

What It Takes to Leave Home: Psychological Safety Influence on Resident Interest in Academic Medicine

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Dr Al Achkar and colleagues frame their interview by focusing on the chairs' experiences with receiving and providing sponsoring, mentoring, and coaching (SMC). They highlight the importance and impact that SMC can have to buffer negative experiences and to bolster positive experiences for faculty from underrepresented groups (URGs) toward development and advancement.¹ To realize the benefits of increased physician diversity, it is essential to support and promote individuals from URGs who choose to enter academic medicine.² Gaining insight into the factors that initially inspired current URG chairs to pursue academic medicine—prior to becoming faculty—would enhance our understanding of the full process needed to diversify senior leadership in family medicine.

Al Achkar et al discuss the reality that many URGs have to navigate psychologically unsafe environments.¹ While psychological safety (PS) is a belief that the team is safe for interpersonal risk-taking, this belief comes from four distinct domains: safety of inclusion, learning, sharing, and challenging.^{4,3} PS has gained such importance that the Accreditation Council for Graduate Medical Education has added it as part of the common program requirements for family medicine residencies.⁴ While there are no publications focused on the PS of family medicine residents or faculty specifically, most research regarding PS and residents has been centered on the clinical learning environment and the immediate impact PS has on their experience.^{5,6}

An area that should be further explored is the long-term impact that PS has on individuals regarding remaining or leaving academia. Residents want to thrive, and one study showed they are more likely to stay at their training program if they are satisfied with the clinical learning environment, institutional culture, and their personal experiences.⁷ As highlighted by Al Achkar et al, the setting does influence the experience and development of individuals from URGs, and sometimes individuals have to move to a different setting to thrive.¹ As we are navigating the current political climate, which can be restrictive in programmatic efforts to support URG development, creating psychologically safe environments will assist in all faculty development with particular benefits for faculty from URGs. Evaluating PS overall and the specific domains will aid our understanding and refinement of policies and processes to better support faculty development (Table 1) and grow resident interest in academic careers.

Faculty with PS are able to better provide SMC activities to develop residents' understanding and interest in academia. Sponsoring residents to attend national affinity conferences such as those of the Society of Teachers of Family Medicine can enable them to better compare their institutional experience with other institutions.⁸ Providing leadership and scholarly opportunities to mentor residents may allow them to see faculty model aligning their passion and work responsibilities.⁹ Coaching residents to skillfully navigate their challenges and common faculty challenges may improve

TABLE 1. Departmental Policy Review by the Domains of Psychological Safety

Psychological safety domains	Objectives of departmental policies	Examples of psychological safety guided reflective questions
Safety of inclusion	Policy ensures URG faculty have a sense of belonging and are valued.	<ul style="list-style-type: none"> • What programs, initiatives, or events are offered for promoting inclusion, and how is effectiveness evaluated? • How often is an employee engagement or climate survey performed? • Have the data been disaggregated and protected to preserve anonymity? • Has there been a departmental review of URG faculty retention and time at rank to promotion?
Safety of learning	Policy creates space for URG faculty to ask questions and admit mistakes without fear of career penalty.	<ul style="list-style-type: none"> • (Asking or evaluating) How often do URG faculty approach leaders? • Do leaders have regular check-ins with URG faculty? • Are there discussions and reviews of career development and alignment with institutional P&T guidelines?
Safety of sharing	Policy creates mechanisms for URG faculty to voice unique experiences (eg, related to minority tax) without being labeled “difficult.”	<ul style="list-style-type: none"> • How many different reporting processes and pathways are available, and who is using them? • Are there assigned mentors or spaces for URG faculty to reflect and discuss their experiences? • Do faculty understand the institutional process for concerns being reported and addressed?
Safety of challenging	Policy has a trauma responsive solution-oriented approach that supports URG faculty.	<ul style="list-style-type: none"> • Does leadership have an “if it’s not broken, make it better” attitude? • Have mini-PDSA cycles been normalized? • Is faculty familiar with policies that have been developed in response to problems or other evidence of quality improvement and accountability?

Abbreviations: PDSA, plan, do, study, and act; P&T, promotion and tenure; URG, underrepresented group

their PS in all four domains. URG residents who receive SMC can be better equipped to choose an academic institution where they can thrive and minimize any delays toward becoming senior leaders in family medicine.¹⁰

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