PMID	TITLE	AUTHORS	JOURNAL/BOOK	PUBLICATION YEAR	SUMMARY	CATEGORY	TYPE
28987244	Implicit Bias in Pediatric Academic Medicine	Tiffani J. Johnson, M.D.	J Natl Med Assoc.	2017	Little research exists regarding unconscious racial attitudes among pediatric faculty responsible for decisions on workforce recruitment and retention in academia. This study sought to describe levels of unconscious racial bias and perceived barriers to minority recruitment and retention among academic pediatric faculty leaders. Unconscious pro-white/anti-black racial bias was identified in this sample of academic pediatric faculty and leaders. Further research is needed to examine how unconscious bias impacts decisions in academic pediatric workforce recruitment. Addressing unconscious bias and perceived barriers to minority recruitment and retention represent opportunities to improve diversity efforts.	other contributions search committee composition, implicit bais training, policies	data driven
31315903	Does Gender Bias Still Affect Women in Science?	Rachel L. Ropera	Microbiol Mol Biol	2019	The percentage of women employed in professional scientific positions has been low but is increasing over time. The U.S. National Institutes of Health and the National Science Foundation have both implemented programs to improve women's participation in science, and many universities and companies have diversity and equity programs. While most faculty and scientists believe that they are fair and unbiased, numerous well-designed studies published in leading peer-reviewed journals show that gender bias in sciences and medicine is widespread and persistent today in both faculty and students. Recent studies show that gender bias affects student grading, professional hiring, mentoring, tenure, promotion, respect, grant proposal success, and pay. In addition, sexual harassment remains a significant barrier. Fortunately, several studies provide evidence that programs that raise conscious awareness of gender bias can improve equity in science, and there are a number of recommendations and strategies for improving the participation of women.	search committee composition, implicit bais training policies other contributions distribution of institutional resources	review article
24214416	Are Researcher Development Interventions, Alone or in Any combination, Effective in Improving Researcher Behavior? A Systematic Review	Paul E Mazmanian, Antoinette B Coe, Jessica A Evans, Daniel R Longo, Barbara A Wright	Eval Health Prof.	2014	Academic institutions funded by the Clinical and Translational Science Awards (CTSA) Program of the National Institutes of Health were challenged recently by the Institute of Medicine to expand traditional mentoring of graduate and postdoctoral scholars to include training and continuing education for faculty, professional staff, and community partners. A systematic review was conducted to determine whether researcher development interventions, alone or in any combination, are effective in improving researcher behavior. PubMed, CINAHL, and Education Research Complete databases and select journals were searched for relevant articles published from January 2000 through October 2012. A total of 3,459 papers were identified, and 114 papers were retrieved for in-depth analysis. None included randomization. Twenty-two papers reported subjects with professional degrees, interventions, and outcomes. Interventions were meetings, outreach visits, colleague mediation, audit and feedback, and multifaceted interventions. Most studies reported multifaceted interventions (68.2%), often involving mentored learning experiences, and meetings. All studies reported a change in performance, including numbers of publications or grant applications. Nine studies reported changes in competence, including writing, presentation, or analytic skills, and performance in research practice (40.9%). Even as, the quality of evidence was weak to establish causal linkages between researcher development and improved researcher behavior, nearly all the projects (81.8%) received funding from governmental agencies, professional societies, or other organizations. Those who design researcher development activities and those who evaluate the programs are challenged to develop tools and conduct studies that measure the effectiveness, costs, and sustainability of researcher development in the CTSA Program.	search committee composition, implicit bais training, policies	review article
31464349	Beyond the cultural myth of medical meritocracy	Saleem Razack, Torsten Riopr, Brian Hodges, Yvonne Steinert	Med Educ.	2020	Background: We examine the cultural myth of the medical meritocracy, whereby the "best and the brightest" are admitted and promoted within the profession. We explore how this narrative guides medical practice in ways that may no longer be adequate in the contexts of practice today. Methods: Narrative analysis of medical students' and physicians' stories. Results: Hierarchies of privilege within medicine are linked to meritocracy and the trope of the "hero's story" in literature. Gender and other forms of difference are generally excluded from narratives of excellence, which suggests operative mechanisms that may be contributory to observed differences in attainment. We discuss how the notion of diversity is formulated in medicine as a "problem" to be accommodated within merit, and posit that medical practice today requires a reformulation of the notion of merit in medicine, valorising a diversity of life experience and skills, rather than "retrofitting" diversity concerns as problems to be accommodated within current constructs of merit. Conclusions: Three main action-oriented outcomes for a better formulation of merit relevant to medical practice today are suggested: (a) development of assessors' critical consciousness regarding the structural issues in merit assignment; (b) alignment of merit criteria with relevant societal outcomes, and (c) developing inclusive leadership to accommodate the greater diversity of excellence needed in today's context of medical practice. A reformulation of the stories through which medical practitioners and educators communicate and validate aspects of medical practice will be required in order for the profession to continue to have relevance to the diverse societies it serves.	other contributions search committee composition, implicit bais training, policies	data driven
	Rising Above Cognitive Errors-Improving Searches, Evaluations and Decision-Making	Moody JoAnn		2010		search committee composition, implicit bais training, policies	book
	Faculty Development & Diversity. Best Practices for Conducting Faculty Searches	Harvard University, Office of the Senior Vice Provost			This brief and accessible guide highlights key points for Harvard faculty to consider throughout the search process, including helpful tactics to use and potential pitfalls to avoid in the routines used here and in most universities. In preparing this guide, we have drawn on extensive social science research, as well as the practical wisdom of many colleagues at Harvard and elsewhere, gleaned from articles, books, and conversations. A foundational document for us, as for many institutions working to diversify their faculties, was Searching for Excellence & Diversity: A Guide for Search Committees, by Eve Fine and Jo Handelsman, first published in 2005 (Women in Science and Engineering Leadership Institute (WISELI), University of Wisconsin, rev. ed., 2012). We recommend the WISELI guide as a comprehensive source that delves into the published research on aspects of the search process in great detail	search committee composition, implicit bais training, policies	guide
31548337	Women in Pediatrics: Progress, Barriers, and Opportunities for Equity, Diversity, and Inclusion	Nancy D Spector, Philomena A Asante, Jasmine R Marcelin, Julie A Poorman, Allison R Larson, Arghavan Salles, Amy S Oxentenko, Julie K Silver	Pediatrics	2019	Gender bias and discrimination have profound and far-reaching effects on the health care workforce, delivery of patient care, and advancement of science and are antithetical to the principles of professionalism. In the quest for gender equity, medicine, with its abundance of highly-educated and qualified women, should be leading the way. The sheer number of women who comprise the majority of pediatricians in the United States suggests this specialty has a unique opportunity to stand out as progressively equitable. Indeed, there has been much progress to celebrate for women in medicine and pediatrics. However, many challenges remain, and there are areas in which progress is too slow, stalled, or even regressing. The fair treatment of women pediatricians will require enhanced and simultaneous commitment from leaders in 4 key gatekeeper groups: academic medical centers, hospitals, health care organizations, and practices; medical societies; journals; and funding agencies. In this report, we describe the 6-step equity, diversity, and inclusion cycle, which provides a strategic methodology to (1) examine equity, diversity, and inclusion data; (2) share results with stakeholders; (3) investigate causality; (4) implement strategic interventions; (5) track outcomes and adjust strategies; and (6) disseminate results. Next steps include the enforcement of a climate of transparency and accountability, with leaders prioritizing and financially supporting workforce gender equity. This scientific and data-driven approach will accelerate progress and help pave a pathway to better health care and science.	search committee composition, implicit bais training, policies	program evaluation
31609672	Strategies to improve equity in faculty hiring	Needhi Bhalla	Mol Biol Cell.	2019	Through targeted recruitment and interventions to support their success during training, the fraction of trainees (graduate students and postdoctoral fellows) in academic science from historically underrepresented groups has steadily increased. However, this trend has not translated to a concomitant increase in the number of faculty from these underrepresented groups. Here, I focus on proven strategies that departments and research institutions can develop to increase equity in faculty hiring and promotion to address the lack of racial and gender diversity among their faculty.	search committee composition, implicit bais training, policies	program evaluation
30024471	Advancing Holistic Review for Faculty Recruitment and Advancement	Toi Blakley Harris, William A Thomson, Nancy P Moreno, Sarah Conrad, S Elizabeth White, Geoffrey H Young, Erik D Malmberg, Bonnie Weisman, Alicia D H Monroe	Acad Med.	2018	Problem: The challenges to developing a physician and scientific workforce that both reflects and provides quality care for the complex and richly diverse population of the United States are considerable. Approach: One medical school (Baylor College of Medicine) sought to adapt the Holistic Review in Admissions process developed by the Association of American Medical Colleges and apply it to faculty. In the fall of 2016, academic leaders received on-site training and completed several workshop exercises. The goal was for the leaders to build consensus around a holistic review framework for hiring and advancing faculty that is based on the institution's mission, vision, and values. Outcomes: This training occurred during Baylor's ongoing strategic planning and helped inform improvements in the faculty recruitment and hiring process, in the guidelines for faculty appointment and promotion, and in the pilot of an administrative leadership candidate rating tool, the "experiences attributes-academic metrics model." The model that developed from the pilot translates the holistic review concept into a tool for identifying, hiring, and promoting faculty members and administrative leaders that is aligned to the values of Baylor. The utility of this framework lies in the clear delineation of metrics and qualifications along with the prioritization of attributes and experiences. Next steps: This innovation is being piloted and evaluated to determine its effect on advancing the institutional mission of Baylor.	search committee composition, implicit bais training, policies	program evaluation
25502149	Where are the rest of us? Improving representation of minority faculty in academic medicine	José E Rodríguez, Kendall M Campbell, Roxann W Mouratidis	South Med J.	2014	Objectives: Low numbers of underrepresented minority faculty members in academic medicine (black, Hispanic, Asian/Pacific Islander, Native American/Alaskan) continue to be a concern for medical schools because there is higher attrition and talent loss among this group. Although much has been written on this topic, there has not been a systematic review of the indexed literature published. Methods: We searched MEDLINE, Web of Knowledge, ProQuest, and Google Scholar for articles relating to minority faculty and identified relevant articles. We then graded the evidence using the Strength of Recommendation Taxonomy. The same criteria were applied to extract evidence-based observations of challenges faced by minority faculty and provide recommendations. Results: Of the 548 studies identified and reviewed, 15 met inclusion criteria for this literature review. Of the 15, 9 were cross-sectional studies and 6 were analyses of existing Association of American Medical Colleges workforce data. The cross-sectional studies documented perceived bias in the recruitment of faculty, quantified the lack of minority mentors, and revealed that black and Hispanic faculty members are more prevalent in states with higher minority populations. Studies using the Association of American Medical College workforce data also documented evidence of promotion bias, the lack of diversity in academic plastic surgery, and the lack of minority researchers funded by the National Cancer Institute. Conclusions: This systematic review provides evidence that racism, promotion disparities, funding disparities, lack of mentorship, and diversity pressures exist and affect minority faculty in academic medicine. Based on these observed challenges, this review also provides specific recommendations that could improve representation of minority faculty members in academic medicine. These recommendations include implementing proven pipeline programs to increase the number of minority medical students, a systemwide adoption of proven culture change initiatives, reexamination of assignments to ensure equitable time distribution, and a reduction of medical school debt.	search committee composition, implicit bais training, policies	review
31566010	An Institutional Approach to Fostering Inclusion and Addressing Racial Bias: Implications for Diversity in Academic Medicine	Tomas Diaz, J Renee Navarro, Esther H Chen	Taylor & Francis	2019	Issue: While an increasingly diverse workforce of clinicians, researchers, and educators will be needed to address the nation's future healthcare challenges, underrepresented in medicine (UIM) perspectives remain relatively absent from academic medicine. Evidence: Prior studies have identified differential experiences within the learning environment, lack of social supports, and implicit bias in evaluations as barriers to the academic interests and successes of UIM learners. The UCSF Differences Matter initiative has shown that interventions focused on recruiting diverse academic faculty, building strong social communities, facilitating cross-cultural communication and understanding, and mitigating disparities in summative assessments can positively affect the educational experience for UIM learners and contribute to their academic success. Implications: Institution-level initiatives are needed to foster a culture of inclusion, teach cultural humility, and build a culture of trust within academic medicine. Such initiatives should aim to teach a common language to discuss diversity issues and place the responsibility of fostering inclusion on all members of the academic community. Our own institutional experience with systemic cultural reform challenges others to develop novel approaches toward fostering inclusion in academic medicine.	search committee composition, implicit bais training, policies	program evaluation
2695507	Now Hiring! Empirically Testing a Three-Step Intervention to Increase Faculty Gender Diversity in STEM	Jessi L Smith, Ian M Handley, Alexander V Zale, Sara Rushing, Martha A Potvin	Bioscience	2015	Workforce homogeneity limits creativity, discovery, and job satisfaction; nonetheless, the vast majority of university faculty in science, technology, engineering, and mathematics (STEM) fields are men. We conducted a randomized and controlled three-step faculty search intervention based in self-determination theory aimed at increasing the number of women faculty in STEM at one US university where increasing diversity had historically proved elusive. Results show that the numbers of women candidates considered for and offered tenure-track positions were significantly higher in the intervention groups compared with those in controls. Searches in the intervention were 6.3 times more likely to make an offer to a woman candidate, and women who were made an offer were 5.8 times more likely to accept the offer from an intervention search. Although the focus was on increasing women faculty within STEM, the intervention can be adapted to other scientific and academic communities to advance diversity along any dimension.	search committee composition, implicit bais training, policies	data driven/program evaluation
