	
Research assistant professor	7 (4.6)	6 (10.3)	
Assistant professor	96 (63.2)	32 (55.2)	
Associate professor	31 (20.4)	16 (27.6)	
Degree, no. (%)			.01
MD	91 (59.9)	32 (55.2)	
PhD	45 (29.6)	11 (19.0)	
MD, PhD	16 (10.5)	15 (25.9)	
Has clinical duties, % ± SD	69.1 ± 3.7	62.1 ± 6.4	.33

^aP value for chi-square test, *t* test, or two-sample test of proportions as appropriate.
^bDetermined for nonrespondents from administrative records.
^cRace/ethnicity options included white, non-Hispanic; white, Hispanic; black, non-Hispanic; black, Hispanic; Asian; more than one race; other.

coordinating care with those who were not. We also used log-binomial regression to estimate the probability of a child being hospitalized within the prior year adjusted for number of children in the household. All analyses were performed using Stata statistical software, version 14.2 (StataCorp; College Station, Texas).

Results

Seventy-two percent (152 of 210) of early career researchers responded. Those who responded were similar in race/ethnicity, faculty rank, and clinical duties to those who did not. Nonrespondents were more likely to be older, to be male, and to have a medical degree (Table 1). More than half of these early career researchers endorsed experiencing one or more substantial caregiving challenge in the prior year (82 of 152; 54%). This included 35 of 152 (23%) of all respondents having a child or adult in the household who was hospitalized in the prior year and 36 of 152 (24%) being responsible for coordination of care for a child or another adult in the household, or for coordinating elder care, assisted living, or hospice care, regardless of whether the individual needing care had lived in the household (Table 2).

When we restricted analyses to only those faculty with children or another adult family member other than their partner in the home, this rose to 35 of 126 (28%) with a household member hospitalized in the prior year, and remained and remained 24% (30 of 126) with responsibility for caregiving coordination. Overall, individuals who were responsible for coordinating care for a loved one were 70% more likely to consider leaving academics (RR: 1.7; 95% CI: 1.2, 2.4) compared with those who did not have these responsibilities.

In aggregate, stressful life events were common (Table 3). Respondents averaged more than one event from the life events inventory in the prior year (mean \pm SD: 1.24 ± 1.29). Of all 152 respondents, 54 (36%) did not report any of these life events. Excluding them, those who did have a stressful life event averaged almost two events each (1.92 ± 1.12). The three most common life events were someone close to them losing a job or retiring, dying, or divorcing or ending a relationship. Twenty-seven of 152 respondents (18%) reported “major

money problems.” Experiencing threats to well-being such as major accidents, violence, or physical or verbal abuse was also distressingly common (13 of 152, or 9% in aggregate). In a single year, 5 of 152 (3%) divorced or separated from a partner.

In analysis of free-text responses from all 152 respondents, we identified

nine common categories of caregiving challenges that faculty reported conflicted with their ability to do research: caring for an ill relative (46; 30%), financial stress (46; 30%), securing appropriate child care (36; 24%), personal illness (17; 11%), relationship difficulties (14; 9%), general household duties (14; 9%), and transportation challenges (6; 4%). Of the 36 individuals who reported child

Table 2

Extraprofessional Caregiving Challenges by Gender, Marital, and Family Status Among Early Career Research Faculty, From a Study of Extraprofessional Caregiving Challenges, Vanderbilt University Medical Center, 2015–2016

