

AMA Innovations in Medical Education Webinar Series

Enhancing Diversity Among Academic Physicians: Recruitment, Retention and Advancement

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Today's Host



@Maya_Michigan

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Professor and Associate Chair for Education Obstetrics and Gynecology University of Michigan Medical School

Objectives



Review the prevalence and factors that contribute to academic physician burnout



Recognize the importance of recruiting a diverse workforce in academic medicine



Describe successful faculty development programs to help promote physician advancement and well-being



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B LAcademic Physician 11

Louito Edje, MD, MHPE, FAAFP

> Ann Intern Med. 2002 Mar 5;136(5):358-67. doi: 10.7326/0003-4819-136-5-200203050-00008.

Burnout and self-reported patient care in an internal medicine residency program

Tait D Shanafelt ¹, Katharine A Bradley, Joyce E Wipf, Anthony L Back

Affiliations + expand

PMID: 11874308 DOI: 10.7326/0003-4819-136-5-200203050-00008

Abstract

Background: Burnout is a syndrome of depersonalization, emotional exhaustion, and a sense of low personal accomplishment. Little is known about burnout in residents or its relationship to patient care.

Definition

- Emotional exhaustion
- Depersonalization
- Low personal accomplishment

Original Investigation

September 18, 2018

Prevalence of Burnout Among PhysiciansA Systematic Review

Lisa S. Rotenstein, MD, MBA^{1,2,3}; Matthew Torre, MD^{1,4}; Marco A. Ramos, MD, PhD⁵; et al

182 studies 45 countries 1991 – 2018 109, 628 individuals

85.7% of studies used the MBI

•	Overall burnout	67.0%
•	Emotional exhaustion	72.0%
•	Depersonalization	68.1%
•	Low personal accomplishment	63.2%

https://jamanetwork.com/journals/jama/fullarticle/2702871



URiM physicians and Burnout

- Experience exclusion, social isolation, discrimination by colleagues and patients, delegation of non-clinical tasks associated with workplace diversity equity and inclusion
- Yet, minoritized academic physicians report less burnout than non-Hispanic white counterparts

https://pubmed.ncbi.nlm.nih.gov/32766802/

	Non-Hispanic White		Hispanic/Latinx		Non-Hispanic Black		Non-Hispanic Asian		
Variable	No./total No. (%)	95% CI	No. /total No. (%)	95% CI	No. /total No. (%)	95% CI	No. /total No. (%)	95% CI	P value
Occupational burnout ^b	1540/3447 (44.7)	43.3-46.7	104/278 (37.4)	31.6-43.4	47/122 (38.5)	30.5-48.5	225/540 (41.7)	37.9-46.6	.06
Emotional exhaustion subscale score									
Mean (SD)	23.4 (13.1)	23.1-23.9	21.3 (13.0)	19.8-22.9	24.5 (13.5)	22.1-26.9	22.7 (13.5)	21.6-23.9	.03
High score, %	1346/3430 (39.2)	37.7-41.1	90/274 (32.8)	27.3-38.8	45/122 (36.9)	29.0-46.8	196/534 (36.7)	33.0-41.5	.10
Depersonalization subscale score									
Mean (SD)	6.8 (6.4)	6.7-7.1	6.2 (6.0)	5.6-7.0	6.1 (6.1)	5.0-7.2	7.3 (7.0)	6.7-7.9	.10
High score, %	944/3442	26.1-29.1	71/278	20.5-31.2	28/122	16.3-32.1	152/538	24.7-32.6	.60

https://pubmed.ncbi.nlm.nih.gov/32766802/ https://jamanetwork.com/journals/jamanetworkopen/fullarticle/10.1001/jamanetworkopen.2020.12762



Burnout by specialty

Highest

- Urology 54%
- Neurology 50%
- Nephrology 49%
- Diabetes and endocrinology 46%
- Family Medicine 46%
- Radiology 46%