18728439	Supporting the academic mission in an era of constrained resources: approaches at the University of Arizona College of Medicine	Keith A Joiner, Ann Libecap, Anne E Cress, Steve Wormsley, Patricia St Germain, Robert Berg, Philip Malan	Acad Med.	2008	The authors describe initiatives at the University of Arizona College of Medicine to markedly expand faculty, build research along programmatic lines, and promote a new, highly integrated medical school curriculum. Accomplishing these goals in this era of declining resources is challenging. The authors describe their approaches and outcomes to date, derived from a solid theoretical framework in the management literature, to (1) support research faculty recruitment, emphasizing return on investment, by using net present value to guide formulation of recruitment packages, (2) stimulate efficiency and growth through incentive plans, by using utility theory to optimize incentive plan design, (3) distribute resources to support programmatic growth, by allocating research space and recruitment dollars to maximize joint hires between units with shared interests, and (4) distribute resources from central administration to encourage medical student teaching, by aligning state dollars to support a new integrated organ-system based-curriculum. Detailed measurement is followed by application of management principles, including mathematical modeling, to make projections based on the data collected. Although each of the initiatives was developed separately, they are linked functionally and financially, and they are predicated on explicitly identifying opportunity costs for all major decisions, to achieve efficiencies while supporting growth. The overall intent is to align institutional goals in education, research, and clinical care with incentives for unit heads and individual faculty to achieve those goals, and to create a clear line of sight between expectations and rewards. Implementation is occurring in a hypothesis-driven fashion, permitting testing and refinement of the strategies.	distribution of space search committee composition, implicit bais training, policies distribution of institutional resources	program evaluation

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19116472	A Simple Model to Optimize ResourceAllocations When Expanding the FacultyResearch Base: A Case Study	Keith A. Joiner, MD, MPH	Acad Med	2009	Construction of new biomedical researchfacilities has outpaced the fundingsources for faculty to occupy thosefacilities. This puts a premium on theefficient allocation of central resourcesfor faculty recruitment. The authordeveloped a mathematical model todetermine the optimal structure (dollars,space) for allocating resource packageswhen recruiting new faculty, based onexpected financial returns from thosefaculty. Surprisingly, the optimal strategywas to allocate homogeneousrecruitment packages, independent ofthe recruited faculty member's rank orthe individual's expected revenuegeneration. Optimization results wereused to allocate recruitment packages tonew department head and center directorsin the University of Arizona College ofMedicine during the last four years (2005–2008). At any institution that uses thismodel, appropriate distribution of facilitiesand administrative revenues at theinstitution is needed to equitably balancethe costs and benefits associated withfaculty expansion.	distribution of space salary expectations	data driven
	CHERI Survey of Start-Up Costs and Laboratory Allocation Rules	Cornell Higher Education Research Institute	Cornell Higher Education Research Institute	2002	During the late spring of 2002, the Cornell Higher Education Research Institute (CHERI) conducted a survey on start-up costs and laboratory allocation rules at research and doctorate universities in the United States. CHERI has plans to sponsor a conference at Cornell in May 2003 on the implications of the growing importance of scientific research for universities.[1] This survey provided background information on two important aspects of universities' costs of scientific research, namely the start-up costs that the institutions incur for new faculty at both the junior and senior levels and the laboratory space allocation rules that the institutions follow. The latter are particularly important as many scientists and engineers are approaching ages when they might consider retiring and the promise of being able to "keep" their labs after retirement may be a powerful tool to encourage them to retire. Such promises, however, may also prove to be extremely costly for universities.	distribution of space distribution of institutional resources	data driven
2913798	Allocating research space in the university medical center: use of a mathematical formula	S S Solomon, S C Tom	Am J Med Sci.	1989	Allocation of research space often is one of the most emotional and contentious issues facing a university medical center. With decreasing dollars available for building new research laboratories in medical schools, the assignment of laboratory space to basic science and clinical departments presents a difficult problem for deans, chairmen, and faculty. In this article, the authors outline a formula in which net square feet of traditional research space (ie, wet-bench laboratories) may be allocated on the basis of research dollars, output of manuscripts and abstracts averaged over 3 years, and the number of personnel who will use the space. Caution is urged for arbitrarily applying a space formula when it does not apply, ie, nontraditional research, and when insufficient consideration has been given to the individual case. The formula is most useful when applied within a specific institution and primarily for comparative purposes. Nonetheless, once the formula is established, it provides an objective mechanism by which the need for space and the relative merits of space assignments within a department or among departments can be more effectively determined and managed.	distribution of space	data driven
9192591	Assessing facility and space resources in an academic health science center: a process that works	R P Maurer Jr, D M Shaw	Best Pract Benchmarking Healthc.	1996	Background: The authors served as external consultants to an academic health science center in the eastern United States to identify current and future space needs in response to reported deficiencies, especially in the medical school. This work established a framework to identify, prioritize, and plan future facility and space improvement projects. Methods: The authors used several methods to quantify and profile current space needs and future space requirements, including data and plan reviews, surveys and questionnaires, and on-site facility tours and inspections. Most important, the consultants brought their collective experience as well as their proprietary planning database and guidelines to formulate findings and develop practical recommendations. Results: The engagement substantiated faculty's concerns and perceptions that additional space was necessary for many existing programs, especially the medical school. However, specific space needs, by department or program, frequently differed from faculty's perceived needs as well as those of the university administration. Conclusions: Several important conclusions dealt with the client's need to develop and formalize the space planning and management process. Appropriate guidelines for space planning purposes for this academic health science center also were identified as were the "next steps" to build on this successful study.	distribution of space	data driven
18316864	A comprehensive space management model for facilitating programmatic research	Ann Libecap, Steven Wormsley, Anne Cress, Mary Matthews, Angie Souza, Keith A Joiner	Acad Med.	2008	In FY04, the authors developed and implemented models to manage existing and incremental research space, and to facilitate programmatic research, at the University of Arizona College of Medicine. Benchmarks were set for recovery of total sponsored research dollars and for facilities and administrative (F&A) dollars/net square foot (nsf) of space, based on college-wide metrics. Benchmarks were applied to units (departments, centers), rather than to individual faculty. Performance relative to the benchmark was assessed using three-year moving averages, and applied to existing blocks of space. Space was recaptured or allocated, in all cases to programmatic themes, using uniform policies. F&A revenues were returned on the basis of performance relative to a benchmark. During the first two years after implementation of the model (FY05 and FY06), and for the 24 units occupying research space, median total sponsored research revenue/nsf increased from $393.96 to $474.46 (20.4%), and median F&A revenue/nsf increased from $57.42 to $91.86 (60.0%). These large increases in median values are driven primarily from redistribution and recapturing of space. Recruiting policies for unit heads were developed to facilitate joint hires among units. In combination, these policies created a comprehensive space management model for facilitating programmatic research. Although challenges remain in implementing the programmatic recruitment strategy, and selected modifications to the original policy were introduced later (e.g., research space for newly recruited junior faculty is now exempted from calculations for three years), overall, the models have created a climate of transparency that is now accepted and that allows efficient and equitable management of research space.	distribution of space	data driven/program evaluation
18728439	Supporting the academic mission in an era of constrained resources: approaches at the University of Arizona College of Medicine	Keith A Joiner, Ann Libecap, Anne E Cress, Steve Wormsley, Patricia St Germain, Robert Berg, Philip Malan	Acad Med.	2008	The authors describe initiatives at the University of Arizona College of Medicine to markedly expand faculty, build research along programmatic lines, and promote a new, highly integrated medical school curriculum. Accomplishing these goals in this era of declining resources is challenging. The authors describe their approaches and outcomes to date, derived from a solid theoretical framework in the management literature, to (1) support research faculty recruitment, emphasizing return on investment, by using net present value to guide formulation of recruitment packages, (2) stimulate efficiency and growth through incentive plans, by using utility theory to optimize incentive plan design, (3) distribute resources to support programmatic growth, by allocating research space and recruitment dollars to maximize joint hires between units with shared interests, and (4) distribute resources from central administration to encourage medical student teaching, by aligning state dollars to support a new integrated organ-system based-curriculum. Detailed measurement is followed by application of management principles, including mathematical modeling, to make projections based on the data collected. Although each of the initiatives was developed separately, they are linked functionally and financially, and they are predicated on explicitly identifying opportunity costs for all major decisions, to achieve efficiencies while supporting growth. The overall intent is to align institutional goals in education, research, and clinical care with incentives for unit heads and individual faculty to achieve those goals, and to create a clear line of sight between expectations and rewards. Implementation is occurring in a hypothesis-driven fashion, permitting testing and refinement of the strategies.	distribution of space search committee composition, implicit bais training, policies distribution of institutional resources	program evaluation

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25112462	Gender Differences in Resources and Negotiation Among Highly Motivated Physician-Scientists	Emma Holliday	J Gen Intern Med	2014	Many career development award recipients report resource needs and negotiate for increased resources. Gender differences in perceived access to research support personnel exist even in this select cohort of K awardees. Institutions should provide appropriate training in negotiation and ensure adequate and equitable distribution of resources to promote academic success.	distribution of institutional resources	data driven
23702518	Mentoring Programs for Physicians in Academic Medicine: A Systematic Review	Deanne T. Kashiwagi	Acad Med	2013	The authors reviewed mentoring programs for physicians and aimed to identify key components that contribute to these programs' success. The authors identified seven potential components of a formal mentoring program: mentor preparation, planning committees, mentor–mentee contracts, mentor–mentee pairing, mentoring activities, formal curricula, and program funding.	distribution of institutional resources other contributions	review article
31315903	Does Gender Bias Still Affect Women in Science?	Rachel L. Ropera	Microbiol Mol Biol	2019	The percentage of women employed in professional scientific positions has been low but is increasing over time. The U.S. National Institutes of Health and the National Science Foundation have both implemented programs to improve women's participation in science, and many universities and companies have diversity and equity programs. While most faculty and scientists believe that they are fair and unbiased, numerous well-designed studies published in leading peer-reviewed journals show that gender bias in sciences and medicine is widespread and persistent today in both faculty and students. Recent studies show that gender bias affects student grading, professional hiring, mentoring, tenure, promotion, respect, grant proposal success, and pay. In addition, sexual harassment remains a significant barrier. Fortunately, several studies provide evidence that programs that raise conscious awareness of gender bias can improve equity in science, and there are a number of recommendations and strategies for improving the participation of women.	search committee composition, implicit bais training policies other contributions distribution of institutional resources	review article
29384751	Gender Differences in Academic Medicine: Retention, Rank, and Leadership Comparisons From the National Faculty Survey	Phyllis L. Carr, MD,	Acad Med	2019	Prior studies have found that women in academic medicine do not advance or remain in their careers in parity with men. The authors examined a national cohort of faculty from the 1995 National Faculty Survey to identify predictors of advancement, retention, and leadership for women faculty.	distribution of institutional resources other contributions	review article
31548337	Women in Pediatrics: Progress, Barriers, and Opportunities for Equity, Diversity, and Inclusion	Nancy D. Spector	Pediatrics	2019	The fair treatment of women pediatricians will require enhanced and simultaneous commitment from leaders in 4 key gatekeeper groups: academic medical centers, hospitals, health care organizations, and practices; medical societies; journals; and funding agencies. In this report, we describe the 6-step equity, diversity, and inclusion cycle, which provides a strategic methodology to (1) examine equity, diversity, and inclusion data; (2) share results with stakeholders; (3) investigate causality; (4) implement strategic interventions; (5) track outcomes and adjust strategies; and (6) disseminate results. Next steps include the enforcement of a climate of transparency and accountability, with leaders prioritizing and financially supporting workforce gender equity. This scientific and data-driven approach will accelerate progress and help pave a pathway to better health care and science.	salary expectations expectations of external funded time distribution of institutional resources	program evaluation
	CHERI Survey of Start-Up Costs and Laboratory Allocation Rules	Cornell Higher Education Research Institute	Cornell Higher Education Research Institute	2002	During the late spring of 2002, the Cornell Higher Education Research Institute (CHERI) conducted a survey on start-up costs and laboratory allocation rules at research and doctorate universities in the United States. CHERI has plans to sponsor a conference at Cornell in May 2003 on the implications of the growing importance of scientific research for universities.[1] This survey provided background information on two important aspects of universities' costs of scientific research, namely the start-up costs that the institutions incur for new faculty at both the junior and senior levels and the laboratory space allocation rules that the institutions follow. The latter are particularly important as many scientists and engineers are approaching ages when they might consider retiring and the promise of being able to "keep" their labs after retirement may be a powerful tool to encourage them to retire. Such promises, however, may also prove to be extremely costly for universities.	distribution of space distribution of institutional resources	data driven
