

Redefining Leadership Metrics for Equity in Academic Medicine

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TO THE EDITOR:

The recent study by Flowers et al¹ highlights significant challenges faced by early-career underrepresented in medicine (URiM) faculty in achieving leadership roles in academic medicine. Although the study identifies collaborative scholarship and mentorship among the important components of leadership, it also finds significant barriers in terms of time, support, and advancement opportunities. Opportunities abound to use these results to redefine how success in academic medicine is benchmarked for leadership and to encourage a more encompassing set of benchmarks that are fair to all.

Traditionally, indicators for successful leadership in academic medicine have consisted of high-impact publications, grant funding, and senior academic titles. Though relevant, these metrics capture only a portion of the breadth of activities in faculty development that are important for URiM faculty. This narrow focus can inadvertently lead to the perpetuation of disparities that might continue to exist, because it overlooks significant contributions that are not easily quantified but crucial for the nurturing of a diverse and inclusive academic environment.

An innovative way to define new leadership metrics would be to add measures that favor community engagement, mentorship, and collaborative work. Community engagement is important if the leader is helping to lead activities within communities about their health or even performing research in partnership with communities. An example of this leadership would be the mentorship that supports an academic pipeline and therefore would be recognized and valued in evaluations and promotions.

Current academic culture often fails to emphasize the emotional and social labor URiM faculty invest in supporting diversity and inclusion. These efforts include serving on diversity committees, mentoring underrepresented students, and advocating for inclusive policies. While all of these

are important to create a welcome and more just academic environment, they go unrecognized in traditional metrics of academic success. With broader metrics, institutions can recognize and provide official ways of rewarding this kind of work by URiM faculty in their effort to advance diversity and inclusion.

The collaborative scholarship of Flowers et al also can be credited with not only academic outputs but also networking, teamwork, and leadership building by the participants. Collaborative cross-institutional and interdisciplinary projects help URiM faculty to grasp opportunities to lead and innovate within the facilitated environment in preparation for more visible roles in leadership.^{2,3} Such work should be done, documented officially, and valued like the usual academic outputs.

Another important aspect to address is the systemic change required at the institutional level to support these broader metrics. Institutions must create infrastructure that facilitates collaborative efforts and mentorship opportunities. Systemic change could look like implementing a few formal programs around professional development for URiM faculty, providing resources for community engagement projects, or creating safe spaces for faculty to discuss and navigate challenges. Institutionalizing the commitment to these changes in the institution can guarantee that the enlarged set of criteria for leadership success is not only adapted but also effectively implemented and sustained.

This change in leadership metrics will involve a more balanced approach to performance assessment by institutions. Promotion and tenure committees should be encouraged to look beyond purely academic contributions and recognize activities that promote diversity, equity, and inclusion within the institution.⁴ Routinely reviewing and updating criteria for promotion ensures that the criteria stay aligned with the changing goals set for the faculty and individual disciplines.

Expanding leadership success metrics is likely to enhance the career advancement of URiM faculty.⁵ This effort would go a long way to both integrating the core values of academic medicine and recognizing and rewarding diverse contributions by all faculty members. Thus, creating a more inclusive and just environment, leveraging diversity to improve academic leadership and functionality, would be possible.

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