PMID	TITLE	AUTHORS	JOURNAL/BOOK	PUBLICATION YEAR	SUMMARY	CATEGORY	TYPE
35016537	A Culture Conducive to Women's Academic Success: Development of a Measure	Alyssa Friedel Weissling, Rebecca M Speck, Mary Dupont Sammell, Patricia Conti, Lory Wolf Tuten, Jeanne Ann Grisso, Stephanie Abbuhl	Acad Med	2021	Purpose: The work environment culture inhibits women's career success in academic medicine. The lack of clarity and consistency in the definition, measurement, and analysis of culture contributes current research on the topic. The authors addressed this gap by developing a measure of academic workplace culture for women. Then they developed and pilot tested the measure with a cross-sectional sample of faculty at a large academic medical center. Method: First, the authors conducted a review of published literature, field focus groups, and consulted with subject matter experts to develop a measure of academic workplace culture for women. Then they developed and pilot tested the measure with a cross-sectional sample of faculty at a large academic medical center. Results: Factor analysis revealed 5 factors: overall culture, work-life balance, freedom from gender biases, and supportive leadership. The authors found evidence that women within departments/divisions agree on the supportiveness of their department and substantial differences among units exist. The analyses provided strong evidence for the reliability and validity of the measure. Conclusions: This report contributes to a growing understanding of women's academic medicine careers and provides a measure that can be used to assess the effectiveness of interventions designed to increase the supportiveness of the environment for women faculty	social isolation	data driven
26556773	Culture Matters: The Pivotal Role of Culture for Women's Careers in Academic Medicine	Alyssa Friedel Weissling, PhD, Rebecca M. Speck, PhD, MPH, Mary Dupont Sammell, BA, Patricia Conti, BA, Lory Wolf Tuten, MS, Lucy Wolf Tuten, PhD, Stephanie B. Abbuhl, MD, and Jeanne Ann Grisso, MD, MSc	Acad Med	2016	Purpose: Women in academic medicine are not achieving the same career advancement as men, and face unique challenges in managing work and family alongside intense work demands. The purpose of this study was to investigate how a supportive department/division culture buffered women from the impact of work demands on work-to-family conflict. Method: As part of a larger intervention trial, the authors collected baseline survey data from 102 women assistant professors at the University of Pennsylvania Perelman School of Medicine in 2008. Validated measures of work demands, work-to-family conflict, and supportive department/division culture were employed. Pearson correlations and general linear mixed modeling were used to analyze the data. Authors investigated whether work culture moderated the association between work demands and work-to-family conflict. Results: Heavy work demands were associated with increased levels of work-to-family conflict. There were significant interactions between work demands, work-to-family conflict, and department/division culture. A culture conducive to women's academic success significantly moderated the effect of work hours on time-based work-to-family conflict and significantly moderated the effect of work overload on strain-based work-to-family conflict. At equivalent levels of work demands, women in more supportive cultures experienced lower levels of work-to-family conflict. Conclusions: The culture of the department/division plays a crucial role in women's work-to-family conflict and can exacerbate or alleviate the impact of extremely high work demands. This finding leads to important insights about strategies for most efficiently supporting the careers of women assistant professors	social isolation	data driven
20697960	Race, Disadvantage and Faculty Experiences in Academic Medicine	Linda Pololi, MBBS, MRCP, Lisa A. Cooper, MD, MPH, and Phyllis Carr, MD	Clin Transl Med	2010	Background: Despite compelling reasons to draw on the contributions of under-represented minority (URM) faculty members, US medical schools lack these faculty, particularly in leadership and senior roles. Objective: The study's purpose was to document URM faculty perceptions and experiences of the culture of academic medicine in the US and to raise awareness of obstacles to achieving the goal of having people of color in positions of leadership in academic medicine. Design: The authors conducted a qualitative interview study in 2006-2007 of faculty in five US medical schools chosen for their diverse regional and organizational