Characteristic	All ^a (N = 152)	Women (n = 76)	Men (n = 74)	P value ^b
Married or living as married, no. (%)	133 (87.5)	64 (84.2)	69 (93.2)	.08
Others in home, among married, no. (%)				
Children in home \leq age 18	117 (88.0)	56 (87.5)	61 (88.4)	.87
Adult children in home $>$ age 18	1 (0.8)	0 (0)	1 (1.4)	.33
Other adults in home	6 (4.5)	2 (3.1)	4 (5.8)	.46
Single, never married, or divorced, no. (%)	19 (12.5)	12 (15.8)	5 (6.8)	.08
Others in home, among single, no. (%)				
Children in home \leq age 18	5 (26.3)	3 (25.0)	2 (40.0)	.54
Adult children in home $>$ age 18	0 (0)	0 (0)	0 (0)	—
Other adults in home	3 (15.8)	2 (16.7)	1 (20.0)	.87
Has others in home, total no. (%)	126 (82.9)	62 (81.6)	64 (86.5)	.41
Age of children in home, no. (%)				
$<$ 1 year of age	22 (14.5)	11 (14.5)	11 (14.9)	.95
1 to not yet 6	77 (50.7)	37 (48.7)	40 (54.1)	.51
6 to not yet 14	68 (44.7)	28 (36.8)	40 (54.1)	.03
14 to not yet 18	24 (15.8)	12 (15.8)	12 (16.2)	.94
Hospitalizations among those in home during prior 12 months, no. (%)				
Child hospitalized	35 (28.7)	17 (28.8)	18 (28.6)	.98
Child outpatient or inpatient surgery	20 (16.4)	7 (11.9)	13 (20.7)	.19
Adult hospitalized ^c	2 (22.2)	1 (25.0)	1 (20.0)	.75
Responsibility for coordinating care for the following, no. (%)				
Child with debilitating chronic or serious acute illness ^d	5 (4.1)	2 (3.4)	3 (4.7)	.70
Coordinating medical care for someone outside the home	32 (21.1)	18 (23.7)	13 (17.6)	.36
Coordinating elder care, assisted living, nursing home care, etc.	8 (5.3)	3 (3.9)	3 (4.1)	.95
Hospice care inside or outside of the home	1 (0.7)	0 (0)	1 (1.4)	.31
All forms of responsibility for coordinating care, total no. (%)	36 (23.7)	19 (25.0)	15 (20.3)	.49
Life events inventory, mean no. events \pm SD	1.24 \pm 1.29	1.21 \pm 1.32	1.23 \pm 1.26	.93

^aTwo participants preferred not to report their gender.

^bP value calculated using chi-square test or t test.

^cAmong those who have another adult besides spouse living at home, no reports of outpatient or inpatient surgery among adults in households.

^dAmong those with children.

Table 3

Life Events in Prior Year Among Early Career Faculty in Academic Research, From a Study of Extraprofessional Caregiving Challenges, Vanderbilt University Medical Center, 2015–2016

Life event inventory	No. (%) total ^a (N = 152)	No. (%) women (n = 76)	No. (%) men (n = 74)
Death/serious illness of close friend or family member	46 (30.3)	22 (28.9)	22 (29.7)
Family member or close friend lost their job or retired	36 (23.7)	21 (27.6)	14 (18.9)
Major money problems	27 (17.8)	13 (17.1)	14 (18.9)
Divorce or breakup of a close friend or family member	26 (17.1)	12 (15.8)	14 (18.9)
Death of pet	16 (10.5)	11 (14.5)	5 (6.8)
Spouse/partner with serious illness ^b	14 (9.2)	2 (2.6)	12 (16.2)
Verbally abused by a close friend or family member	9 (5.9)	4 (5.3)	4 (5.4)
Major accident, disaster, muggings, unwanted sexual experiences, robberies, or similar events	6 (3.9)	3 (3.9)	2 (2.7)
Divorce or breakup with spouse/partner	5 (3.3)	2 (2.6)	3 (4.1)
Physically abused by a close friend or family member	2 (1.3)	1 (1.3)	1 (1.4)
Major conflict with children/grandchildren	1 (0.7)	1 (1.3)	0 (0)
Death of spouse/partner	0 (0)	0 (0)	0 (0)
Resulted in consideration of leaving academic medicine	68 (44.7)	34 (44.7)	33 (44.6)

^aTwo respondents preferred not to report their gender.

^bP value = .004, chi-square test.

care as a substantial barrier, 14 (39%) specified the need for more flexible child care and 12 (33%) described difficulty in finding affordable child care. When asked what assistance in the work environment would be most helpful in overcoming extraprofessional challenges, 52 of 152 (34%) respondents desired more flexible work schedules, 41 (27%) wanted additional personnel to assist with research, 31 (20%) desired additional child care options, and 30 (20%) felt a need for higher salary, loan assistance, or debt forgiveness.