31160738	Underrepresented faculty play a disproportionate role in advancing diversity and inclusion	Miguel F Jimenez, Theresa M Laverty, Sara P Bombaci, Kate Wilkins, Drew E Bennett, Liba Pejchar	Nat Ecol Evol.	2019	A diverse and inclusive scientific community is more productive, innovative and impactful, yet ecology and evolutionary biology continues to be dominated by white male faculty. We quantify faculty engagement in activities related to diversity and inclusion and identify factors that either facilitate or hinder participation. Through a nationwide survey, we show that faculty with underrepresented identities disproportionally engage in diversity and inclusion activities, yet such engagement was not considered important for tenure. Faculty perceived time and funding as major limitations, which suggests that institutions should reallocate resources and reconsider how faculty are evaluated to promote shared responsibility in advancing diversity and inclusion.	other contributions distribution of supported research time distribution of institutional resources	data driven
25112462	Gender differences in resources and negotiation among highly motivated physician-scientists	Emma Holliday, Kent A Griffith, Rochelle De Castro, Abigail Stewart, Peter Ubel, Reshma Jagsi	J Gen Intern Med	2015	Background: Resources, including space, equipment, funding, personnel, and protected time, are essential in academic medical careers. Negotiation often plays a key role in the distribution of these resources. Objective: This study explored gender differences in resources, negotiation behaviors, and negotiation outcomes in a sample of career development awardees. Design: Postal survey of a cohort of 1,708 clinician-researchers with responses from 1,275 (75 % response rate). Participants: Researchers who received NIH K08 or K23 awards between 2006 and 2009. Main measures: We analyzed gender differences in resources, negotiation behaviors, and negotiation outcomes, using regression models adjusted for race, K award type, K award year, degree, academic rank, specialty, and institutional funding. Key results: Over one-fifth of respondents reported inadequate access to research space and one-third had asked for increased space or equipment. Perceived adequacy of these physical resources did not differ significantly by gender, but a higher proportion of women reported inadequate access to grants administrators (34.8 %) and statistical support (49.9 %) than men (26.9 %; p = 0.002 and 43.4 %; p = 0.025, respectively). Women were more likely to have asked for reduction in clinical hours (24.1 % vs. 19.3 %; p = 0.02) and to have raised concerns about unfair treatment (50.2 % vs. 38.2 %; p < 0.001). Overall, 42.9 % of women and 35.9 % of men asked for a raise in the two years preceding the survey (p = 0.09), and among those who had asked for increased resources, the likelihood that the request was granted did not differ significantly by gender. Conclusion: Many career development award recipients report resource needs and negotiate for increased resources. Gender differences in perceived access to research support personnel exist even in this select cohort of K awardees. Institutions should provide appropriate training in negotiation and ensure adequate and equitable distribution of resources to promote academic success.	distribution of institutional resources distribution of space distribution of supported research time	data driven
19116472	A simple model to optimize resource allocations when expanding the faculty research base: a case study	Keith A Joiner	Acad Med.	2009	Construction of new biomedical research facilities has outpaced the funding sources for faculty to occupy those facilities. This puts a premium on the efficient allocation of central resources for faculty recruitment. The author developed a mathematical model to determine the optimal structure (dollars, space) for allocating resource packages when recruiting new faculty, based on expected financial returns from those faculty. Surprisingly, the optimal strategy was to allocate homogeneous recruitment packages, independent of the recruited faculty member's rank or the individual's expected revenue generation. Optimization results were used to allocate recruitment packages to new department head and center directors in the University of Arizona College of Medicine during the last four years (2005-2008). At any institution that uses this model, appropriate distribution of facilities and administrative revenues at the institution is needed to equitably balance the costs and benefits associated with faculty expansion.	distribution of institutional resources	data driven
18728439	Supporting the academic mission in an era of constrained resources: approaches at the University of Arizona College of Medicine	Keith A Joiner, Ann Libecap, Anne E Cress, Steve Wormsley, Patricia St Germain, Robert Berg, Philip Malan	Acad Med.	2008	The authors describe initiatives at the University of Arizona College of Medicine to markedly expand faculty, build research along programmatic lines, and promote a new, highly integrated medical school curriculum. Accomplishing these goals in this era of declining resources is challenging. The authors describe their approaches and outcomes to date, derived from a solid theoretical framework in the management literature, to (1) support research faculty recruitment, emphasizing return on investment, by using net present value to guide formulation of recruitment packages, (2) stimulate efficiency and growth through incentive plans, by using utility theory to optimize incentive plan design, (3) distribute resources to support programmatic growth, by allocating research space and recruitment dollars to maximize joint hires between units with shared interests, and (4) distribute resources from central administration to encourage medical student teaching, by aligning state dollars to support a new integrated organ-system based-curriculum. Detailed measurement is followed by application of management principles, including mathematical modeling, to make projections based on the data collected. Although each of the initiatives was developed separately, they are linked functionally and financially, and they are predicated on explicitly identifying opportunity costs for all major decisions, to achieve efficiencies while supporting growth. The overall intent is to align institutional goals in education, research, and clinical care with incentives for unit heads and individual faculty to achieve those goals, and to create a clear line of sight between expectations and rewards. Implementation is occurring in a hypothesis-driven fashion, permitting testing and refinement of the strategies.	distribution of space search committee composition, implicit bais training, policies distribution of institutional resources	program evaluation

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32704594	Changes to the ACGME Common Program Requirements and Their Potential Impact on Emergency Medicine Core Faculty Protected Time	Sarah M Greenberger, John T Finnell 2nd, Bernard P Chang, Nidhi Garg, Shawn M Quinn, Steven Bird, Deborah B Diercks, Christopher I Doty, Fiona E Gallahue, Maria E Moreira, Megan L Ranney, Loren Rives, Chad S Kessler, Bruce Lo, Gillian Schmitz	AEM Educ Train	2020	The Accreditation Council for Graduate Medical Education (ACGME), which regulates residency and fellowshiptraining in the United States, recently revised the minimum standards for all training programs. These standardsare codified and published as the Common Program Requirements. Recent specific revisions, particularlyremoving the requirement ensuring protected time for core faculty, are poised to have a substantial impact onemergency medicine training programs. A group of representatives and relevant stakeholders from nationalemergency medicine (EM) organizations was convened to assess the potential effects of these changes on corefaculty and the training of emergency physicians. We reviewed the literature and results of surveys conducted byEM organizations to examine the role of core faculty protected time. Faculty nonclinical activities contributegreatly to the academic missions of EM training programs. Protected time and reduced clinical hours allow corefaculty to engage in education and research, which are two of the three core pillars of academic EM. Loss of corefaculty protected time is expected to have detrimental impacts on training programs and on EM generally. Weprovide consensus recommendations regarding EM core faculty clinical work hour limitations to maintainprotected time for educational activities and scholarship and preserve the quality of academic EM.	distribution of supported research time	program evaluation
31160738	Underrepresented faculty play a disproportionate role in advancing diversity and inclusion	Miguel F Jimenez, Theresa M Laverty, Sara P Bombaci, Kate Wilkins, Drew E Bennett, Liba Pejchar	Nat Ecol Evol.	2019	A diverse and inclusive scientific community is more productive, innovative and impactful, yet ecology and evolutionary biology continues to be dominated by white male faculty. We quantify faculty engagement in activities related to diversity and inclusion and identify factors that either facilitate or hinder participation. Through a nationwide survey, we show that faculty with underrepresented identities disproportionally engage in diversity and inclusion activities, yet such engagement was not considered important for tenure. Faculty perceived time and funding as major limitations, which suggests that institutions should reallocate resources and reconsider how faculty are evaluated to promote shared responsibility in advancing diversity and inclusion.	other contributions distribution of supported research time distribution of institutional resources	data driven

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23018337	A Culture Conductive to Women's Academic Success: Development of a Measure	Alyssa Friede Westring, Rebecca M Speck, Mary Dupuis Sammel, Patricia Scott, Lucy Wolf Tuton, Jeane 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 constrains current research on the topic. The authors addressed this gap by defining the construct of a culture conducive to women's academic success (CCWAS) and creating a measure (i.e., tool) to evaluate it. Method: First, the authors conducted a review of published literature, held 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 convenience sample of women assistant professors. After refining the measure, they administered it, along with additional scales for validation, to 133 women assistant professors at the University of Pennsylvania. Finally, they conducted statistical analyses to explore the measure's nature and validity. Results: A CCWAS consists of four distinct, but related, dimensions: equal access, 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 units but that substantial differences among units exist. The analyses provided strong evidence for the reliability and validity of their measure. Conclusions: This report contributes to a growing understanding of women's academic medicine careers and provides a measure that researchers can use to assess the supportiveness of the culture for women assistant professors and that leaders can use to evaluate the effectiveness of interventions designed to increase the supportiveness of the environment for women faculty.	social isolation	data driven
24556773	Culture Matters: The Pivotal Role of Culture for Women's Careers in Academic Medicine	Alyssa Friede Westring, PhD, Rebecca M. Speck, PhD, MPH, Mary Dupuis Sammel, ScD, Patricia Scott, Emily F. Conant, MD, Lucy Wolf Tuton, PhD, Stephanie B. Abbuhl, MD, and Jeane Ann Grisso, MD, MSc	Acad Med.	2014	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 133 women assistant professors at the University of Pennsylvania Perelman School of Medicine in 2010. Validated measures of work demands, work-to-family conflict, and a 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 more effectively 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	J Gen Intern 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 experience 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, plateaued, 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 race/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 value the inclusion of URM faculty. Failure to fully engage the skills and insights of URM faculty impairs our ability to provide the best science, education or medical care.	social isolation	data driven
23018337	A Culture Conductive to Women's Academic Success: Development of a Measure	Alyssa Friede Westring, Rebecca M Speck, Mary Dupuis Sammel, Patricia Scott, Lucy Wolf Tuton, Jeane 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 constrains current research on the topic. The authors addressed this gap by defining the construct of a culture conducive to women's academic success (CCWAS) and creating a measure (i.e., tool) to evaluate it. Method: First, the authors conducted a review of published literature, held 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 convenience sample of women assistant professors. After refining the measure, they administered it, along with additional scales for validation, to 133 women assistant professors at the University of Pennsylvania. Finally, they conducted statistical analyses to explore the measure's nature and validity. Results: A CCWAS consists of four distinct, but related, dimensions: equal access, 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 units but that substantial differences among units exist. The analyses provided strong evidence for the reliability and validity of their measure. Conclusions: This report contributes to a growing understanding of women's academic medicine careers and provides a measure that researchers can use to assess the supportiveness of the culture for women assistant professors and that leaders can use to evaluate the effectiveness of interventions designed to increase the supportiveness of the environment for women faculty.	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	Eboni G Price, Aysegul Gozu, David E Kern, Neil R Powe, Gary S Wand, Sherita Golden, Lisa A Cooper	J Gen Intern 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 study 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 3-stage independent review/adjudication process. Results: Study participants included 29 faculty representing 9 clinical departments, 4 career tracks, and 4 ethnic groups. In defining cultural diversity, faculty noted visible (race/ethnicity, foreign-born status, gender) and invisible (religion, sexual orientation) dimensions. They believe visible dimensions provoke bias and cumulative advantages or disadvantages in the workplace. Minority and foreign-born faculty report ethnicity-based disparities in recruitment and subtle manifestations of bias in the promotion process. Minority and majority faculty agree that ethnic differences in prior educational opportunities lead to disparities in exposure to career options, and qualifications for and subsequent recruitment to training programs and faculty positions. Minority faculty also describe structural barriers (poor retention efforts, lack of mentorship) that hinder their success and professional satisfaction after recruitment. To effectively manage the diversity climate, our 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	The present study begins from an extensive review of this literature, which documents four distinct patterns: 1) prove-it-again-Women often have to provide more evidence of competence than men in order to be seen as equally competent, 2) the tightrope-Women often find themselves walking a tightrope between being seen as too feminine to be competent—or too masculine to be likable,3) the maternal wall- By far the most damaging form of gender bias is triggered by motherhood, 4) tug of war- Sometimes gender bias against women fuels conflict among women.	social isolation	data driven report
33125879	On Being Black in the Ivory Tower	Alissa Armstrong, Jeremy Lomax, Nikki Traylor-Knowles, Ascel Samba-Louaka, Christina Towers	Cell	2020	Black perspective	social isolation	editorial summary
30561484	The Labor of Representation	Aliya G. Feroe, BA	JAMA	2018	LGBTQ+ perspective	social isolation	editorial summary
30644986	The Unicorn	Ofole Mgbako, MD	JAMA	2019	Black perspective	social isolation	editorial summary
	Why Black doctors like me are leaving faculty positions in academic medical centers	Uche Blackstock	STAT	2020	Black perspective	social isolation	editorial summary
	White employees see themselves as allies - but Black women and Latinas disagree			2020	These 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 7,400 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