Lowest

- Public Health and preventive medicine 29%
- Ophthalmology 30%
- Orthopedics 34%
- Psychiatry 35%
- Otolaryngology 35%
- General Surgery 35%

https://www.medscape.com/slideshow/2020-lifestyle-burnout-6012460?faf=1





Burnout and Gender

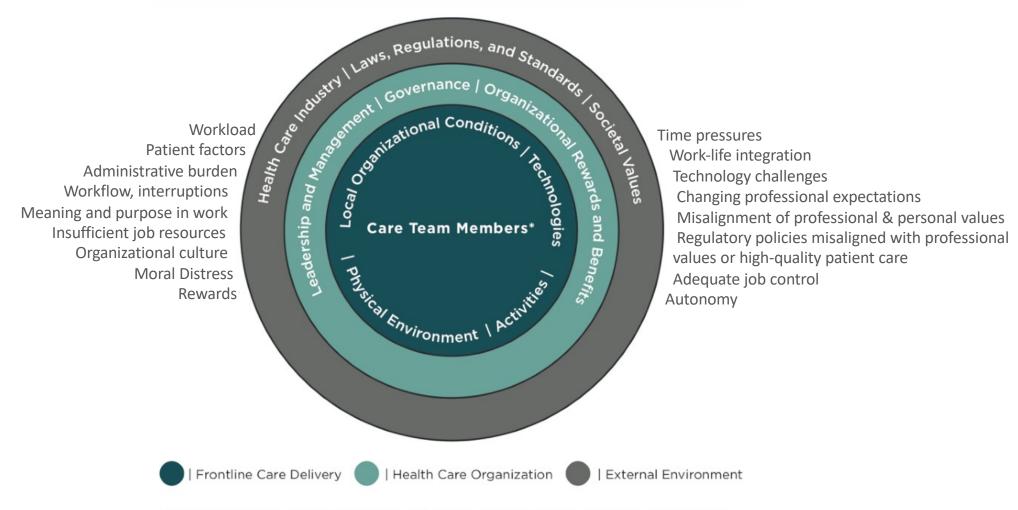
20 to 60% higher among women physicians than among men • A 74% response rate was achieved, and 1049 respondents were academic physicians. Women were more likely than men to have spouses or domestic partners who were employed full-time (85.6% [95% CI, 82.7% to 89.2%] vs. 44.9% [CI, 40.8% to 49.8%])

- Among married or partnered respondents with children, women spent 8.5 more hours per week on domestic activities
- Women were more likely to take time off during disruptions of usual childcare arrangements than men

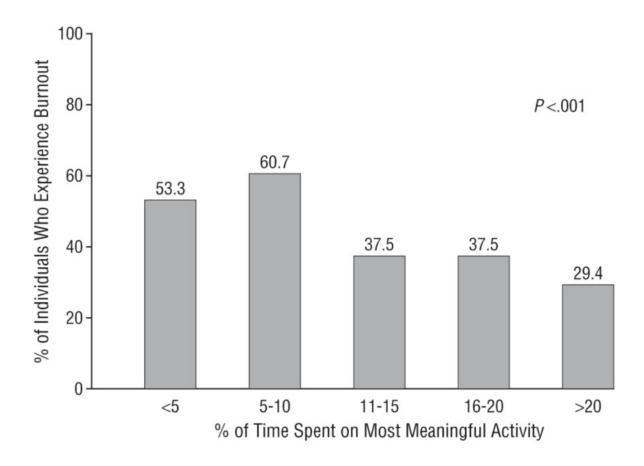
(42.6% [CI, 36.6% to 49.0%] vs. 12.4% [CI, 5.4% to 19.5%]).

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4131769/





*Note: Care team members include clinicians, staff, learners, patients, and families.



https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/415000

Beyond Burnout: Moral injury

"...enduring lost sleep, lost years of young adulthood, huge opportunity costs, family strain, financial instability, disregard for personal health, and a multitude of other challenges. Each hurdle offers a lesson in endurance in the service of one's goal. Failing to consistently meet patients' needs has a profound impact on physician wellbeing — this is the crux of consequent moral injury."

https://www.statnews.com/2018/07/26/physicians-not-burning-out-they-are-suffering-moral-injury/



Physicians' powerful ally in patient care



Recruiting a Diverse Workforce in Academic Medicine

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Associate dean, curriculum and assessment
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Albany Medical College, Class of 2024
National coordinator, BNGAP
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Academic Medicine Shapes Healthcare in the U.S.