attributes. Participants: Using purposeful sampling of medical faculty, 96 faculty were interviewed from four different career stages (early, advanced, leaders and left academic medicine) and diverse specialties with an oversampling of URM faculty. Approach: We identified patterns and themes emergent in the coded data. Analysis was inductive and data driven. Results: Predominant themes underscored during analyses regarding the experience of URM faculty were: difficulty of cross-cultural relationships, isolation and feeling invisible, lack of mentoring, role models and social capital, disrespect, overt and covert bias/discrimination, different performance expectations related to racial/ethnicity, devaluing of research on community health care and health disparities, the unfair burden of being identified with affirmative action and responsibility for diversity efforts, leadership's role in diversity goals, and financial hardship. Conclusions: Achieving an inclusive culture for diverse medical school faculty would help meet the mission of academic medicine to train a physician and research workforce that meets the disparate needs of our multicultural society. Medical school leaders need to raise the inclusion of URM faculty. Failure to fully engage the skills and insights of URM faculty impacts our ability to provide the best science, education or medical care.	social isolation	data driven
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16050848	The Role of Cultural Diversity Climate in Recruitment, Promotion, and Retention of Faculty in Academic Medicine	Sherri-D Price, Apoorgal Gosu, Donald E Morisky, Neil B Shulman, Gary S Maurer, Sherrie Golden, Lisa A Cooper	Clin Transl Med	2005	Background: Ethnic diversity among physicians may be linked to improved access and quality of care for minorities. Academic medical institutions are challenged to increase representation of ethnic minorities among health professionals. Objectives: To explore the perceptions of physician faculty regarding the following: (1) the institution's cultural diversity climate and (2) facilitators and barriers to success and professional satisfaction in academic medicine within this context. Design: Qualitative analysis using focus groups and semi-structured interviews. Participants: Nontenured physicians in the tenure track at the Johns Hopkins University School of Medicine. Approach: Focus groups and interviews were audio-taped, transcribed verbatim, and reviewed for thematic content in a Triangle Independent review/qualification process. Results: Study participants included 29 faculty representing 9 clinical departments, 4 tenure tracks, and 2 ethnic groups. In defining cultural diversity climate, participants described the institution as a "melting pot" characterized by ethnic diversity and cultural intensity. They believe visible dimensions promote bias and cumulative advantages or disadvantages in the workplace. Minority and foreign born faculty report ethnically based disparities in recruitment and subtle manifestations of bias in the promotion process. Ethnic minority faculty report feeling isolated and experiencing discrimination in the form of unequal access to career options, and qualifications for and subsequent involvement in teaching programs and faculty positions. Minority faculty also describe structural barriers (poor retention efforts, lack of mentorship) that hinder their success and professional satisfaction after timeframes. To effectively leverage the diversity climate, we faculty recommended 4 strategies for improving the psychological climate and structural diversity of the institution. Conclusions: Soliciting input from faculty provides tangible ideas regarding interventions to improve an institution's diversity climate.	social isolation	data driven
	Double Jeopardy? Gender Bias Against Women in Science			2014	This present study begins from an extensive review of this literature, which documents four distinct patterns: (1) power in agentic traits, (2) "likeability" in communal traits, (3) "double jeopardy" for women of color, and (4) "triple jeopardy" for women of color. Research shows other Find Illustration ranking a tightrope between being seen as too feminine to be competent or too masculine to be likable. (6) the maternal wall: By far the most damaging form of gender bias is triggered by motherhood. (7) tug of war: Sometimes gender bias against women has's conflict among women.	social isolation	data driven report
35123879	Co-Siring Black in the Ivory Tower	Africa Armstrong, Jeremy Jones, Nikki Traylor-Rowles, Jazel Cynthia Jacobs, Christina Tatum	Cell	2020	Black perspective	social isolation	editorial summary
