



# What Do Underrepresented in Medicine Junior Family Medicine Faculty Value From a Faculty Development Experience?

Krys E. Foster, MD, MPH; Juan C. Robles, MD; Tanya Anim, MD; Octavia Amaechi, MD; Kari Claudia Allen, MD; Yury Parra, MD; Maria Harsha Wusu, MD; Donna Harp Ziegenfuss, EdD, MS; Kendall M Campbell, MD; José E. Rodríguez, MD; Judy C. Washington MD

**BACKGROUND AND OBJECTIVES:** While there is increased attention to underrepresented in medicine (URiM) faculty and students, little is known about what they value in faculty development experiences.

**METHODS:** We performed a URiM-focused, 3-day family medicine faculty development program and then collected program evaluation forms. The program evaluations had open-ended questions and a reflection on the activity. We used inductive open coding using NVivo software. We analyzed open-ended responses and reflections, and identified themes.

**RESULTS:** Seven participants provided reflections on the workshop and responses to the evaluation forms. Analysis revealed four major themes in the learners' responses and reflections: (1) personalizing learning, (2) impacting career trajectories, (3) clarifying the writing process, and (4) creating a safe place, with frequencies of 28.2%, 26.7%, 23.6%, and 20.9%, respectively.

**CONCLUSIONS:** Although this faculty development experience was designed to teach writing skills to URiM junior faculty, their collective responses indicate that they found value beyond the skills taught and appreciated the approach taken in this activity.

(Fam Med. 2022;54(9):729-33.)  
doi: 10.22454/FamMed.2022.895447

The diversity of the physician workforce lags significantly behind the population.<sup>1</sup> In academia, underrepresented in medicine (URiM) physicians account for only 10.6% of all US medical school faculty.<sup>2</sup> For the purposes of this study, those underrepresented in medicine include people from Black or African American, Latinx (Hispanic or Latino), American Indian/Alaska Native, Native Hawaiian, or other Pacific Islander backgrounds, although other

groups may be underrepresented in certain areas.<sup>3</sup>

URiM faculty experience pressure to take on professional and institutional responsibilities that may not contribute to their academic advancement.<sup>4,5</sup> This phenomenon is part of a series of disparities termed the "minority tax."<sup>6</sup> The minority tax includes diversity efforts disparities, isolation, lack of mentorship, faculty development, and racism,<sup>6</sup> causing the URiM faculty who persist in

the career to be more likely to leave in 5 years than their non-URiM colleagues.<sup>7,8</sup>

URiM faculty are at the assistant professor rank more often and tenured less often than non-underrepresented colleagues,<sup>2</sup> highlighting the need for URiM focused faculty development. We report the participants' impressions of a URiM focused family medicine early career faculty development workshop led by senior URiM family medicine faculty, entitled the Leadership through Scholarship Fellowship.<sup>10</sup> This approach was structured as a racial/ethnic concordant experience between faculty

From the Department of Family and Community Medicine, Sidney Kimmel Medical College at Thomas Jefferson University, Philadelphia, PA (Dr Foster); Albert Einstein College of Medicine, Bronx, NY (Dr Robles); Department of Family Medicine, Lee Memorial Health and Florida State University, Ft. Meyers, FL (Dr Anim); Department of Family Medicine, Spartanburg Regional Medical Center, Spartanburg, SC (Dr Amaechi); University of South Carolina School of Medicine, Columbia, SC (Dr Allen); Department of Family Medicine, New York City Health and Hospitals, New York, NY (Dr Parra); Department of Family Medicine, Morehouse School of Medicine, Atlanta, GA (Dr Wusu); Marriott Library University of Utah, Salt Lake City, UT (Dr Ziegenfuss); Departments of Family Medicine and Health Equity, Diversity and Inclusion, University of Utah Health, Salt Lake City, UT (Dr Rodríguez); Overlook Family Medicine Residency and Atlantic Medical Group at Atlantic Health, Morristown, NJ (Dr Washington).