23887015	The experience of minority faculty who are underrepresented in medicine, at 26 representative U.S. medical schools	Linda H Pololi, Arthur T Evans, Brian K Gibbs, Edward Krupat, Robert T Brennan, Janet T Civian	Acad Med.	2013	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 4,578 MD 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 2,381 faculty. The analytic sample was 2,218 faculty: 512 (23%) were URMM, and 1,172 (53%) were female, mean age 49 years. Compared with non-URMM faculty, URMM faculty endorsed higher leadership aspirations but reported lower perceptions of relationships/inclusion, gave their institutions lower scores on URMM equity and institutional efforts to improve diversity, and more frequently engaged in disparities research. Twenty-two percent (115) had experienced racial/ethnic discrimination. For both values 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 discouragement 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	J Gen Intern 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 experience 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, plateaued, 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 race/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 value the inclusion of URM faculty. Failure to fully engage the skills and insights of URM faculty impairs our ability to provide the best science, education or medical care.	social isolation other contributions	data driven
21952056	Professional Challenges of Non-U.S.-Born International Medical Graduates and Recommendations for Support During Residency Training	Dr. Peggy Guey-Chi Chen, MD, postdoctoral fellow, Dr. Leslie Ann Curry, PhD, research scientist, Dr. Susannah May Bernheim, MD, associate director for quality measurement, Dr. David Berg, PhD, clinical professor, Dr. Aysegul Gozu, MD, assistant professor, and Dr. Marcella Nunez-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 to find systematic ways in which residency programs can support IMGs during this vulnerable transition. The authors interviewed a diverse group of IMGs to identify challenges that might be eased by targeted interventions provided within the structure of residency training. Method In a qualitative study conducted between March 2008 and April 2009, 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 (93%) participated. Interviews and subsequent analysis produced four themes that highlight challenges faced by IMGs: (1) Respondents must simultaneously navigate dual learning curves as immigrants and as residents, (2) IMGs face insensitivity and isolation in the workplace, (3) IMGs' migration has personal and global costs, and (4) IMGs face 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 key elements of professional identity and behavior are established. IMGs are a significant and growing segment of the physician workforce. Understanding particular challenges faced by this group can inform efforts to strengthen support for them during postgraduate training.	social isolation	data driven
30630867	The Pivotal Role of the International Medical Graduate	Rana Chakraborty, Mobeen H Rathore, Benard P Dreyer, Fernando Stein	Pediatrics	2019		social isolation	editorial summary
33154152	International Medical Graduates in the Pediatric Workforce in the United States	Robbert J Duvivier, Maryellen E Gusic, John R Boulet	Pediatrics	2020	BACKGROUND AND OBJECTIVES: To describe the supply, distribution, and characteristics of international medical graduates (IMGs) in pediatrics who provide patient care in the United States. METHODS: Cross-sectional study, combining data from the 2019 Physician Masterfile of the American Medical Association and the Educational Commission for Foreign Medical Graduates database. RESULTS: In total, 92806 pediatric physicians were identified, comprising 9.4% of the entire US physician workforce. Over half are general pediatricians. IMGs account for 23.2% of all general pediatricians and pediatric subspecialists. Of all IMGs in pediatrics, 22.1% or 4775 are US citizens who obtained their medical degree outside the United States or Canada, and 15.4% (3246) attended medical school in the Caribbean. Fifteen non-US medical schools account for 29.9% of IMGs currently in active practice in pediatrics in the United States. IMGs are less likely to work in group practice or hospital-based practice and are more likely to be employed in solo practice (compared with US medical school graduates). CONCLUSIONS: With this study, we provide an overview of the pediatric workforce, quantifying the contribution of IMGs. Many IMGs are US citizens who attend medical school abroad and return to the United States for postgraduate training. Several factors, including the number of residency training positions, could affect 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
32704536	The Acculturation Toolkit: An Orientation for Pediatric International Medical Graduates Transitioning to the United States Medical System	Cynthia Katz, Michelle Barnes, Amanda Osta, Ingrid Walker-Descartes	MedEdPORTAL	2020	Introduction: International medical graduates (IMGs) consistently 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 their peers due to unfamiliarity with the US medical system, especially the dynamics around patient-centered care. The literature supports the need for formal acculturation curricula. Methods: A cohort of program directors who train pediatric IMGs coupled findings from the literature with local themes from IMG focus groups to identify topics for an acculturation curriculum. Three small-group workshops utilized didactics, discussion, and role-play to cover topics related to patient-centered care, challenging communication with patients, complex psychosocial histories, and health literacy. The pilot was modified based on feedback and to enhance generalizability. The resulting four-module curriculum with presentations and supplemental materials is presented here. Results: After a 3-year pilot with 36 PGY 1 trainees, postcurriculum surveys reported 8.1 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. A 1-year follow-up survey reported the workshops to be influential on satisfaction with patient relationships and easing 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 can incorporate this curriculum to aid residents' transition to clinical practice in the US.	social isolation	program evaluation
34935728	Advancing Equity in Academic Medicine Through Holistic Review for Faculty Recruitment and Retention	Toi Blakley Harris, Negar N Jacobs, Chantel F Fuqua, Jeffrey M Lyness, Patrick O Smith, Norma I Poll-Hunter, Cleveland Piggott, Alicia D Monroe	Acad Med	2021	The Association of American Medical Colleges (AAMC) in 2007 developed the Holistic Review Framework for medical school admissions to increase mission-aligned student diversity. This approach balances an applicant's experiences, attributes, and metrics during the screening, interview, and selection processes. Faculty recruitment provides its own set of challenges, and there is persistent underrepresentation 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 and share lessons learned to date Although the pilot proceeded during 2020, institutional implementation was impacted by the COVID-19 pandemic and racial 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 in implementing the framework. Renewed commitment to racial justice was associated with increased momentum and urgency for the implementation of faculty holistic review at the majority of pilot institutions. Common themes from the pilot leads' experiences included the importance of achieving "buy in," having a dedicated implementation team, and being explicit about core values. Other themes included the importance of adaptability and flexibility to meet the needs of different institutions and mission areas. The faculty holistic review framework has shown promise as an approach to advancing faculty diversity goals. The pilot institutions will continue to share best practices, track outcomes, implement quality improvement, and disseminate findings to assist other institutions and health care communities with their endeavors to recruit and retain diverse faculty.	social isolation	commentary

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29068820	Race/Ethnicity and Success in Academic Medicine: Findings From a Longitudinal Multi-Institutional Study	Samantha E Kaplan, Anita Raj, Phyllis L Carr, Norma Terrin, Janis L Breeze, Karen M Freund	Acad Med	2018	PURPOSE: To understand differences in productivity, advancement, retention, satisfaction, and compensation comparing underrepresented medical (URM) faculty with other faculty at multiple institutions. CONCLUSIONS: URM and white faculty had similar career satisfaction, grant support, leadership, and compensation; URM faculty had fewer publications and were less likely to be promoted and retained in academic careers. Successful retention of URM faculty requires comprehensive institutional commitment to changing the academic climate and deliberative programming to support productivity and advancement. institutional commitment to create a more inclusive environment with programs that address the specific indicators of productivity and advancement that lead to success and ultimately retention in academic medicine.	other contributions	data driven
32521157	Creating Real Change at Academic Medical Centers - How Social Movements Can be Timely Catalysts	Michelle Morse, Joseph Loscalzo	N Engl J Med.	2020	Black Lives Matter movement created a window of opportunity for open critique of current inequities in health care practices and direct conversations about structural racism. Residents and faculty called for hospital-wide communications clearly stating our values, mandatory training on implicit bias for all hospital staff and faculty, visible solidarity with immigrant patients and staff, a more welcoming environment for all patients and employees, and commitments to racial, ethnic, gender, and other forms of diversity. We launched the "new" BWH Department of Medicine Health Equity Committee in early 2017 to advance action on health equity and engage new partners throughout institutions and disciplines	other contributions	editorial summary, social justice
32591435	The Death of George Floyd: Bending the Arc of History Toward Justice for Generations of Children	Benard P. Dreyer, Maria Trent, Ashaunta T. Anderson, George L. Askew, Rhea Boyd, Tumaini R. Coker, Tamera Coyne-Beasley, Elena Fuentes-Afflick, Tiffani Johnson, Fernando Mendoza, Diana Montoya-Williams, Suzette O. Oyeku, Patricia Poitevien, Adiaha A. I. Spinks-Franklin, Olivia W. Thomas, Leslie Walker-Harding, Earnestine Willis, Joseph L. Wright, Stephen Berman, Jay Berkelhamer, Renee R. Jenkins, Colleen Kraft, Judith Palfrey, James M. Perrin and Fernando Stein	Pediatrics	2020	Although pediatricians must continue to work to address the issues outlined above, each of which is in need of its own set of policy recommendations and actions, we must also recognize that structural racism creates the foundation on which all these injustices are built.	other contributions	editorial summary, social justice
32649073	Diversity, Equity, and Inclusion that Matter	Vanessa Grubbs, M.D.	N Engl J Med.	2020	At the trainee level, real action is accepting candidates that may not fit all the criteria that favor people who've always been highly favored. At the faculty level, real action is offering faculty and leadership positions to non-prototypical candidates. Finally, to retain Black faculty, institutional leadership has to believe, validate, and act on Black people's experiences of racism; the fact that someone denies that a racially biased act was intentional doesn't mean it didn't happen.	other contributions	editorial summary, social justice
26044634	Advocacy for Health Equity: A Synthesis Review	Linden Farrer, Claudia Marinetti, Yoline Kuipers Cavaco, Caroline Costongs	Milbank Q.	2015	POLICY POINTS: Many barriers hamper advocacy for health equity, including the contemporary economic zeitgeist, the biomedical health perspective, and difficulties cooperating across policy sectors on the issue. Effective advocacy should include persistent efforts to raise awareness and understanding of the social determinants of health. Education on the social determinants as part of medical training should be encouraged, including professional training within disadvantaged communities. Advocacy organizations have a central role in advocating for health equity given the challenges bridging the worlds of civil society, research, and policy.	other contributions	review, social justice
32649079	Majority Taxes - Toward Antiracist Allyship in Medicine	Michael O. Mensah, M.D., M.P.H.	N Engl J Med.	2020	That question prompted a new formulation: White physicians should pay "majority taxes," comprising discomfort, energy, and capital. These taxes would include three initial steps to guide good intentions toward better impact: acknowledge your White privilege, no matter how uncomfortable; leverage privilege to highlight medical racism; and humbly and actively implement antiracist policies. Paying majority taxes would mean learning the science debunking race-based medicine in order to diagnose racism in your own practice. It would mean leveraging your White privilege to rebut colleagues who deny the existence and consequences of medical racism — remembering that minority-tax payers confront racism despite much graver risk.	other contributions	editorial summary, minority tax
25422021	Advocating for Advocacy in Pediatrics: Supporting Lifelong Career Trajectories	Shetal I Shah, Heather L Brumberg	Pediatrics	2014	Pediatric educators recommend more training in these areas that provide more public-health focused, professional, and ethical patient care. Such training should include more information about community health and advocacy training during medical school and residency. This would create better appreciation of advocacy as a discipline, and help groom future advocates. Professional organizations like the AAP can provide attending-level mentoring and opportunities such as the Community Pediatrics Training Initiative. StateView, an AAP resource from the Committee on State Governmental Affairs, provides summaries and materials to help support grassroots physicianadvocacy efforts.	other contributions	editorial summary, social justice
32668121	Structural Solutions for the Rarest of the Rare - Underrepresented-Minority Faculty in Medical Subspecialties	Kemi M. Doll, M.D., and Charles R. Thomas, Jr., M.D.	N Engl J Med.	2020	First, institutions can provide continuing education for leaders to help them prepare for URM faculty and learn how to constructively advocate on their behalf. Mentors and leaders can prepare themselves in several ways. They can attend high-quality, in-depth antiracist trainings (such as those offered by the Racial Equity Institute) rather than short, optional educational programs on implicit bias. They can reach out to current URM faculty in other areas of their institution to learn about the challenge a new hire is likely to face — and then actively listen to those colleagues. Second, structural support (time, funding, and expectations) can be provided for mentorship and training for new faculty members specifically for navigating isolation, hypervisibility, stereotype threat, and institutional racism. Third, departments can provide support for URM-specific local and national funding opportunities.	other contributions	editorial summary
28987244	Implicit Bias in Pediatric Academic Medicine	Tiffani J. Johnson, M.D.	J Natl Med Assoc.	2017	Little research exists regarding unconscious racial attitudes among pediatric faculty responsible for decisions on workforce recruitment and retention in academia. This study sought to describe levels of unconscious racial bias and perceived barriers to minority recruitment and retention among academic pediatric faculty leaders. Unconscious pro-white/anti-black racial bias was identified in this sample of academic pediatric faculty and leaders. Further research is needed to examine how unconscious bias impacts decisions in academic pediatric workforce recruitment. Addressing unconscious bias and perceived barriers to minority recruitment and retention represent opportunities to improve diversity efforts.	other contributions search committee composition, implicit bais training, policies	data driven
14012428	The Care and Nurture of a Scholarly Faculty	Robert H. Always	JAMA	1963	Dr. Always discusses what it takes to get and keep a scholarly faculty of medicine functioning to good effect in terms of growth, development, and adaptation and the effects of here dity and environment.	other contributions	editorial summary
28973070	The Business Case for Investing in PhysicianWell-being	Tait Shanafelt	JAMA Internal Medicine	2017	Understanding the business case to reduce burnout and promote engagement as well as overcoming the misperception that nothing meaningful can be done are key steps for organizations to begin to take action. Evidence suggests that improvement is possible, investment is justified, and return on investment measurable. Addressing this issue is not only the organization's ethical responsibility, it is also the fiscally responsible one.	other contributions	review article?