Reflecting on gender, the experiences of men and women were common in many ways. The widest differences were restricted to women being less likely than men to be married (64 of 76 [84%] vs. 69 of 74 [93%]; $P = .08$) or to have children (59 of 76 [78%] vs. 63 of 74 [85%]; $P = .24$). Among those with children, 3 of 59 (5%) women and 2 of 63 (3%) men were single parents. These small proportions lack precision to estimate whether there is a statistical difference. Men and women both had a median of two children in their homes, with similar ranges from 1 to 5 for women and 1 to 4 for men. Adjusting for number of children in a family, average risk of having a child hospitalized in the prior year was 28.5%. Marital status, number of

children in the home, age of respondent, and having clinical care responsibilities did not confound the relationship between gender and caregiving responsibility. The likelihood of needing to cope with specific circumstances did not vary significantly by gender except that 12 of 74 (16%) men had a spouse with a serious illness, compared with 2 of 76 (3%) women ($P = .004$; Table 3). Women (62 of 76; 82%) were more likely to prioritize general household help than men (42 of 74; 57%; $P = .001$; see Table 4 and Supplemental Digital Appendix 2, at <http://links.lww.com/ACADMED/A542>).

Discussion and Conclusions

Our survey results indicate that we should expect the majority of early career faculty researchers, both women and men, will experience substantial caregiving challenges and stressful life events in any given year. These are not rare occurrences. The data also imply that over the course of early career life, all faculty will face multiple crises. This description of the scope of these challenges is a first step that uncovers greater need than we may anticipate as mentors, administrators, and academic leaders.

Our survey was limited by brevity. Some topics such as specific responsibilities, the

influence of partner employment, and variation in time demands on women and men cannot be parsed. Others have observed that women are more likely to have a spouse who is employed full-time and to shoulder greater time commitments in parenting, household duties, and elder care.^{13,14} In our sample, men and women had similar profiles of being married and having children, with men on average having more children and being more likely to have a partner with a serious health condition. These characteristics could underpin the overall similarity in reporting responsibilities for caregiving. Alternatively, women and men could interpret and respond to queries about “responsibility for coordinating care” differently. As we did not indicate *primary* responsibility or define responsibility, we cannot rule out such differences. Furthermore, these estimates may underrepresent important challenges that we did not specifically query. Because we asked about “debilitating chronic or serious acute illness,” respondents may or may not have included circumstances such as a child with a learning or developmental disability or a family member with psychiatric illness, depending on their interpretation of the question.

Our findings are limited by relying on a small population early in their careers at a single institution. Twenty-eight percent of the target group did not reply. If we assume that those who have had caregiving challenges were more motivated to respond to the survey, our findings will overrepresent need. If we imagine an extreme (and unlikely) instance in which none of the nonrespondents had a family member hospitalized or responsibility for care coordination, the expected yearly proportion of those coping with hospitalization falls from 23% to 16%, and the prevalence of responsibility for care coordination falls from 24% to 18%. If none experienced a major life event, it would reduce the overall average to 0.9 ± 1.2 events in a year. In another model, we can assume that such experiences were half as common among the nonrespondents, bringing the estimates to 20% with hospitalization, 21% with responsibility for care coordination, and a mean of 1.1 life events. Another hypothesis is that the nonrespondents included individuals in

Table 4

Desired Assistance Among Early Career Research Faculty If They Were Faced With Extraprofessional Caregiving Demands, From a Study of Extraprofessional Caregiving Challenges, Vanderbilt University Medical Center, 2015–2016^a

Type of assistance preferred	All ^b (N = 152)	Women (n = 76)	Men (n = 74)
At-work assistance, no. (%)^c			
Technician	123 (80.9)	61 (80.3)	60 (81.1)
Consultant/Collaborator	94 (61.8)	48 (63.2)	45 (60.8)
Coordinator/manager	83 (54.6)	44 (57.9)	37 (50.0)
Outside-of-work assistance, no. (%)^c			
Personal assistant/coach	106 (69.7)	54 (71.1)	50 (67.6)
General household help ^d	105 (69.1)	62 (81.6)	42 (56.8)

^aDetailed responses provided in Supplemental Digital Appendix 2, available at <http://links.lww.com/ACADMED/A542>.

^bTwo respondents preferred not to report their gender.

^cGroupings of responses are described in the Method section.

^dP = .001 for women prioritizing assistance compared with men, chi-square test.

the midst of a caregiving challenge who were not able to divert attention to the survey because of competing demands on their time.