and fellows, as the faculty and participants were Latino and Black. We call this approach “for us, by us,” and describe it as a new approach for URiM faculty development.<sup>11</sup> Similar to the literature on improved patient outcomes when Black patients have Black doctors,<sup>12-14</sup> this approach was used for faculty development, with the outcomes of peer reviewed publications and readiness for promotion.<sup>11</sup> The workshop addressed the unique needs of URiM faculty and allowed for URiM faculty to share the obstacles they face,<sup>15</sup> recognizing that they will likely hold multiple positions in each of the domains of family medicine.<sup>16</sup> This project adds to the literature in that learner perspectives of URiM faculty development are rarely presented but are an important guide to improving faculty development for this group.<sup>17,18</sup>

## Methods

This qualitative study was deemed exempt by the University of Utah Institutional Review Board. We asked each participant to answer 18 open-ended questions as part of the program evaluation at the conclusion of the workshop. In addition to the survey, the participants were asked to submit a reflection on the workshop, using the prompt, “Please reflect upon the faculty development workshop and share your thoughts.” This request was sent out by email and participants responded. We analyzed the responses to the questions (survey data set) and the reflections (reflections data set) through rigorous qualitative methods utilized using Nvivo software (QSR International, Doncaster, Australia). We first was first open-coded the text inductively, allowing themes to emerge from the data using techniques described by Corbin, Strauss, and Saldaña.<sup>19,20</sup> Then, we performed axial coding or category/theme organization. Finally, we conducted a process of selective coding to look at the relationships of the coding and categories/themes, as well as the relationship of themes across the two distinct bodies of text. The final stage

of this analysis included an abductive reasoning process as outlined by Charmaz.<sup>21</sup> Demographic information on the participants is presented in Table 1. Questions from this survey are presented in Table 2.

To ensure that the study went beyond Kirkpatrick level 1 (learner reactions) analysis, we followed the participants for 2 years after the workshop and collected their publications and their applications for academic promotion.

## Results

We identified 191 unique codes from the seven participants’ responses to open-ended questions and reflections. The survey data set contained 63.6% of the total coding, while the reflections contained 34.4%. We categorized codes into four themes: (1) personalizing learning, (2) impacting career trajectories, (3) clarifying the writing process, and (4) creating a safe place. The coding frequency percentages were evenly proportioned across the four themes: 28.2%, 26.7%, 23.6%, and 20.9%, respectively. The themes, with representative quotations and elaborations, are illustrated in Table 3. It is notable that participants spoke frequently about the adaptation of a general curriculum to meet specific individual needs, as well as the transformative impact that they felt the activity had on their careers. Learners also expressed their gratitude for feeling free to bring their authentic selves to the activity without fear of judgement.

Table 4 presents the participants’ productivity in the production of scholarship from the start of the workshop to 24 months later. In addition, two participants are submitting materials to their promotion and tenure committees for consideration for promotion to associate professor this year.

## Discussion

These findings suggest that URiM early career family medicine faculty value (1) personalizing learning; (2) impacting career trajectories; (3)

clarifying the writing process; and (4) creating a safe place. In addition, the increased publications from this group after the fellowship also indicate that the participants could apply the skills learned in the workshop to complete and publish manuscripts and prepare for promotion. The results also suggest that an approach of “for us by us” is valued, and this is a principal innovation of this study.

Several limitations challenge the results of this study. First, there was a small cohort of scholars in the first iteration of the fellowship. Second, the more senior-career URiM faculty were not designated faculty development officers at their respective institutions. Third, it is also a possibility that there was a Hawthorne effect, as the participants knew they were being observed, and that could have influenced their responses and could have influenced the questions that they were asked.<sup>32</sup> There has been little added to the literature since the authors’ (J.E.R., K.M.C.) work in 2014 that outlines how faculty development for URiM faculty should be structured.<sup>37</sup> Few faculty development experiences for URiM faculty provided by URiM faculty exist that address the minority tax and its impact on the retention and recruitment of this group.

One participant’s reflection summarizes the overall sentiments of the participants:

“This 3-day experience was encouraging, energizing, immensely therapeutic and will undoubtedly prove to be a pivotal point in the trajectory of my career. I now have much more than a map, but a clear, strategic design for moving along the path of academic advancement and the blessing of an exceptional cohort of guides and fellow travelers.”