28771391	Gender Differences in Receipt of National Institutes of Health R01 Grants Among Junior Faculty at an Academic Medical Center: The Role of Connectivity, Rank, and Research Productivity	Erica T. Warner, ScD, MPH,	Journal of Women's Health	2017	Compared to males, females had fewer publications, lower h-index, smaller coauthor networks and were less likely to be assistant professors (p < 0.0001). Four hundred and thirteen of 5445 faculty (7.6%) received their first R01 award during the study period. There was no gender difference in receipt of R01 awards in age-adjusted (hazard ratio [HR]: 0.87, 95% confidence interval [CI]: 0.70–1.08) or multivariable-adjusted models (HR: 1.07, 95% CI: 0.86–1.34). Compared to white males, there was a nonsignificant 10%, 18%, and 30% lower rate of R01 receipt among white, Asian or Pacific Islander, and underrepresented minority females, respectively. These differences were eliminated in the multivariable-adjusted model. Network reach, age, HMS start year, h-index, academic rank, previous K award, terminal degree, and HMS training were all significant predictors of receiving an R01 award.	other contributions	data driven
23702518	Mentoring Programs for Physicians in Academic Medicine: A Systematic Review	Deanne T. Kashiwagi	Acad Med	2013	The authors reviewed mentoring programs for physicians and aimed to identify key components that contribute to these programs' success. The authors identified seven potential components of a formal mentoring program: mentor preparation, planning committees, mentor–mentee contracts, mentor–mentee pairing, mentoring activities, formal curricula, and program funding.	distribution of institutional resources other contributions	review article
31315903	Does Gender Bias Still Affect Women in Science?	Rachel L. Ropera	Microbiol Mol Biol	2019	The percentage of women employed in professional scientific positions has been low but is increasing over time. The U.S. National Institutes of Health and the National Science Foundation have both implemented programs to improve women's participation in science, and many universities and companies have diversity and equity programs. While most faculty and scientists believe that they are fair and unbiased, numerous well-designed studies published in leading peer-reviewed journals show that gender bias in sciences and medicine is widespread and persistent today in both faculty and students. Recent studies show that gender bias affects student grading, professional hiring, mentoring, tenure, promotion, respect, grant proposal success, and pay. In addition, sexual harassment remains a significant barrier. Fortunately, several studies provide evidence that programs that raise conscious awareness of gender bias can improve equity in science, and there are a number of recommendations and strategies for improving the participation of women.	search committee composition, implicit bais training policies other contributions distribution of institutional resources	review article
29384751	Gender Differences in Academic Medicine: Retention, Rank, and Leadership Comparisons From the National Faculty Survey	Phyllis L. Carr, MD,	Acad Med	2019	Prior studies have found that women in academic medicine do not advance or remain in their careers in parity with men. The authors examined a national cohort of faculty from the 1995 National Faculty Survey to identify predictors of advancement, retention, and leadership for women faculty.	distribution of institutional resources other contributions	review article
31192803	Addressing the Minority Tax: Perspectives From Two Diversity Leaders on Building Minority Faculty Success in Academic Medicine	Kendall M. Campbell, MD, and José E. Rodríguez, MD	Acad Med.	2019	This Invited Commentary explores disparities in academic medicine, known as the minority tax, through the careers of 2 men in senior positions, who are underrepresented minorities in medicine (URMMs), with the goal of sharing real-world experiences that other URMM faculty can use to their benefit. The authors use their lived experiences to document the realities of various aspects of the minority tax (i.e., isolation, mentorship, diversity efforts, and clinical assignments) and introduce a new aspect of the minority tax that has affected both of their inner decision-making processes and personal ambitions: the gratitude tax. By sharing these experiences, the authors are also able to recognize individual mentors and sponsors as well as changes in their knowledge, skills, and attitudes that affected their ability to accomplish career goals, leading to their current academic positions. Sharing experiences is a meaningful way of providing examples for other URMM faculty to follow, as well as illustrating ways in which senior leadership can help mitigate the effect of the minority tax on URMM faculty, thereby increasing equity in academic medicine.	other contributions	editorial summary
33202161	Citizenship Tasks and Women Physicians: Additional Woman Tax in Academic Medicine?	Priscila Rodrigues Armijo, MD, Julie K. Silver, MD, Allison R. Larson, MD, Philomena Asante, MD, MPH, and Sasha Shillcutt, MD, MS	J Womens Health (Larchmont)	2021	Background: Our aim was to evaluate differences in reported citizenship tasks among women physicians due to personal or demographic factors and time spent performing those tasks for work. Materials and Methods: Attendees of a national women physician's leadership conference (Brave Enough Women Physicians Continuing Medical Education Conference) replied to a survey using Qualtrics© (2019 Qualtrics, Provo, UT), in September 2019. Data collected included age, race, ethnicity, training level, medical practice, specialty, current annual total compensation, educational debt, and number of children. We asked about employment-related citizenship tasks, including time spent on those activities, and perceived obligation to volunteer for citizenship tasks. Descriptive and impact of demographic factors on those opinions were evaluated using IBM SPSS v26.0. Results: Three hundred eighty-nine women physicians replied. When compared with their younger counterparts, women physicians older than 49 years stated they feel obligated to volunteer for these tasks because of their gender (p = 0.049), and were less likely able to decide which citizenship tasks they were assigned to (p = 0.021). Furthermore, a higher proportion of women of color physicians perceived race as a factor in feeling obligated to volunteer for work-related citizenship tasks, when compared with White women physicians (p < 0.001). Additionally, nearly 50% of women physicians reported spending more time on citizenship tasks than their male counterparts. Conclusion: Our findings suggest that gender, race, and age may play a role in the decision of women physicians to participate in work-related citizenship tasks. To our knowledge, this is the first study to report on work-related citizenship tasks as described by women physicians. Still, an in-depth assessment on the role citizenship tasks play in the culture of healthcare is warranted.	other contributions	data driven
	Ethnic Minority Scholars, Research, and Mentoring: Current and Future Issues	Amado M. Padilla	SAGE	1994	The major issues to be addressed here have to do with the frequent dilemmas confronted by those of us interested in ethnic research and our multiple responsibilities as ethnic scholars and mentors. The viewpoint presented in this article is based on many of my personal experiences over the past 20 years as well as on my impressions of where we should be headed as ethnic researchers and scholars.	other contributions	editorial summary
30427864	Publications as predictors of racial and ethnic differences in NIH research awards	Donna K. Ginther , Jodi Basner, Unni Jensen, Joshua Schnell, Raynard Kington, Walter T. Schaffer	PLoS One	2018	This research expands efforts to understand differences in NIH funding associated with the self-identified race and ethnicity of applicants. We collected data from 2,397 NIH Biographical Sketches submitted between FY 2003 and 2006 as part of new NIH R01 Type 1 applications to obtain detailed information on the applicants' training and scholarly activities, including publications. Using these data, we examined the association between an NIH R01 applicant's race or ethnicity and the probability of receiving an R01 award. The applicant's publication history as reported in the NIH biographical sketch and the associated bibliometrics narrowed the black/white funding gap for new and experienced investigators in explanatory models. We found that black applicants reported fewer papers on their Biosketches, had fewer citations, and those that were reported appeared in journals with lower impact factors. Incorporating these measures in our models explained a substantial portion of the black/white funding gap. Although these predictors influence the funding gap, they do not fully address race/ethnicity differences in receiving a priority score.	other contributions	data driven
25638211	Addressing disparities in academic medicine: what of the minority tax?	José E Rodríguez, Kendall M Campbell and Linda H Pololi	BMC Med Educ.	2015	Background: The proportion of black, Latino, and Native American faculty in U.S. academic medical centers has remained almost unchanged over the last 20 years. Some authors credit the "minority tax"-the burden of extra responsibilities placed on minority faculty in the name of diversity. This tax is in reality very complex, and a major source of inequity in academic medicine. Discussion: The "minority tax" is better described as an Underrepresented Minority in Medicine (URMM) faculty responsibility disparity. This disparity is evident in many areas: diversity efforts, racism, isolation, mentorship, clinical responsibilities, and promotion. The authors examine the components of the URMM responsibility disparity and use information from the medical literature and from human resources to suggest practical steps that can be taken by academic leaders and policymakers to move toward establishing faculty equity and thus increase the numbers of black, Latino, and Native American faculty in academic medicine.	other contributions	review
	Be a Better Ally	Tsedale M. Melaku, Angie Beeman, David G. Smith, W. Brad Johnson	Harvard Business Review	2020	The Black Lives Matter and #MeToo movements have forced people in positions of power—namely, the white men who dominate institutional leadership roles—to realize they must personally step up to make organizations more fair and inclusive. That means playing a truly active role in helping marginalized colleagues advance (instead of just delegating diversity efforts to human resources). How can white men be effective allies to those employees? First, by taking responsibility for their own behaviors, educating themselves about racism and privilege, and getting and accepting feedback from people in underrepresented groups. They can also become confidants to and sponsors of women and people of color and insist on diverse hiring pools and practices. They can vigilantly watch out for bias at work, intervening decisively if they discover it. Last, they can work to build a community of other allies against racism and sexism.	other contributions	editorial summary
34134182	Promoting Equity for Women in Medicine — Seizing a Disruptive Opportunity	Reshma Jagsi, M.D., D.Phil., Elena Fuentes-Afflick, M.D., M.P.H., and Eve Higginbotham, M.D., M.L.	N Engl J Med.	2021	The disruptions associated with the pandemic have presented both challenges and opportunities for ensuring equity and reaping the benefits of diversity. One important challenge has been increased caregiving needs, both in the workplace and at home. These demands have exacerbated a preexisting barrier to women's professional advancement, given societal expectations that women serve as caregivers and professional norms that inadequately value caregiving-related contributions.	other contributions	editorial summary
33406326	Misrepresenting Race — The Role of Medical Schools in Propagating Physician Bias	Christina Amutah, B.A.,* Kaliya Greenidge,* Adjoa Mante, A.B.,* Michelle Munyikwa, Ph.D.,* Sanjna L. Surya, B.A.,* Eve Higginbotham, M.D., David S. Jones, M.D., Ph.D., Risa Lavizzo Mourey, M.D., M.B.A., Dorothy Roberts, J.D., Jennifer Tsai, M.D., M.Ed., and Jaya Aysola, M.D., D.T.M.H.,	N Engl J Med.	2021	Conceptions of race have evolved and become more nuanced over time. Most scholars in the biologic and social sciences converge on the view that racism shapes social experiences and has biologic consequences and that race is not a meaningful scientific construct in the absence of context.1-3 Race is not a biologic category based on innate differences that produce unequal health outcomes. Rather, it is a social category that reflects the impact of unequal social experiences on health. Yet medical education and practice have not evolved to reflect these advances in understanding of the relationships among race, racism, and health.	other contributions	data driven
31464349	Beyond the cultural myth of medical meritocracy	Saleem Razack, Torsten Risør, Brian Hodges, Yvonne Steinert	Med Educ.	2020	Background: We examine the cultural myth of the medical meritocracy, whereby the "best and the brightest" are admitted and promoted within the profession. We explore how this narrative guides medical practice in ways that may no longer be adequate in the contexts of practice today. Methods: Narrative analysis of medical students' and physicians' stories. Results: Hierarchies of privilege within medicine are linked to meritocracy and the trope of the "hero's story" in literature. Gender and other forms of difference are generally excluded from narratives of excellence, which suggests operative mechanisms that may be contributory to observed differences in attainment. We discuss how the notion of diversity is formulated in medicine as a "problem" to be accommodated within merit, and posit that medical practice today requires a reformulation of the notion of merit in medicine, valorising a diversity of life experience and skills, rather than "retrofitting" diversity concerns as problems to be accommodated within current constructs of merit. Conclusions: Three main action-oriented outcomes for a better formulation of merit relevant to medical practice today are suggested: (a) development of assessors' critical consciousness regarding the structural issues in merit assignment; (b) alignment of merit criteria with relevant societal outcomes, and (c) developing inclusive leadership to accommodate the greater diversity of excellence needed in today's context of medical practice. A reformulation of the stories through which medical practitioners and educators communicate and validate aspects of medical practice will be required in order for the profession to continue to have relevance to the diverse societies it serves.	other contributions search committee composition, implicit bais training, policies	data driven
	Why Are Colleges So Cowardly?	Tom Bartlett	The Chronicles of Higher Education	2021	Jennifer Freyd sued the University of Oregon in 2017, alleging that she had been paid less than her male colleagues in the psychology department. Last week the two parties announced an agreement under which Oregon will pay the now-retired psychology professor $350,000 in damages, thereby avoiding a jury trial. In addition, the university will donate $100,000 to the Center for Institutional Courage, an organization Freyd founded last year that's dedicated to "rigorous scientific research, wide-reaching education, and data-driven action."	salary expectations other contributions	editorial summary
