

# There's no shortcut to boosting diversity among physician faculty

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The academic physician community suffers from many of the same demographic imbalances that plague the broader physician community. One of those: Faculty are still largely male and white.

But there are practical first steps for closing the gap, as well as policy changes that can support medical students from historically excluded racial and ethnic groups over the long term. This and other great advice was covered in an AMA Innovations in Medical Education webinar that featured a presentation about efforts at Florida International University (FIU) Herbert Wertheim College of Medicine to enhance diversity among academic physicians through faculty development.

The webinar was produced by the AMA Accelerating Change in Medical Education Consortium, which brings medical schools and residency programs together to transform physician training across the continuum.

## First note the barriers

Diversity among medical educators lags for several reasons, said Onelia G. Lage, MD, chief of education and faculty development in the Department of Humanities, Health and Society at FIU.

These include the lack of emphasis on helping those from historically excluded racial and ethnic groups cultivate the skills needed to create superlative scholarly work, build a top-notch CV and negotiate wisely. They also include the lack of community for and a lag in supportive policy changes.

Then there are well-documented psychological phenomena that can affect physicians from historically excluded racial and ethnic groups in medical education, such as the imposter syndrome. Also, there is the undue burden that can be placed upon physician faculty from historically excluded racial and ethnic groups in the name of diversity.

Additionally, there is among some an inchoate sense of obligation to their academic institution, sometimes called the “gratitude tax,” which eventually leaves physicians with a feeling that can amount to: “I owe this institution to stay here, even though I can be promoted and have greater financial opportunities in another institution,” said Dr. Lage, who in 2010 became the first Hispanic woman and pediatrician elected as board chair of the Florida Board of Medicine.

## Make your changes meaningful

“It’s not enough just to check the box,” Dr. Lage said, citing a 2013 study, published in *JAMA*, that showed the presence of a faculty development program for physicians from historically excluded racial and ethnic groups was not by itself associated with greater diversity, recruitment or promotion. Researchers found that programs need to last longer than five years to have a higher correlation with incorporating faculty from historically excluded racial and ethnic groups.

FIU Herbert Wertheim College of Medicine has earned a No. 3 ranking in the U.S. for the diversity of its medical student body, Dr. Lage said, and that is attributable to these key efforts undertaken by faculty and administrators.

**Training on implicit bias and diversity, equity and inclusion.** This is mandated for all faculty, including search and screen and promotion and tenure committees.

**Holistic review for all candidates.** “It is very important for all of us to be intentional when we sit in committees ... to stay away from bias,” Dr. Lage said.

**Document and monitor education and service activities.** “Many of our faculty do STEM [science, technology, engineering and mathematics] Saturdays, health fairs on the weekends, student-run free clinics,” Dr. Lage said. “Who’s counting that for promotion? And are we doing an effective job at that? And how much does it matter?”

**Address the diversity of relevant committees.** These include search and screen and promotion.

**Establish coaching sessions.** “We have started a two-year, prior-to-eligibility-for-promotion process where we coach on a quarterly basis, therefore allowing more time for our faculty to be able to improve that scholarly work,” Dr. Lage said.

**Faculty development sessions.** These enhance basic academic skills, including in research and teaching.

**Networking in national organizations that support faculty from historically excluded racial and ethnic groups.** These are safe spaces to talk and to do—places “to create that well-balanced



professional that we need,” Dr. Lage said.

The webinar also featured presentations on recruiting a diverse workforce in academic medicine and understanding the prevalence of academic physician burnout and factors that contribute to it.

Learn more about the AMA Academic Physicians Section, which provides AMA member academic physicians the opportunity to participate in forming AMA policy through debate and a vote in the AMA House of Delegates.