30161061	The Labor of Representation	Aliyah Tetrel, BA	JAMA	2018	LGBTQ+ perspective	social isolation	editorial summary
30616981	The Unicorn	Olivia Mgbako, MD	JAMA	2019	Black perspective	social isolation	editorial summary
	Why Black Academic Star me are leaving faculty positions in academic medical centers	Lolita Blackstone	TCM	2020	Black perspective	social isolation	editorial summary
	White employees see themselves as allies but Black women and Latinas disagree			2020	Focus findings are from an online poll conducted by Leanin.Org and SurveyMonkey between June 19, 2020, and June 25, 2020. Our sample consists of approximately 7,000 U.S. adults ages 18 and over. Unless otherwise noted, the findings reflect responses from people who were either employed or temporarily/furloughed at the time of the survey.	social isolation	data driven
35887916	The experience of minority faculty who are underrepresented in medicine, or UR representative U.S. medical schools	Linda H Pololi, Arthur T Evans, Brian K Gibbs, Edward Frankel, Robert T Brennan, Janet T Civian	Acad Med	2022	Purpose: A diverse medical school faculty is critical to preparing physicians to provide quality care to an increasingly diverse nation. The authors sought to compare experiences of underrepresented in medicine minority (URMM) faculty with those of non-URMM faculty in a nationally representative sample of medical schools. Method: In 2007-2009, the authors surveyed a stratified random sample of 1,570 full, and PhD full-time faculty from 26 U.S. medical schools. Multiple regression models were used to test for differences between URMM and other faculty on 12 dimensions of academic culture. Weights were used to adjust for oversampling of URMM and female faculty. Results: The response rate was 52%, or 1,584 faculty. The analytic sample was 1,268 faculty: 152 (12%) were URMM, and 1,172 (92%) were female, mean age 49 years. Compared with non-URMM faculty, URMM faculty endorsed higher leadership aspirations but reported lower perceptions of relationship/inclusion, gear their institutions lower scores on URMM-specific and institutional efforts to promote diversity, and more frequently experienced bias/discrimination. Compared with non-URMM faculty, URMM faculty reported more discrimination, fewer with secure alignment and institutional change for diversity. URMM faculty at two institutions with high proportions (over 50%) of URMM faculty rated these characteristics significantly higher than their counterparts at traditional institutions. Conclusions: Encouragingly, for most aspects of academic medicine, the experiences of URMM and non-URMM faculty are similar, but the differences raise important concerns. The combination of higher leadership aspirations with lower feelings of inclusion and relationships might lead to disengagement with academic medicine.	social isolation other contributions	data driven
20697960	Race, disadvantage and faculty experiences in academic medicine	Linda Pololi, Lisa A Cooper, Phyllis Carr	Clin Transl Med	2010	Background: Despite compelling reasons to draw on the contributions of under-represented minority (URM) faculty members, US medical schools lack these faculty, particularly in leadership and senior roles. Objective: The study's purpose was to document URM faculty perceptions and experiences of the culture of academic medicine in the US and to raise awareness of obstacles to achieving the goal of having people of color in positions of leadership in academic medicine. Design: The authors conducted a qualitative interview study in 2006-2007 of faculty in five US medical schools chosen for their diverse regional and organizational attributes. Participants: Using purposeful sampling of medical faculty, 96 faculty were interviewed from four different career stages (early, advanced, leaders and left academic medicine) and diverse specialties with an oversampling of URM faculty. Approach: We identified patterns and themes emergent in the coded data. Analysis was inductive and data driven. Results: Predominant themes underscored during analyses regarding the experience of URM faculty were: difficulty of cross-cultural relationships, isolation and feeling invisible, lack of mentoring, role models and social capital, disrespect, overt and covert bias/discrimination, different performance expectations related to racial/ethnicity, devaluing of research on community health care and health disparities, the unfair burden of being identified with affirmative action and responsibility for diversity efforts, leadership's role in diversity goals, and financial hardship. Conclusions: Achieving an inclusive culture for diverse medical school faculty would help meet the mission of academic medicine to train a physician and research workforce that meets the disparate needs of our multicultural society. Medical school leaders need to raise the inclusion of URM faculty. Failure to fully engage the skills and insights of URM faculty impacts our ability to provide the best science, education or medical care.	social isolation other contributions	data driven