	Arianna Rosenbluth Changed the World Before Leaving Science Behind	Anastasiia Carrier	Harvard Radcliffe Institute	2021		other contributions	editorial summary
	An Update on Implementing ACD Recommendations on Changing the Culture to End Sexual Harassment	Mike Lauer	NIH	2021	Over the last couple of years, the NIH has taken a number of steps, including: Developing and publishing our processes for handling allegations of sexual harassment at NIH-funded institutions. As part of this process, our Extramural Integrity Team reviews all allegations of professional misconduct, which includes sexual harassment, in a manner similar to its review of allegations of research misconduct. Making available a web-based form and an email address for anyone to use to inform NIH of harassment. We recently added a telephone number for reporting allegations. Issuing a notice and related blog announcing our expectation that grant recipients who request changes in the principal investigator, key personnel, or recipient institution notify us if these requests are related to concerns about safety and/or work environments, including issues related to sexual harassment, bullying and other hostile working conditions.	other contributions	editorial summary
	Closing the Gender Pay Gap in Medicine: A Roadmap for Healthcare Organizations and the Women Physicians Who Work for Them		Springer		Our road map begins with an evidence-based discussion of how gender-based differences in performance assessments, specialty choice, domestic responsibilities, negotiation, professional resources, sponsorship, and clinical productivity. accumulate across women's careers in medicine and impact evaluation, promotion, and therefore compensation in the healthcare workplace. Next, we describe traditional physician compensation models and explore how these pay programs support conventional practice styles that disproportionately monetize characteristics more commonly displayed by male physicians. Since organizational leaders seeking to narrow the gender pay gap must be aware of the legal context surrounding this type of endeavor, Chap. 4 provides a robust review of relevant statutory imperatives like the Equal Pay Act, Title VII of the Civil Rights Act of 1964, and state laws that prohibit gender discrimination in employment. Chap. 5 describes how to install infrastructure and conduct robust salary studies to identify baseline inequities, ensure reliable analysis, and facilitate organizational trust and forward movement in closing the gender pay gap. Chap. 6 details specific strategies healthcare enterprises can adopt to support the culture change necessary to identify and address biased workplace expectations that may be unintentionally sustaining the disparities discovered in salary studies. Lastly, the road map culminates with a chapter describing the efforts of one medical institution that has successfully made the journey from identifying compensation equity as a high-priority, organizational objective to creating the infrastructure, assessments, and policies necessary to support this enterprise mission.	salary expectations other contributions	data driven
	How to Be a Better Ally to Your Black Colleagues	Stephanie Creary	Harvard Business Review	2020	Research suggests that the relationship between Black employees and their employing organizations is, at best, a tenuous one. Black employees — at all levels — feel that they have not been adequately heard, understood, or granted opportunities to the same extent as their white peers. The author has devised a framework to help people from different backgrounds build stronger relationships in the workplace. Known by the acronym LEAP, the framework encourages company leaders — particularly people managers — to become better allies by: Listening and learning from your Black colleagues' experience; Engaging with your Black colleagues in racially diverse and casual settings; Asking your Black colleagues about their work and goals; and Providing your Black colleagues with opportunities, suggestions, encouragement, and general support.	other contributions	editorial summary
	The Burden of Invisible Work in Academia	Social Sciences Feminist Network Research Interest Group	Humboldt Journal of Social Relations	2017	Despite an increase in the number of PhDs earned by women and faculty of color in recent decades, they are less numerous among faculty at US colleges and universitites. This scarcity is most pronounced at the level of full professor, Why are women and faculty of color not reaching the upper levels of academia? Previous research in the cultural taxation literature suggests that women and faculty of color experience heavier service burdens than their white male colleagues. In order to examine whether a heavier service burden could be at the root of the "leaky pipeline" from PhD to full professor among women and faculty of color, we recruited faculty in five departments at a lrge research university to record their daily tasks in time-use journals during two different weeks in a 10-week quarter. Our analysis of these journals provided mixed results with regard to gender, but pointed to important differences with regard to other axes of inequality. Specifically, we found that faculty of color, queer faculty, and faculty from working class backgrounds together spent a disproportionate amount of their time on the "invisible" work f academia, leaving them less time for the work that matters for tenure and promotion.	other contributions	review

	Beliefs about Mentoring Relationships, Mentees, & Mentors	Anne Libby	Coursera		This course is for early career researchers and mentors who believe that modern scientific careers require management skills and want to be research leaders. This curriculum gives you skills to effectively implement funded projects, thereby enhancing your career success. Research leaders take on a number of new roles, rights, and responsibilities--as scientific leaders, financial administrators, managers, and mentors. In this course, we explain how to optimize the people, teams, projects, and finances for which you are responsible. Despite your research training, you are probably facing an urgent training gap in leadership and management skills. Scientific careers falter for non-science reasons when researchers fail to execute a scope of work: struggle to track expenses and returns substantial unspent grant funds; or run out of funds by spending on the wrong people or mismanaging the right people. Consequently, projects close with inadequate progress on aims, thus compromising successful competition for future funding. This course will help avoid these traps. Leadership and management are essential skills for researchers. Several early career researchers, senior scientists, and administrative leaders are eager to share their expertise and experiences with you.	other contributions	video
31192803	Addressing the Minority Tax: Perspectives From Two Diversity Leaders on Building Minority Faculty Success in Academic Medicine	Kendall M Campbell, José E Rodríguez	Acad Med.	2019	This Invited Commentary explores disparities in academic medicine, known as the minority tax, through the careers of 2 men in senior positions, who are underrepresented minorities in medicine (URMMs), with the goal of sharing real-world experiences that other URMM faculty can use to their benefit. The authors use their lived experiences to document the realities of various aspects of the minority tax (i.e., isolation, mentorship, diversity efforts, and clinical assignments) and introduce a new aspect of the minority tax that has affected both of their inner decision-making processes and personal ambitions: the gratitude tax. By sharing these experiences, the authors are also able to recognize individual mentors and sponsors as well as changes in their knowledge, skills, and attitudes that affected their ability to accomplish career goals, leading to their current academic positions. Sharing experiences is a meaningful way of providing examples for other URMM faculty to follow, as well as illustrating ways in which senior leadership can help mitigate the effect of the minority tax on URMM faculty, thereby increasing equity in academic medicine.	other contributions	editorial summary
18667896	Minority faculty voices on diversity in academic medicine: perspectives from one school	Megan R Mahoney, Elisabeth Wilson, Kara L Odom, Loma Flowers, Shelley R Adler	Acad Med.	2008	Purpose: To examine the perceptions and experiences of ethnic minority faculty at University of California-San Francisco regarding racial and ethnic diversity in academic medicine, in light of a constitutional measure outlawing race- and gender-based affirmative action programs by public universities in California. Method: In 2005, underrepresented minority faculty in the School of Medicine at University of California-San Francisco were individually interviewed to explore three topics: participants' experiences as minorities, perspectives on diversity and discrimination in academic medicine, and recommendations for improvement. Interviews were tape-recorded, transcribed verbatim, and subsequently coded using principles of qualitative, text-based analysis in a four-stage review process. Results: Thirty-six minority faculty (15 assistant professors, 11 associate professors, and 10 full professors) participated, representing diversity across specialties, faculty rank, gender, and race/ethnicity. Seventeen were African American, 16 were Latino, and 3 were Asian. Twenty participants were women. Investigators identified four major themes: (1) choosing to participate in diversity-related activities, driven by personal commitment and institutional pressure, (2) the gap between intention and implementation of institutional efforts to increase diversity, (3) detecting and reacting to discrimination, and (4) a need for a multifaceted approach to mentorship, given few available minority mentors. Conclusions: Minority faculty are an excellent resource for identifying strategies to improve diversity in academic medicine. Participants emphasized the strong association between effective mentorship and career satisfaction, and many delineated unique mentoring needs of minority faculty that persist throughout academic ranks. Findings have direct application to future institutional policies in recruitment and retention of underrepresented minority faculty.	other contributions	data driven
25057572	The Right Thing to Do, The Smart Thing to Do: Enhancing Diversity in the Health Professions	Brian D. Smedley, Adrienne Y. Stith, Lois Colburn, Clyde H. Evans, Institute of Medicine (US)	National Academy of Sciences	2001	The Symposium on Diversity in the Health Professions in Honor of Herbert W. Nickens, M.D., was convened in March 2001 to provide a forum for health policymakers, health professions educators, education policymakers, researchers, and others to address three significant and contradictory challenges: the continued under-representation of African Americans, Hispanics, and Native Americans in health professions; the growth of these populations in the United States and subsequent pressure to address their health care needs; and the recent policy, legislative, and legal challenges to affirmative action that may limit access for underrepresented minority students to health professions training. The symposium summary along with a collection of papers presented are to help stimulate further discussion and action toward addressing these challenges. The Right Thing to Do, The Smart Thing to Do: Enhancing Diversity in Health Professions illustrates how the health care industry and health care professions are fighting to retain the public's confidence so that the U.S. health care system can continue to be the world's best.	other contributions	editorial summary
16533114	Health disparities and health equity: concepts and measurement	Paula Braveman	Annu Rev Public Health	2006	There is little consensus about the meaning of the terms "health disparities," "health inequalities," or "health equity." The definitions can have important practical consequences, determining the measurements that are monitored by governments and international agencies and the activities that will be supported by resources earmarked to address health disparities/inequalities or health equity. This paper aims to clarify the concepts of health disparities/inequalities (used interchangeably here) and health equity, focusing on the implications of different definitions for measurement and hence for accountability. Health disparities/inequalities do not refer to all differences in health. A health disparity/inequality is a particular type of difference in health (or in the most important influences on health that could potentially be shaped by policies); it is a difference in which disadvantaged social groups-such as the poor, racial/ethnic minorities, women, or other groups who have persistently experienced social disadvantage or discrimination-systematically experience worse health or greater health risks than more advantaged social groups. ("Social advantage" refers to one's relative position in a social hierarchy determined by wealth, power, and/or prestige.) Health disparities/inequalities include differences between the most advantaged group in a given category-e.g., the wealthiest, the most powerful racial/ethnic group-and all others, not only between the best- and worst-off groups. Pursuing health equity means pursuing the elimination of such health disparities/inequalities.	other contributions	review
10974686	Racial and ethnic disparities in faculty promotion in academic medicine	D Fang, E Moy, L Colburn, J Hurley	JAMA	2000	Context: Previous studies have suggested that minority medical school faculty are at a disadvantage in promotion opportunities compared with white faculty. Objective: To compare promotion rates of minority and white medical school faculty in the United States. Design and setting: Analysis of data from the Association of American Medical Colleges' Faculty Roster System, the official data system for tracking US medical school faculty. Participants: A total of 50,145 full-time US medical school faculty who became assistant professors or associate professors between 1980 and 1989. Faculty of historically black and Puerto Rican medical schools were excluded. Main outcome measures: Attainment of associate or full professorship among assistant professors and full professorship among associate professors by 1997, among white, Asian or Pacific Islander (API), underrepresented minority (URM; including black, Mexican American, Puerto Rican, Native American, and Native Alaskan), and other Hispanic faculty. Results: By 1997, 46% of white assistant professors (13,479/28,953) had been promoted, whereas 37% of API (1123/2997; P<.001), 30% of URM (311/1053, P<.001), and 43% of other Hispanic assistant professors (256/598; P =.07) had been promoted. Similarly, by 1997, 50% of white associate professors (7234/14,559) had been promoted, whereas 44% of API (629/1419; P<.001), 36% of URM (101/280; P<.001), and 43% of other Hispanic (122/286; P =.02) associate professors had been promoted. Racial/ethnic disparities in promotion were evident among tenure and nontenure faculty and among faculty who received and did not receive National Institutes of Health research awards. After adjusting for cohort, sex, tenure status, degree, department, medical school type, and receipt of NIH awards, URM faculty remained less likely to be promoted compared with white faculty (relative risk [RR], 0.68 [99% confidence interval CI, 0.59-0.77] for assistant professors and 0.81 [99% CI, 0.65-0.99] for associate professors). API assistant professors also were less likely to be promoted (RR, 0.91 [99% CI, 0.84-0.98]), whereas API associate professors and other Hispanic assistant and associate professors were promoted at comparable rates. Conclusion: Our data indicate that minority faculty are promoted at lower rates compared with white faculty.	other contributions	data driven