Even though the pilot of this offering was directed only at family medicine faculty, this type of faculty development opportunity has the potential to advance the careers of URiM faculty, regardless of specialty. Personalized mentorship is beneficial for URiM early-career faculty and

**Table 1: Race/Ethnic/Gender Diversities of Participants in Conference**

	<b>Black</b>	<b>Latinx</b>	<b>Women</b>	<b>Men</b>
Junior faculty participants (n=7)	71.4%	28.6%	85.7%	14.3%
Fellowship faculty (n=3)	66%	33%	33%	66%
Total	70%	30%	70%	30%

**Table 2: Workshop Evaluation Questions**

After each section listed below, the learners were asked for additional comments on each section, ie, “Additional comments about the xxx discussion.”
<p>Finding Your Own Writing Topic Passion–When to Say No and When to Say Yes          Creating an Idea Log for Projects and Writing          Role of the Librarian in Writing          Managing Time and Resources for Writing          Preparing to Write (An Introduction to the Welch Article)          Building a Writing Team: Project Team, Writing Team, or Both?          Writing Roles– Co-Authors, Author Order, and Corresponding Author          Writing to P &amp; T Guidelines and to Mission (Yours and the School’s)          Writing Styles and Reference Formatting–Using a Citation Manager          Journal Selection–Is it Indexed in PubMed?          Author Guidelines and Manuscript Types          How and When to Contact the Editor          Rejected Paper /Accepted Process          Letter and Manuscript Updates</p>
What did you like best about the workshop?
What did you like least about the workshop?
How can we improve this workshop?
Please share any thoughts and additional suggestions below.

**Table 3: Representative Quotations and Elaborations on Each Theme**

<b>Themes</b>	<b>Representative Quotations</b>	<b>Elaboration</b>
Personalizing learning	<p>“It was a workshop that provide[d] more than writing skills, it provided individualized recommendations to our needs and barriers. It allowed us to learn from our peers”</p> <p>“Facilitators performing participant and group needs assessment AFTER arrival and completely changing the agenda to fit in an extremely valuable evening speed mentoring / consultation session”.</p> <p>“The exercise of forming a writing group, working through manuscript ideas, and outlining a manuscript was incredibly useful and effective. It also built confidence in the processes”</p>	<p>This theme spanned the two datasets and emphasized how the URiM identity and faculty context was the key component of the planning and implementation of the workshop. Participants reported on the affective aspects of the workshop environment and discussed how they can apply their learning, how they developed awareness about successful strategies, and the flexibility of the mentors and individualized support. Participants commented on the value of the URiM community and wished they had this experience earlier in their careers.</p>
Impacting career trajectories	<p>“This experience was honestly life-changing and will definitely positively shape my career in academic medicine.”</p> <p>“I was able to recognize that scholarly work provides a platform to bring awareness of the issues that I am passionate about while I continue working in the frontline.”</p> <p>“Navigating any path is easier with a map ... [and] a committed guide who has traversed this path from a similar starting point; a guide who knows the pitfalls to avoid and recognizes the necessary stop points along the way ... the map to academic advancement is frequently confusing and often unattainable, especially to URiM clinical faculty physicians.”</p>	<p>Participants reported on the affective aspects of the workshop environment and how their experiences could impact scholarship and future careers. The participant comments focused on connecting compassion and evidence-based practice, connecting ideas to outcomes, and developing awareness about their own scholarship and career trajectory. Participants spoke about plans for extending this work beyond the workshop and their institution. Although the workshop was designed to scaffold writing and publishing skills, this theme described and documented the workshop context, the passion of the mentors, and the value placed on aspirations beyond the workshop.</p>

(continued on next page)