"...those who serve as medical school faculty set research agendas, influence medical education, and serve as role models for the recruitment and retention of both minority and majority students. These physician leaders do more to address disparities than individually care for patients; they are in positions to address disparities by influencing healthcare training and health systems as a whole."

Ann Beal, MD Commonwealth Fund Sullivan Commission on Diversity in the Healthcare workforce (2003)

Population and Workforce Demographics, 2019-2020

	US Population (2020)	Med School Graduates (2020)	US Physicians (2019)	Med School Faculty (2020)
White	60.1%	62.6%	56.2%	63.1%
Black	13.4%	6.9%	5.0%	3.7%
Asian	5.9%	24%	17.1%	20.5%
Hispanic	18.5%	9.4%	5.8%	5.76%
NA/PI*	1.5%	1%	0.4%	0.23%
Multiple	2.8%		1%	2.01%
Other/Unknown		3.4%	14.5%	4.7%

US Census Bureau, QuickFacts Population, Census Data April 1, 2020.

Medical School Graduation Questionnaire, 2020 All Schools Summary Report, July 2020.

AAMC Diversity in Medicine, Facts and Figures 2019, US Physician Workforce Data, July 1, 2019.

Faculty data from AAMC Faculty Roster System, December 31, 2020





Reaping What We Sow: The Emerging Academic Medicine Workforce

Donna B. Jeffe, PhD; Dorothy A. Andriole, MD; Heather L. Hageman, MBA; and Alison J. Whelan, MD

 Compared to white students, underrepresented minority students are less likely to have sustained and emerging intent to pursue careers in academic medicine from time of matriculation to graduation from medical school.

Jeffe DB, Andriole DA, Hageman HI, Whelan AJ. Reaping what we sow: The emerging academic medicine workforce. J Natl Med Assoc. 2008; 100:1026-1034.



Racial and Ethnic Minority Medical Students' Perceptions of and Interest in Careers in Academic Medicine

J.P. Sánchez, MD, MPH, Lutheria Peters, MPH, Elizabeth Lee-Rey, MD, MPH, Hal Strelnick, MD, Gwen Garrison, PhD, Kehua Zhang, PhD, Dennis Spencer, PhD, Gezzer Ortega, MD, MPH, Baligh Yehia, MD, MPP, MSHP, Anne Berlin, MA, and Laura Castillo-Page, PhD

- 601 students surveyed (51% black or Hispanic)
- 64% interested/ strongly interested in pursuing academic medicine careers
- Black (61%) and Hispanic (55%) respondents more likely to agree with statement "Racial and ethnic minorities have a harder time succeeding in academic medicine" compared to white (18%) and Asian (24%) respondents

Acad Med. 2013;88:1299-1307.



Obstacles to pursuing careers in academic medicine

- · lack of information on academic medicine as a career option
- perceived lack of competency to perform scholarly research
- perceived obstacles in promotions process

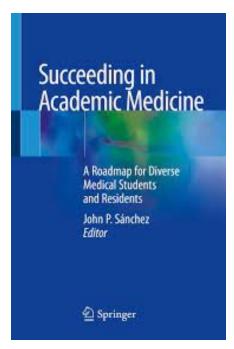
Acad Med. 2013;88:1299-1307.



Building the Next Generation of Academic Physicians (BNGAP)

Mission

To help diverse medical students and residents become aware of academic medicine as a career option and to provide them with the resources to further explore and potentially embark on an academic medicine career.