21452054	Professional Challenges of Non-U.S.-Born International Medical Graduates and Recommendations for Support During Residency Training	Dr. Peggy Duze, Dr. Chris, MD, psychiatrist Tellow, Dr. Leticia Ann Gary, PhD, research scientist, Dr. Susannah Fox, Medical Director, Dr. Kathleen Lawrence, Dr. Kathleen Mazzarella, Dr. Susan Krug, PhD, clinical psychologist, Dr. Bengisel Ozan, MD, assistant professor, and Dr. Meredith Nevan Smith, MD, assistant professor	Acad Med	2011	Purpose Despite a long history of international medical graduates (IMGs) coming to the United States for residencies, little research has been done on the challenges IMGs face, which may disrupt patient care and IMG training. Acknowledge heuristics. The author interviewed a diverse group of IMGs to identify challenges that might be cured by targeted interventions provided within the context of residency training. Method In a qualitative study conducted between March 2008 and April 2008, the authors contacted 27 non-U.S.-born IMGs with the goal of conducting qualitative interviews with a purposeful sample. The authors conducted in-person, in-depth interviews using a standardized interview guide with potential probes. All participants were primary care practitioners. In New York, New Jersey, or Connecticut. Results A total of 25 IMGs (70%) participated. Interviews and subsequent analysis produced four themes that highlight challenges faced by IMGs: (1) Respondents most simultaneously navigated dual learning curves as immigrants and as students, (2) IMGs, have trouble fitting and isolation in the workplace, (3) IMGs' migration has personal and global costs, and (4) IMGs have specific needs as they prepare to complete their residency training. The authors used these themes to inform recommendations to residency directors who train IMGs. Conclusions Residency is a period in which backgrounds of professional identity and behavior are established. IMGs are a significant and growing part of the workforce. Understanding particular challenges faced by this group can inform efforts to strengthen support for them during postgraduate training.	social isolation	data driven
30028867	The Pivotal Role of the International Medical Graduate	Rama Chaitoskey, Mateen H Rothman, Bernard P Doyle, Fernando Sierra	Pediatrics	2019		social isolation	editorial summary
30026432	International Medical Graduates in the Pediatric Workforce in the United States	Mateen J Kuzniewicz, Margaritee E Garcia, John B Bauchner	Pediatrics	2020	BACKGROUND AND OBJECTIVES: To describe the supply, distribution, and characteristics of international medical graduates (IMGs) in pediatrics who provide pediatrics care in the United States. METHODS: Cross-sectional study combining data from the 2018 Physician Masterfile of the American Medical Association and the Educational Commission for Foreign Medical Graduates database. RESULTS: In 2018, there were 1 000 pediatrics IMGs, representing 15% of all pediatrics practitioners. Pediatrics IMGs practice in all 50 states and jurisdictions. IMGs account for 23.3% of all general pediatricians and pediatrics subspecialists. Of all IMGs in pediatrics, 35.1% or 479 are US citizens who obtained their medical degree outside the United States or Canada, and 35.8% (1246) attended medical school in the United States. Of US citizen IMGs in pediatrics, 61.3% (294) attended medical school in the Caribbean, Mexico, or Central America. IMGs are less likely work in group practice or hospital-based practice and are more likely to be employed in sole practice (compared with US medical school graduates). CONCLUSIONS: With this study, we provide an overview of the pediatric workforce including contributions of IMGs. Nearly 40% of US-born, who attend medical school abroad and return to the United States to complete their residency training. Nearly 40% of US-born who attend medical school abroad and return to the United States to complete their residency training. Increasing the number of residency training positions, could alleviate future numbers of IMGs entering the United States. Longitudinal studies are needed to better understand the implications that workforce composition and distribution may have for the care of pediatric patients.	social isolation	data driven