**Table 3: Continued**

Themes	Representative Quotations	Elaboration
Clarifying the writing process	<p>“They indeed formally educated us on the academic writing process.”</p> <p>“ [They] encouraged us with their own professional and personal narratives ... provided individual mentorship based on our unique passions, goals and ... career paths and led an invaluable workshop.”</p> <p>“This was very reaffirming for me to hear very accomplished authors discuss times when their papers were not accepted ... framed in a useful way.”</p> <p>“... [that] rejection is ok and that rich learning can happen after an article is rejected.”</p>	<p>Comments related to this theme were more logistical in nature and about taking their publications to the next level.</p> <p>They described useful examples provided by the mentors and advice about staying on track as well as utilizing commitments to hold each other accountable.</p>
Creating a safe place	<p>“The STFM URiM Workshop provided a safe space where I could let down the armor I often wear as a Black woman in academic medicine”</p> <p>“We were able to discuss shared challenges in a way that validated our individual experiences in the context of systemic problems and moved towards solutions.”</p> <p>“positive energy”</p> <p>“a responsibility to lift as I climb”</p> <p>“brainstorm and socialize without pretense”</p> <p>“sense of validation”</p>	<p>Although this last theme had the least number of codes, it appeared as a thread across all reflections. Participants commented on the value of having an insider to help them navigate the URiM faculty path and how that provided an atmosphere for safe sharing and discussion of common problems specific to the URiM faculty experience.</p>

**Table 4: Scholars’ Academic Productivity Since Participating in the Workshop**

Number of Fellows on Article	Article Title
3	Abolish the Minority Woman Tax! <sup>15</sup>
1	Dear White People <sup>22</sup>
7	An Approach to Faculty Development for Underrepresented Minorities in Medicine <sup>11</sup>
7	In Response to: “Systemic Racism and Health Disparities: A Statement From Editors of Family Medicine Journals” <sup>23</sup>
2	In Response to Bliss et al “Academic Medicine Must Look Inward to Address Leaky Pipelines” <sup>24</sup>
2	Addressing the Gate Blocking of Minority Faculty <sup>25</sup>
1	Minority Physicians Are Not Protected by Their White Coats <sup>26</sup>
7	What Do Underrepresented in Medicine (URiM) Junior Family Medicine Faculty Value From a Faculty Development Experience?
1	Community-Informed Mobile COVID-19 Testing Model to Addressing Health Inequities <sup>27</sup>
1	Pharmacologic Therapy for Acute Pain <sup>28</sup>
1	Impact of the Bronx Community Health Leaders Program for Socioeconomically Disadvantaged Pre-health Students <sup>29</sup>
1	The Dilution of Family Medicine: Waning Numbers of Family Physicians Providing Pediatric Care <sup>30</sup>
1	Group Prenatal Care and Maternal Outcomes: A Scoping Review <sup>31</sup>

can and should be extrapolated and refocused to all areas and specialties.

**FUNDING STATEMENT:** This work was funded by an STFM Grant to the Minority and Multi-cultural Health Collaborative, now named the Leadership Through Scholarship Fellowship.

**CORRESPONDING AUTHOR:** Address correspondence to Dr José E. Rodríguez, Professor of Family Medicine and Associate Vice President for Health Equity, Diversity and Inclusion, University of Utah Health, 26 S 2000 E, 5750B EHSEB, Salt Lake City, UT 84112. 801-585-1763. jose.rodriguez@hsc.utah.edu.

**References**

1. Xierali IM, Nivet MA, Rayburn WF. Full-time faculty in clinical and basic science departments by sex and underrepresented in medicine status: a 40-year review. *Acad Med.* 04 01 2021;96(4):568-575. doi:10.1097/ACM.0000000000003925