Diversifying the Academic Workforce: BNGAP

Outcomes

- 107 active students involve in BNGAP chapters;
- 121 unique diverse authors published in academic journal(s)/Book(s); (54% UiM; 55% Female)
- 964 diverse health career trainees registered to BNGAP seminars (July 21-Dec 21);
- 20 U.S. Allopathic/Osteopathic medical institutions and 4 national student organizations support the National Center for Pre-Faculty Development





Diversifying the Academic Workforce: BNGAP

BNGAP

Health-Related Academic Career Development Conference For College/Post-Bacc Trainees

Challenges Identified by Sub-Groups



Self-doubt About Being Good Enough

"I don't know that my grades are as stellar as they should be because I picture an academic medicine teacher somebody with excellent grades and I'm just kind of a floater. I'm not really someone who stands out academically. I mean, obviously we all stand out as medical students, but among those I'm pretty average. I would love to do it but I don't think I have the research or the academic excellence." (NA)

Parents View of Academic Medicine Careers

"I think a lot of people in our parents' generation, especially among Asian immigrants, is that they see medicine as the 'iron rice bowl.' Basically, once you get the training, you can keep on eating out of it with a steady income and steady job." (A)

Difficulty Finding LGBT Mentors

"I haven't had any mentors, and I feel like because I lack that I kind of want to provide support later on. There are no mentors who do research in LGBT health or who are out who are supporting or very supportive of people who might be out in academic medicine." (LGBT)





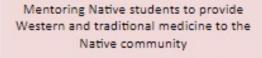


Diversifying the Academic Workforce: BNGAP

BNGAP

Health-Related Academic Career Development Conference For College/Post-Bacc Trainees

Facilitators Identified by Sub-Groups



"one woman in particular was just really good about being a strong Indian woman and teaching us good medicine and western as well as traditional, and just how to speak to elders and how to go back to the community because this whole process kind of removes you from the community you want to go back to and so I think it is really important and that would be one of the reasons why I would want to go into academic medicine" NA

Heightening Awareness of the Lack of Diversity in Academic Medicine

"Seeing a person who looks like you in that position makes a goal like that much more achievable because you might face similar obstacles. And I know in our school, I have never seen a professor of color so I would never—it just makes it like one more obstacle or one more thing in your way like you're not sure of—why aren't they there?" AA

Linking Pipeline Program

"Latinos in general that go into medicine aren't prepared for a career in medicine from birth.

A lot of other people start the process early on. They have mentors early on so they already know their options. I don't think I would have been receptive of an academic career because I was just trying to get through undergrad and hopefully make it to medical school." LH











Physicians' powerful ally in patient care



Faculty Development

Onelia G. Lage, MD

Chief of Education and Faculty Development, Dept of Humanities Health and Society
Chair of the Academic Promotions and Tenure Committee,
Florida International University—Herbert Wertheim College of Medicine

Physician Advancement and Well-Being

Holistic Approach Build Skills for the Academic Environment

Creating Community

Policy Changes that Actively Aim to Support URiM

Advancement and Wellness

Policy Changes that Actively Aim to Support URiM:

Minority Tax and Imposter Syndrome

Implicit Bias and Diversity Trainings

Diversity of Recruitment and Promotion Committee Members

Recognition of Service, Mentoring, and Community Activities

<u>Source:</u> Campbell K. The Diversity Efforts Disparity in Academic Medicine. *International Journal of Environmental Research and Public Health.* 2021;18(9):4529.



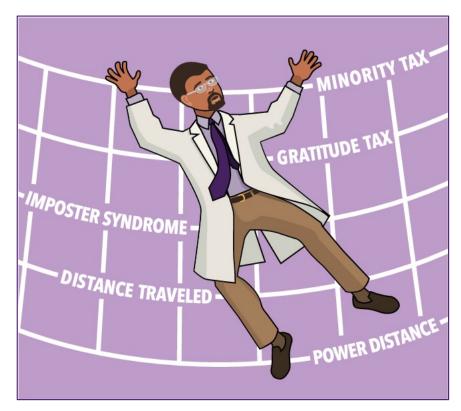
Faculty Development efforts should focus on addressing barriers

- **Minority tax**
- **Gratitude and Loyalty tax**
- **Imposter Syndrome**
- **Distance Traveled**
- Power Distance

Releasing the Net to Promote Minority Faculty Success in Academic Medicine

Kendall M. Campbell ¹ ¹⁰ • Briana D. Hudson ² • Dmitry Tumin ³

Source: Campbell KM, Hudson BD, Tumin D. Releasing the net to promote minority faculty success in Academic Medicine. Journal of Racial and Ethnic Health Disparities. 2020;7(2):202-206. © 2022 American Medical Association. All rights reserved.