32766436	The Americanize Twelfth: An Orientation for Pediatric International Medical Graduates Transitioning to the United States Medical System	Cynthia Kate, Michelle Barnes, Amanda Duke, Ingrid Walker-Descartes	Cureus 12(7):e9455	2020	Introduction: International medical graduates (IMGs) conveniently contribute to the US physician workforce. In fact, 25% of practicing pediatricians in the US are IMGs, highlighting the needs of IMG trainees. IMGs face unique challenges with acculturation compared to US medical graduates (USMGs) and need a formal orientation system, especially the diplomas around patient-centered care. The literature suggests the need for formal acculturation curricula. Methods: A cohort of program directors who train pediatric IMGs sought findings from the literature with local themes from IMG focus groups to identify topics for an acculturation curriculum. Three small group workshops, self-led didactics, discussions, and exercises to cover topics related to patient-centered care, challenging communication with patients, complex psychosocial histories, and mental illnesses. The pilot was modified based on feedback and to enhance general usability. The resulting four-module curriculum with presentations and supplemental materials is presented here. Results: After a 5-year pilot with 30 PGY-1 trainees, postconstruction survey reported 6.5 out of 10 in workshop satisfaction, plus increased knowledge and skills related to patient-centered care and communication with patients. Role plays were the favorite activity. Faculty members who survey reported the workshops to be influential on satisfaction with patient relationships and assuring transition to residency. Discussion: A pilot acculturation curriculum addressing needs of pediatric IMG trainees was well received by participants and improved their comfort level in addressing challenging patient communication scenarios. Pediatric programs that train IMGs, are nonpeople this curriculum to and enrollment transition to clinical medicine in the US.	social isolation	program evaluation
34985728	Advancing Equity in Academic Medicine Through Holistic Review for Faculty Recruitment and Retention	Dr. Blackley Harris, Regan R Jacobs, Chantel T Fuqua, Jeffrey M Lyness, Patrick D Smith, Jeanne J Ayl-Hunter, Lawrence E Biggins, Alice D Weiner	Acad Med	2021	The Association of American Medical Colleges (AAMC) in 2007 developed the Holistic Review Framework for medical school admissions to enhance the diversity of students. The AAMC subsequently in 2009 adapted the framework for faculty recruitment and retention, mainly during the screening, interview, and selection processes. Faculty recruitment provides its own set of challenges, and there is persistent underproportionation of certain racial and ethnic minority groups and women in faculty and leadership positions in U.S. academic health centers (AHCs). In 2019, the AAMC initiated a pilot program to adapt and implement the framework for use in faculty recruitment at AHCs. In this commentary, the authors describe the pilot implementation of the Holistic Review Framework for faculty recruitment and retention, including the rationale for the pilot, the process of developing the pilot, and the challenges of implementation was impacted by the COVID-19 pandemic and social justice movement. Pilot institutions encountered hiring freezes, reductions in funding, and restrictions on in-person meetings due to COVID-19 that resulted in both barriers and opportunities to implement the Holistic Review Framework. Nevertheless, the pilot institutions were able to make significant progress in the implementation of faculty holistic review at the majority of pilot institutions. Common themes from the pilot faculty experiences included the importance of authoring "keys to" having a dedicated implementation team, and being explicit about core values. Other themes included the importance of a shared vision, the need for flexibility in implementation, and the challenges of metrics and mission areas. The authors hope that this commentary will inspire others to be inspired to implement and implementing the Holistic Review Framework. The pilot institutions will continue to share best practices, lack successes, implementation capacity building, and development of strategies to assist other institutions and health care communities with their endeavors to recruit and retain diverse faculty.	social isolation	commentary