31160738	Underrepresented faculty play a disproportionate role in advancing diversity and inclusion	Miguel F Jimenez, Theresa M Laverty, Sara P Bombaci, Kate Wilkins, Drew E Bennett, Liba Pejchar	Nat Ecol Evol.	2019	A diverse and inclusive scientific community is more productive, innovative and impactful, yet ecology and evolutionary biology continues to be dominated by white male faculty. We quantify faculty engagement in activities related to diversity and inclusion and identify factors that either facilitate or hinder participation. Through a nationwide survey, we show that faculty with underrepresented identities disproportionally engage in diversity and inclusion activities, yet such engagement was not considered important for tenure. Faculty perceived time and funding as major limitations, which suggests that institutions should reallocate resources and reconsider how faculty are evaluated to promote shared responsibility in advancing diversity and inclusion.	other contributions distribution of supported research time distribution of institutional resources	data driven
	'Why Don't You Get Somebody New To Do It?': Race and Cultural Taxation in the Academy.	Joseph TD, Hirshfield L.	Ethnic and Racial Studies	2009	There has been a marginal increase in the number of racial minorities among college and university faculty, yet current attacks on affirmative action and prevailing attitudes about the inferiority of non white faculty place an extra burden on these individuals in academia. Amado Padilla (1994) introduced the concept of 'cultural taxation' to describe this burden where additional responsibilities are placed upon non-white faculty because of their ethno-racial backgrounds. These responsibilities include serving on numerous committees, advising larger numbers of students and serving as 'departmental experts' for their particular ethnoracial group. These expectations of non-white faculty are not placed as heavily upon white faculty, can impede career progress and affect job satisfaction. In this paper, we explore how cultural taxation affects faculty of colour in a research university. Additionally, we expand the analysis of cultural taxation to include issues of legitimacy that challenge non-white faculty's sense of 'belonging' within their respective departments.	other contributions	data driven
31633016	Topic choice contributes to the lower rate of NIH awards to African-American/black scientists	Travis A Hoppe, Aviva Litovitz, Kristine A Willis, Rebecca A Meseroll, Matthew J Perkins, B Ian Hutchins, Alison F Davis, Michael S Lauer, Hannah A Valantine, James M Anderson, George M Santangelo	Sci Adv.	2019	Despite efforts to promote diversity in the biomedical workforce, there remains a lower rate of funding of National Institutes of Health R01 applications submitted by African-American/black (AA/B) scientists relative to white scientists. To identify underlying causes of this funding gap, we analyzed six stages of the application process from 2011 to 2015 and found that disparate outcomes arise at three of the six: decision to discuss, impact score assignment, and a previously unstudied stage, topic choice. Notably, AA/B applicants tend to propose research on topics with lower award rates. These topics include research at the community and population level, as opposed to more fundamental and mechanistic investigations; the latter tend to have higher award rates. Topic choice alone accounts for over 20% of the funding gap after controlling for multiple variables, including the applicant's prior achievements. Our findings can be used to inform interventions designed to close the funding gap. Copyright © 2019 The Authors, some rights reserved; exclusive licensee American Association for the Advancement of Science. No claim to original U.S. Government Works. Distributed under a Creative Commons Attribution NonCommercial License 4.0 (CC BY-NC).	expectations of external funded time other contributions	data driven
23887015	The experience of minority faculty who are underrepresented in medicine, at 26 representative U.S. medical schools	Linda H Pololi, Arthur T Evans, Brian K Gibbs, Edward Krupat, Robert T Brennan, Janet T Civian	Acad Med.	2013	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 4,578 MD 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 2,381 faculty. The analytic sample was 2,218 faculty: 512 (23%) were URMM, and 1,172 (53%) were female, mean age 49 years. Compared with non-URMM faculty, URMM faculty endorsed higher leadership aspirations but reported lower perceptions of relationships/inclusion, gave their institutions lower scores on URMM equity and institutional efforts to improve diversity, and more frequently engaged in disparities research. Twenty-two percent (115) had experienced racial/ethnic discrimination. For both values 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 discouragement 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	J Gen Intern 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 experience 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, plateaued, 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 race/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 value the inclusion of URM faculty. Failure to fully engage the skills and insights of URM faculty impairs our ability to provide the best science, education or medical care.	social isolation other contributions	data driven
10693848	Specialty choices, compensation, and career satisfaction of underrepresented minority faculty in academic medicine	A Palepu, P L Carr, R H Friedman, A S Ash, M A Moskowitz	Acad Med.	2000	Purpose: Despite efforts to increase the numbers of underrepresented minorities (URMs), only 3.9% of medical school faculty are URMs. The authors compared the specialty choices, compensation, and career satisfaction of minority faculty with those of their majority counterparts to determine whether there were differences that might affect the recruitment and retention of minority faculty. Method: In 1995, the authors mailed a self-administered survey to a stratified random sample of 3,013 eligible full-time salaried faculty in 24 randomly selected medical schools. Those schools, which had at least 200 faculty, did not include the Puerto Rican or historically black medical schools. Results: Of the eligible faculty surveyed, 1,807 (60%) responded; 1,463 were majority faculty, 195 were URM faculty, and 149 were other-minority faculty. Similar proportions of the three groups were in the primary care specialties. Only 11% of the URM respondents were in basic science departments. There was no significant difference in adjusted mean compensation between majority, URM, and other-minority faculty. However, URM faculty were significantly less satisfied with their careers (adjusted scores: 60 versus > 65; p = .001) and more often considered leaving academic medicine within five years (58% versus < 45%). Conclusion: Given the demographic changes of the U.S. population, these issues should be addressed by deans and department heads in order to enhance recruitment and facilitate retention of URM faculty in academic medicine.	salary expectations other contributions	data driven
	Mentoring in Black and White: The Intricacies of Cross-Cultural Mentoring	Johnson-Bailey, Juanita; Cervero, Ronald M.	Taylor & Francis	2004	Cross-cultural mentoring relationships can be sites of struggle around the issues of race, class and gender. In addition, the mentor/protege relationship offers micro-cosmic insight into power relations within western society. The authors of this paper, a black woman associate professor and a white male professor, use the example of their mentoring relationship to illustrate six common issues facing academicians involved in these relationships: (1) trust between mentor and protege; (2) acknowledged and unacknowledged racism; (3) visibility and risks pertinent to minority faculty; (4) power and paternalism; (5) benefits to mentor and protege; and (6) the double-edged sword of "otherness" in the academy. Literature is used for review and critique of mentoring in the academy while offering personal examples to illustrate the complexity and success of a 13-year mentoring relationship between a duo who began their association as teacher/student.	other contributions	review
	The Majority Subsidy	Nitkin, Karen	Hopkins Medicine Medicine	2020	Black perspective	other contributions	editorial summary
	Abolish the Minority Woman Tax!	Jose´ E. Rodrı´guez, MD, FAAFP, Maria Harsha Wusu, MD, MSEd, Tanya Anim, MD, FAAFP, Kari-Claudia Allen, MD, MPH, and Judy C. Washington, MD, FAAFP	Journal of Women's Health	2021	In this issue of the Journal of Women's Health, Rodrigues Armijo et al.1 are to be commended on their excellent article on citizenship tasks for women physicians in academic medicine and the extra burden they shoulder for the sole privilege of being academic physicians. They have elucidated how citizenship tasks are unfairly distributed and coined a new addition to the literature—a "citizenship tax." It is appalling, but it is the very tip of the iceberg.	other contributions	editorial summary
	Addressing disparities in academic medicine: What of the minority tax?	José E Rodríguez, Kendall M Campbell, and Linda H Pololi	BMC Med Educ.	2015	Background: The proportion of black, Latino, and Native American faculty in U.S. academic medical centers hasremained almost unchanged over the last 20 years. Some authors credit the "minority tax"—the burden of extraresponsibilities placed on minority faculty in the name of diversity. This tax is in reality very complex, and a majorsource of inequity in academic medicine.Discussion: The "minority tax"is better described as an Underrepresented Minority in Medicine (URMM) facultyresponsibility disparity. This disparity is evident in many areas: diversity efforts, racism, isolation, mentorship, clinicalresponsibilities, and promotion.Summary: The authors examine the components of the URMM responsibility disparity and use information fromthe medical literature and from human resources to suggest practical steps that can be taken by academic leadersand policymakers to move toward establishing faculty equity and thus increase the numbers of black, Latino, andNative American faculty in academic medicine.	other contributions	review
25638211	Undue Burden	Colleen Flaherty	Inside Higher Ed	2019	The term "invisible labor" has been used to describe the unrecognized work underrepresented faculty members are called on to do by virtue of that status: mentoring students who see aspects of themselves in their professors, for example, or otherwise engaging in inclusion and diversity work. A new study in Nature: Ecology and Evolution seeks to make that labor more visible, at least within the fields of ecology and evolutionary biology. The findings have implications for how universities allocate resources for diversity and inclusion and how professors who engage in that work -- particularly those who do the heavy lifting -- are evaluated and valued. Based on survey responses from 469 faculty members in ecology and evolutionary biology across the U.S., the researchers found that most respondents engaged in diversity and inclusion work. But those who did the most work were significantly more likely to self-identity as nonwhite, nonmale or first-generation college attendee.	other contributions	editorial summary
	The Invisible Labor of Minority Professors	Audrey Williams June	The Chronicles of Higher Education	2015		other contributions	editorial summary
	What Is Faculty Diversity Worth to a University?	Patricia A. Matthew	The Atlantic	2016		other contributions	editorial summary
28973070	The Business Case for Investing in Physician Well-being	Tait Shanafelt, Joel Goh, Christine Sinsky	JAMA Internal Medicine	2017	Importance: Widespread burnout among physicians has been recognized for more than 2 decades. Extensive evidence indicates that physician burnout has important personal and professional consequences. Observations: A lack of awareness regarding the economic costs of physician burnout and uncertainty regarding what organizations can do to address the problem have been barriers to many organizations taking action. Although there is a strong moral and ethical case for organizations to address physician burnout, financial principles (eg, return on investment) can also be applied to determine the economic cost of burnout and guide appropriate investment to address the problem. The business case to address physician burnout is multifaceted and includes costs associated with turnover, lost revenue associated with decreased productivity, as well as financial risk and threats to the organization's long-term viability due to the relationship between burnout and lower quality of care, decreased patient satisfaction, and problems with patient safety. Nearly all US health care organizations have used similar evidence to justify their investments in safety and quality. Herein, we provide conservative formulas based on readily available organizational characteristics to determine the financial return on organizational investments to reduce physician burnout. A model outlining the steps of the typical organization's journey to address this issue is presented. Critical ingredients to making progress include prioritization by leadership, physician involvement, organizational science/learning, metrics, structured interventions, open communication, and promoting culture change at the work unit, leader, and organization level. Conclusions and relevance: Understanding the business case to reduce burnout and promote engagement as well as overcoming the misperception that nothing meaningful can be done are key steps for organizations to begin to take action. Evidence suggests that improvement is possible, investment is justified, and return on investment measurable. Addressing this issue is not only the organization's ethical responsibility, it is also the fiscally responsible one.	other contributions	program evaluation

PMID	TITLE	AUTHORS	JOURNAL/BOOK	PUBLICATION YEAR	SUMMARY	CATEGORY	TYPE