Even if we focus on the lower estimates, faculty caregiving pressures remain ubiquitous and warrant attention to implementing strategies that better insulate early career researchers from having their careers derailed by outside events. Demands in one's personal life are directly related to stress, depression risk, and risk of occupational burnout.¹⁵ Providing practical resources that can shore up resilience and emotional reserve is an important investment. Even were we to ignore the human costs of caregiving pressures, the institutional price of losing the initial investment in recruitment and startup costs as well as the future productivity of a faculty hire is substantial and likely exceeds \$300,000.¹⁶

Documenting scope and type of need is a first step. Local discussions with early career faculty and early data from this survey drove our institution to commit funds in the summer of 2015 to meeting practical needs of researchers during caregiving challenges and stressful life events and to seek extramural funding to supplement resources to protect promising research careers. We and nine other sites in the Doris Duke Charitable Foundation Fund to Retain Clinical Scientists were fortunate to receive funding in December 2015 to explore ways to provide new forms of support in the workplace during times of caregiving challenges.¹⁷ Process and outcome data

from these programs will help better define the best approaches and the value proposition of the investment. The program at Vanderbilt is called the Partnership in Actively Retaining Talented Early-career Researchers in Science (PARTNERS) and is led by senior faculty who have personal experience with extraprofessional challenges.¹⁸

From January 2016 to October 2017, 30 individuals with extraordinary caregiving pressures sought assistance. As we began to provide support for faculty with extraprofessional caregiving challenges, we have found that the tipping point for seeking help is when two or more extraprofessional demands converged, creating a crisis. During such times, stress, distraction, and reduced ability to function well can make it difficult to seek resources. The process to seek and get resources must be nimble and come with few if any additional demands. The needs demonstrated by this survey underpinned our decision to plan for rolling access to financial resources for use inside and outside the workplace. Future data across program sites will evaluate the return on investment—in personal, professional, and financial terms—for building this safety net to ensure that talented, highly competitive scientists are not lost from academics because of caregiving challenges.

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Teaching and Learning Moments

Snapback



He reminded me of my childhood, my teen years, and that question of where I belonged. He was tall, wearing a red snapback, baggy jeans, and an entire lifetime of suspicion. He was angry when I finally sat down, rolling my chair closer because I prefer to sit one or two feet from my patients. He was upset because his doctor was *someone else* and *who was I* and *I just want my meds*. I could sense he was trying to be polite despite his animosity. I recognized it in the hesitant way he picked his words and bit his tongue against a more natural inclination toward expletives.

“Hi,” I said, smiling big and wide through the tension. “Your doctor is backed up, so I’ll see you instead.” This ticking time bomb of a room, with this angry, pacing man, had warranted frantic gestures and a furrowed brow from a tech. “Hurry, doctor, he’s getting really upset!” Pain and prejudice can make you a bit feral, a touch unwieldy, and problematic for others, in a way that nothing else can.

He was surprised when I answered his anger with a nod—a bit of validation and a soft voice because confrontation was not useful here. He was more surprised, later on, when I lapsed into my own verbal tendencies, buried deep and reminiscent of a childhood we had shared. Accents come out in times like these—a pitter-pattered mishmash

of mixed tongues—coaxed by the identification of something familiar in another person, by a lifetime of being misunderstood and thought of as something you are not, by what that can do to you.

“You’re straight, doc,” he said finally, though I declined his request for prednisone. I explained that *yeah, it sucks, you have lupus and prednisone does work, but we can do you better*. He was hesitant, but truths spoken truthfully can make a world of difference between not-so-different strangers. And he liked that my subjects and verbs did not match, that my r’s rolled, and that my s’s turned into lisps. This part—this sound—was familiar to him. It was comforting. I could throw in a bit more of that inner-city lingo, a touch of the look that says I know where you are coming from. “I didn’t know you were like that,” he offered.

Our goodbye was simple, another complex pattern of movements that were natural and smooth. He was pleased by that, enough that he laughed, shook my hand too, because maybe I had earned it. There was a hobble in his step—from *my knee, doc, I can’t play no more*—but he did not seem to mind it much.

“Take care now,” I said, hearing it thick in my voice. I wondered, as he walked

away, how long it would be before my accent dropped and my speech patterns normalized. How long would it be until I was back to being that *other* me?

He had taken me back to my childhood, to blinking up into perplexed eyes—intent and well-meaning—and trying to explain my mother’s symptoms to a man who did not speak our language but was trying hard to understand. He was dressed in a long, white coat, rolling his chair closer, to hear my whispered English. Now, I was the one wearing the white coat, and I felt a familiar pleasure taking hold, a warmth that made it all worthwhile. This was *it*—this connectivity, the reason for this exchange. It was me, in him—in *you*—comfortable and strange all at once, a reminder of who I am and who I was, maybe who I will be. It was simple and complex, evidence of a world that comes and goes at its whim, drawing some of us closer and others apart, linking us in ways we cannot begin to understand.

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