2. Xierali IM, Nivet MA, Syed ZA, Shakil A, Schneider FD. Recent trends in faculty promotion in U.S. medical schools: implications for recruitment, retention, and diversity and inclusion. *Acad Med.* 2021;96(10):1441-1448. doi:10.1097/ACM.0000000000004188
3. Underrepresented in Medicine Definition. Association of American Medical Colleges. Accessed January 31, 2014. <https://www.aamc.org/what-we-do/equity-diversity-inclusion/underrepresented-in-medicine>
4. Campbell KM, Rodriguez JE. Addressing the minority tax: perspectives from two diversity leaders on building minority faculty success in academic medicine. *Acad Med.* 2019;94(12):1854-1857. doi:10.1097/ACM.0000000000002839
5. Rodriguez JE, Wusu MH, Anim T, Allen KC, Washington JC. Abolish the minority woman tax! *J Womens Health (Larchmt).* 2020. doi:10.1089/jwh.2020.8884
6. Rodríguez JE, Campbell KM, Pololi LH. Addressing disparities in academic medicine: what of the minority tax? *BMC Med Educ.* 2015;15(1):6. doi:10.1186/s12909-015-0290-9
7. Cropsey KL, Masho SW, Shiang R, Sikka V, Kornstein SG, Hampton CL; Committee on the Status of Women and Minorities, Virginia Commonwealth University School of Medicine, Medical College of Virginia Campus. Why do faculty leave? Reasons for attrition of women and minority faculty from a medical school: four-year results. *J Womens Health (Larchmt).* 2008;17(7):1111-1118. doi:10.1089/jwh.2007.0582
8. Carr PL, Palepu A, Szalacha L, Caswell C, Inui T. 'Flying below the radar': a qualitative study of minority experience and management of discrimination in academic medicine. *Med Educ.* 2007;41(6):601-609. doi:10.1111/j.1365-2923.2007.02771.x
9. Bonifacino E, Ufomata EO, Farkas AH, Turner R, Corbelli JA. Mentorship of underrepresented physicians and trainees in academic medicine: a systematic review. *J Gen Intern Med.* 2021;36(4):1023-1034. doi:10.1007/s11606-020-06478-7
10. Leadership Through Scholarship Fellowship. Society of Teachers of Family Medicine. Accessed January 24, 2022. <https://www.stfm.org/facultydevelopment/fellowships/leadership-throughscholarship/overview/>
11. Robles J, Anim T, Wusu MH, et al. An approach to faculty development for underrepresented minorities in medicine. *South Med J.* 2021;114(9):579-582. doi:10.14423/SMJ.0000000000001290
12. Greenwood BN, Hardeman RR, Huang L, Sojourner A. Physician-patient racial concordance and disparities in birthing mortality for newborns. *Proc Natl Acad Sci.* 2020;117(35):21194-21200. doi:10.1073/pnas.1913405117
13. Ma A, Sanchez A, Ma M. The impact of patient-provider race/ethnicity concordance on provider visits: updated evidence from the medical expenditure panel survey. *J Racial Ethn Health Disparities.* 2019;6(5):1011-1020. doi:10.1007/s40615-019-00602-y
14. Meghani SH, Brooks JM, Gipson-Jones T, Waite R, Whitfield-Harris L, Deatrick JA. Patient-provider race-concordance: does it matter in improving minority patients' health outcomes? *Ethn Health.* 2009;14(1):107-130. doi:10.1080/13557850802227031
15. Robles J, Anim T, Wusu MH, et al. An approach to faculty development for underrepresented minorities in medicine. *South Med J.* 2021;114(9):579-582. doi:10.14423/SMJ.0000000000001290
16. Coe C, Piggott C, Davis A, et al. Leadership pathways in academic family medicine: focus on underrepresented minorities and women. *Fam Med.* 2020;52(2):104-111. doi:10.22454/FamMed.2020.545847
17. Weber RA, Cable CT, Wehbe-Janek H. Learner perspectives of a surgical educators faculty development program regarding value and effectiveness: a qualitative study. *Plast Reconstr Surg.* 2016;137(3):1057-1061. doi:10.1097/01.prs.0000475825.09531.68