Minority Faculty Development Programs and Underrepresented Minority Faculty Representation at US Medical Schools

James P Guevara ¹, Emem Adanga, Elorm Avakame, Margo Brooks Carthon

- Having a faculty development program is not enough.
- Longer duration and greater intensity of more than 5 years is critical for a higher correlation with URiM representation in the schools.
- Mentoring, Career Development Social Climate, and Pilot Funding are key components.



An Approach to Faculty Development for Underrepresented Minorities in Medicine

Juan Robles ¹, Tanya Anim ¹, Maria Harsha Wusu ¹, Krys E Foster ¹, Yury Parra ¹, Octavia Amaechi ¹, Kari-Claudia Allen ¹, Jose E Rodríguez ¹, Kendall M Campbell ¹, Dmitry Tumin ¹, Judy Washington ¹

For URiM by URiM

A Successful Faculty Development Program for Women and Underrepresented Minority Faculty

Sana Loue¹, Amy G. Hise^{1,2}

4 Themes from URiM Faculty Reflections:

Absence of mentoring and sponsorship

Imposition of a tax in the form of administrative responsibilities that surpassed expectations of their counterparts

Difficulty managing conflict situations

Lack of guidance of the processes for promotion and tenure

Source: Loue S and Hise AG. A successful faculty development program for women and underrepresented minority faculty. *Reflexiones y propuestas para los desafios de la educacion actual.* 2021;31-39.

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Modules include:

- Culture of academic medicine and individual goals
- Building a career trajectory
- Interpersonal relations
- Teaching and Presentation skills
- Conducting Research
- Scholarship
- Promotion and tenure

A Successful Faculty Development Program for Women and Underrepresented Minority Faculty

Sana Loue¹, Amy G. Hise^{1,2}

- For URiM faculty to develop career advancement skills and empower junior and mid career faculty to improve retention promotion and advancement
- Statistically significant improved knowledge and confidence as a result of the program

<u>Source:</u> Loue S and Hise AG. A successful faculty development program for women and underrepresented minority faculty. *Reflexiones y propuestas para los desafios de la educacion actual.* 2021;31-39.





Florida International University Experience

Incorporate 'Implicit Bias' and 'Diversity, Equity, and Inclusion' workshops/training for all faculty, particularly Search and Screen and Promotion and Tenure Committees.

Reinforcing **the holistic review** of candidates for recruitment and promotion, similar to the admissions process for medical students.

Document and monitor education/service activities of each faculty member to evaluate for equity in the annual review and promotions process.

Florida International University Experience cont.

Addressing the **diversity makeup** of Search and Screen and promotion committees.

Establishing **coaching sessions** for faculty starting two years prior to promotion eligibility.

Faculty development sessions to **enhance skills** in research, teaching, etc.

Encourage networking in national organizations that support URiM faculty.





Next Steps



Survey Medical Schools



Build critical mass of URIM faculty

Source: Carson TL, Aguilera A, Brown SD, et al. A seat at the table. Academic Medicine. 2019;94(8):1089-1093.

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Protect young faculty from overcommitting to service



Consider equity in service in promotions process



Train mentors of **URiM** faculty





Physicians' powerful ally in patient care



AMA Innovations in Medical Education Webinar Series

Applying Systems Thinking to Address Structural Racism in Health Professions Education: Curriculum, Structural Competency, and Institutional Change

Questions



Physicians' powerful ally in patient care