18. Guevara JP, Adanga E, Avakame E, Carthon MB. Minority faculty development programs and underrepresented minority faculty representation at US medical schools. *JAMA.* 2013;310(21):2297-2304. doi:10.1001/jama.2013.282116
19. Corbin JM, Strauss AL. Basics of qualitative research : techniques and procedures for developing grounded theory. 3rd ed. Sage Publications, Inc.; 2008: xv, 379 pages. doi:10.4135/9781452230153
20. Saldana J. *The Coding Manual for Qualitative Researchers.* 3rd edition. Sage; 2016: xiv.
21. Charmaz K. Grounded theory as an emergent method. In: Hess-Bieber SN, Levey P, eds. *Handbook of Emergent Methods.* The Guilford Press; 2008:155-172.
22. Foster KE, Johnson CN, Carvajal DN, et al. Dear white people. *Ann Fam Med.* 2021 Jan-Feb 2021;19(1):66-69. doi:10.1370/afm.2634
23. Parra Y, Anim T, Foster KE, et al. In response to: "Systemic Racism and Health Disparities: A Statement From Editors of Family Medicine Journals." *Fam Med.* 2021;53(6):470-471. doi:10.22454/FamMed.2021.423229
24. Amaechi O, Foster KE, Robles J, Campbell K. In response to bliss et al: academic medicine must look inward to address leaky pipelines. *Fam Med.* 2021;53(8):729. doi:10.22454/FamMed.2021.949502
25. Amaechi O, Foster KE, Tumin D, Campbell KM. Addressing the gate blocking of minority faculty. *J Natl Med Assoc.* 2021;113(5):517-521. doi:10.1016/j.jnma.2021.04.002
26. Amaechi O, Rodríguez JE. Minority physicians are not protected by their white coats. *Fam Med.* 2020;52(8):603. doi:10.22454/FamMed.2020.737963
27. Jiménez J, Parra YJ, Murphy K, et al. Community-informed mobile COVID-19 testing model to addressing health inequities. *J Public Health Manag Pract.* 2022 Jan-Feb 01 2022;28(Suppl 1):S101-S110. doi:10.1097/PHH.0000000000001445
28. Amaechi O, Huffman MM, Featherstone K. Pharmacologic therapy for acute pain. *Am Fam Physician.* 2021;104(1):63-72.
29. Robles J, Qadeer R, Reyes Adames T, Naqvi Z. Impact of the Bronx Community Health Leaders Program for Socioeconomically Disadvantaged Prehealth Students. *Health Equity.* 2021;5(1):791-800. doi:10.1089/heap.2021.0065
30. Anim T.E. The dilution of family medicine: waning numbers of family physicians proiding pediatric Care. *J Am Board Fam Med.* 2020 Nov-Dec 2020;33(6):828-829. doi:10.3122/jabfm.2020.06.200544
31. Tucker CM, Felder TM, Dail RB, Lyndon A, Allen KC. Group prenatal care and maternal outcomes: a scoping review. *MCN Am J Matern Child Nurs.* 2021;46(6):314-322. doi:10.1097/NMC.0000000000000766
32. Sedgwick P, Greenwood N. Understanding the Hawthorne effect. *BMJ.* 2015;351:h4672. doi:10.1136/bmj.h4672
33. Richert A, Campbell K, Rodriguez J, Borowsky IW, Parikh R, Colwell A. ACU workforce column: expanding and supporting the health care workforce. *J Health Care Poor Underserved.* 2013;24(4):1423-1431. doi:10.1353/hpu.2013.0162
34. Kreuter MW, Holmes K, Alcaraz K, et al. Comparing narrative and informational videos to increase mammography in low-income African American women. *Patient Educ Couns.* 2010;81(suppl):S6-S14. doi:10.1016/j.pec.2010.09.008
35. Campbell KM, Brownstein NC, Livingston H, Rodriguez JE. Improving underrepresented minority in medicine representation in medical school. *South Med J.* 2018;111(4):203-208. doi:10.14423/SMJ.0000000000000792
36. Campbell KM, Hudson BD, Tumin D. Releasing the net to promote minority faculty success in academic medicine. *J Racial Ethn Health Disparities.* 2020;7(2):202-206. doi:10.1007/s40615-020-00703-z
37. Rodriguez JE, Campbell KM, Fogarty JP, Williams RL. Underrepresented minority faculty in academic medicine: a systematic review of URM faculty development. *Fam Med.* 2014;46(2):100-104.
38. Najibi S, Carney PA, Thayer EK, Deiorio NM. Differences in coaching needs among underrepresented minority medical students. *Fam Med.* 2019;51(6):516-522. doi:10.22454/FamMed.2019.100305