31382043	Scholarly Collaboration, Mentorship, and Friendship: A New Model for Success in Academic Medicine	Erika L Abramson, Monique M Naifeh, Michelle D Stevenson, Su-Ting T Li	Acad Pediatr.	2019	Mentorship can be one of the most important factors in helping faculty members successfully advance academic careers. Finding effective mentorship, however, is extremely challenging and lack of mentorship may negatively impact productivity, promotion, and retention. Women, in particular, identify lack of mentorship as a major factor inhibiting career advancement, which in turn may be one element contributing to the significant gender gaps existing in academic medicine. Here, we describe a model of mentoring drawn from our personal experiences as 4 female faculty that has resulted in a successful collaboration spanning nearly a decade. This model combines different elements of mentoring models previously described in the literature into a single model of network mentoring. Our model aims to promote longitudinal, collaborative scholarship around a broad common research theme, provide long-term mentorship focused on successfully navigating personal and academic hurdles, and create a forum of mentorship for faculty at all academic ranks. Keys to the success of our model, The Accelerate Scholarship through Personal Engagement with a Collaborative Team (ASPECT) Model, are: 1) a shared overarching research goal that allows for multiple projects to be worked on over time; 2) regular, structured meetings; 3) a collaborative yet flexible arrangement with "group accountability"; and 4) a focus on the human connection. Our goal in writing this paper is to describe, in detail, lessons learned from our experiences and reflect on why and how this model may be effective in addressing mentoring gaps many faculty members, particularly women, experience.	other contributions	mentorship
27054562	A Multifaceted Mentoring Program for Junior Faculty in Academic Pediatrics	Mary M Chen, Christy I Sandborg, Louanne Hudgins, Rania Sanford, Laura K Bachrach	Teach Learn Med.	2016	Problem: The departure of physician-scientists from education and research into clinical practice is a growing challenge for the future of academic medicine. Junior faculty face competing demands for clinical productivity, teaching, research, and work-life integration, which can undermine confidence in the value of an academic career. Mentorship is important to foster career development and satisfaction in junior faculty. Intervention: The goals of this academic pediatrics department were to develop, implement, and evaluate a multifaceted pediatric mentoring program to promote retention and satisfaction of junior faculty. Program elements included one-on-one mentor-mentee meetings, didactic workshops, grant review assistance, and facilitated peer-group mentoring. Program effectiveness was assessed using annual surveys of mentees and structured mentee exit interviews, as well as retention data for assistant professors. Context: The mentees were instructors and assistant professors in the department of pediatrics. Outcome: Seventy-nine mentees participated in the program from 2007 through 2014. The response rate from seven annual surveys was 84%. Sixty-nine percent of mentees felt more prepared to advance their careers, 81% had a better understanding of the criteria for advancement, 84% were satisfied with the program, and 95% found mentors accessible. Mentees who exited the program reported they most valued the one-on-one mentoring and viewed the experience positively regardless of promotion. Retention of assistant professors improved after initiation of the program; four of 13 hired from 2002 to 2006 left the institution, whereas 18 of 18 hired from 2007 to 2014 were retained. Lessons learned: This multifaceted mentoring program appeared to bolster satisfaction and enhance retention of junior pediatric faculty. Mentees reported increased understanding of the criteria for promotion and viewed the program as a positive experience regardless of career path. Individual mentor-mentee meetings were needed at least twice yearly to establish the mentoring relationship. Identifying "next steps" at the end of individual meetings was helpful to hold both parties accountable for progress. Mentees most valued workshops fostering development of tangible skills (such as scientific writing) and those clarifying the criteria for promotion more transparent. Facilitated peer-group mentoring for mentees at the instructor rank provided valuable peer support.	other contributions	mentorship
20182122	An innovative program to train health sciences researchers to be effective clinical and translational research mentors	Mallory O Johnson , Leslee L Subak, Jeanette S Brown, Kathryn A Lee, Mitchell D Feldman	Acad Med.	2010	The creation of the Clinical Translational Science Awards for academic health sciences campuses in 2006 was implicitly accompanied by a call for a new paradigm of faculty development and mentoring to train the next generation of researchers and leaders in this new approach to research. Effective mentoring is critical to help early-career investigators become successful, independent researchers, and a new approach to mentoring is vital to recruit, advance, and retain fellows and junior faculty engaged in clinical and translational research. However, in addition to the many rewards of mentoring, there are numerous substantive barriers to effective mentoring. These barriers include a lack of training in how to be a mentor, lack of time and structural and financial support for mentoring, and competing personal, administrative, and clinical demands. The authors describe an innovative program, the University of California, San Francisco Mentor Development Program (MDP), established in 2006 and designed to train midcareer academic health sciences researchers to be more effective as clinical and translational research mentors. Using a framework for presenting innovations in academic research, they present the rationale, design, implementation, and mechanisms being used to evaluate and sustain the MDP. Specific details of the objectives and content of the MDP sessions are provided as well as evaluation criteria and a link to specific curriculum materials.	other contributions	mentorship
34032569	Introducing the MAVEN Leadership Training Initiative to diversify the scientific workforce	Y Claire Wang, Elizabeth Brondolo, Rachel Monane, Michaela Kiernan, Karina W Davidson, MAVEN Leadership Team	Elife.	2021	Addressing gender and racial-ethnic disparities at all career stages is a priority for the research community. In this article, we focus on efforts to encourage mid-career women, particularly women of color, to move into leadership positions in science and science policy. We highlight the need to strengthen leadership skills for the critical period immediately following promotion to associate/tenured professor - when formal career development efforts taper off while institutional demands escalate - and describe a program called MAVEN that has been designed to teach leadership skills to mid-career women scientists, particularly those from underrepresented groups.	other contributions	mentorship
25274417	A mentor training program improves mentoring competency for researchers working with early-career investigators from underrepresented backgrounds	Mallory O Johnson, Monica Gandhi	Adv Health Sci Educ Theory Pract.	2015	Mentoring is increasingly recognized as a critical element in supporting successful careers in academic research in medicine and related disciplines, particularly for trainees and early career investigators from underrepresented backgrounds. Mentoring is often executed ad hoc; there are limited programs to train faculty to become more effective mentors, and the few that exist have a dearth of empirical support of their impact. In 2013, we recruited 34 faculty from across the US engaged in HIV-related clinical research to participate in a 2-day Mentoring the Mentors workshop. The workshop included didactic and interactive content focused on a range of topics, such as mentor-mentee communication, leadership styles, emotional intelligence, understanding the impact of diversity (unconscious bias, microaggressions, discrimination, tokenism) for mentees, and specific tools and techniques for effective mentoring. Pre- and post-workshop online evaluations documented high rates of satisfaction with the program and statistically significant improvements in self-appraised mentoring skills (e.g. addressing diversity in mentoring, communication with mentees, aligning mentor-mentee expectations), as assessed via a validated mentoring competency tool. This is the first mentoring training program focused on enhancing mentors' abilities to nurture investigators of diversity, filling an important gap, and evaluation results offer support for its effectiveness. Results suggest a need for refinement and expansion of the program and for more comprehensive, long-term evaluation of distal mentoring outcomes for those who participate in the program.	other contributions	mentorship
27616578	Early career mentoring through the American Society of Pediatric Hematology/Oncology: Lessons learned from a pilot program	Sherif M Badawy, Vandy Black, Emily R Meier, Kasiani C Myers, Kerice Pinkney, Caroline Hastings, Joanne M Hilden, Patrick Zweidler-McKay, Linda C Stork, Theodore S Johnson, Sarah R Vaiselbuh	Pediatr Blood Cancer	2017	Background: Effective networking and mentorship are critical determinants of career satisfaction and success in academic medicine. The American Society of Pediatric Hematology/Oncology (ASPHO) mentoring program was developed to support Early Career (EC) members. Herein, the authors report on the initial 2-year outcomes of this novel program. Procedure: Mentees selected mentors with expertise in different subspecialties within the field from mentor profiles at the ASPHO Web site. Of 23 enrolled pairs, 19 mentors and 16 mentees completed electronic program feedback evaluations. The authors analyzed data collected between February 2013 and December 2014. The authors used descriptive statistics for categorical data and thematic analysis for qualitative data. Results: The overall response rate was 76% (35/46). At the initiation of the relationship, career development and research planning were the most commonly identified goals for both mentors and mentees. Participants communicated by phone, e-mail, or met in-person at ASPHO annual meetings. Most mentor-mentee pairs were satisfied with the mentoring relationship, considered it a rewarding experience that justified their time and effort, achieved their goals in a timely manner with objective work products, and planned to continue the relationship. However, time constraints and infrequent communications remained a challenge. Conclusions: Participation in the ASPHO mentoring program suggests a clear benefit to a broad spectrum of ASPHO EC members with diverse personal and professional development needs. Efforts to expand the mentoring program are ongoing and focused on increasing enrollment of mentors to cover a wider diversity of career tracks/subspecialties and evaluating career and academic outcomes more objectively.	other contributions	mentorship
32496290	Program Evaluation of the Research in Academic Pediatrics Initiative on Diversity (RAPID): Impact on Career Development and Professional Society Diversity	Glenn Flores, Fernando Mendoza, Michael B Brimacombe, Willie Frazier 3rd	Acad Med.	2021	Purpose: Despite a demographic surge in U.S. minority children, pediatric workforce diversity has failed to keep pace. The study aim was to evaluate the Research in Academic Pediatrics Initiative on Diversity (RAPID), a research-education program aimed at recruiting, retaining, and professionally advancing diverse early-career faculty in general pediatrics who are pursuing research careers. Method: RAPID includes the following components: small research grants, mentoring by nationally renowned senior investigators, mentoring and networking at an annual breakfast, an annual career-development conference, and monthly mentoring conference calls. Outcomes data from the first 5 years (2012-2017) of RAPID were analyzed. Data sources were Academic Pediatric Association (APA) membership data and postconference, baseline, and end-of-program/follow-up surveys. Outcome measures included mentoring quality, presentations, publications, subsequent grants, impact on career success, conference ratings, and APA membership diversity. Results: For the 10 Scholars from the first 4 cohorts, mean scores were 4.5 (5 = strongly agree) for RAPID fostering mentoring, developing research skills, and helping Scholars feel more comfortable as underrepresented minority (URM) faculty; 78% delivered platform or poster presentations on their project. They published 56 total articles and received a mean of 2.5 subsequent grants. Their mean score for RAPID "advancing my career by facilitating promotion or getting a job" was 4.6. The first 4 RAPID Conferences were highly rated (mean scores = 4.2-4.8) and brought in 33 additional URM young investigators. Pre-RAPID, URM APA membership stagnated at 6%-7% for 5 years. In RAPID's first year, URM APA membership rose to 8%, then to 10% by 2017 (43% increase; P < .021). Conclusions: RAPID Scholars generated multiple presentations and publications. RAPID mentoring and Conferences were highly rated. RAPID was associated with career advancement and increased professional society diversity. RAPID could serve as a national model for enhancing URM career development and professional society diversity.	other contributions	mentorship
16501276	The POD: a new model for mentoring underrepresented minority faculty	Charlotte Lewellen-Williams, Virginia A Johnson, Linda A Deloney, Billy R Thomas, Apollos Goyol, Ronda Henry-Tillman	Acad Med.	2006	Mentoring, long recognized as a catalyst for successful careers, is particularly important to the career development of underrepresented minority (URM) faculty. In academic medicine, mentor-protégé relationships are seriously threatened by increased clinical, research, and administrative demands and an emphasis on scholarship over citizenship. New mentoring models are needed, and they should be adaptable to a medical school's unique structure and mission. The Peer-Onsite-Distance (POD) model, developed in 2002 by the authors and introduced at the College of Medicine at the University of Arkansas for Medical Sciences, is a targeted, multilevel mentoring prototype that is built on a solid research foundation and tailored to the unique needs of URM medical school faculty. The mentee's individual needs for guidance related to career goals, resources, and the content and interaction skills that are known to be critical to successful academic careers are targeted for development. The multilevel approach provides a unique network of peer and faculty mentors who provide site-specific career guidance. Also in the network are leaders in their fields who can provide access to accurate information, cautions, predictions, and announcements of future resources or potential restrictions in academic medicine. Mentor commitments are clearly defined and time contributions are maximized. The POD model aims to promote retention and advance the careers of URM faculty by wrapping them in a protective cushion of interpersonal and intrapersonal support. The flexibility of the design allows for adaptation to any institution's unique structure and mission.	other contributions	mentorship
24667509	Training mentors of clinical and translational research scholars: a randomized controlled trial	Christine Pfund, Stephanie C House, Pamela Asquith, Michael F Fleming, Kevin A Buhr, Ellen L Burnham, Julie M Eichenberger Gilmore, W Charles Huskins, Richard McGee, Kathryn Schurr, Eugene D Shapiro, Kimberly C Spencer, Christine A Sorkness	Acad Med.	2014	Purpose: To determine whether a structured mentoring curriculum improves research mentoring skills. Method: The authors conducted a randomized controlled trial (RCT) at 16 academic health centers (June 2010 to July 2011). Faculty mentors of trainees who were conducting clinical/translational research ≥50% of the time were eligible. The intervention was an eight-hour, case-based curriculum focused on six mentoring competencies. The primary outcome was the change in mentors' self-reported pretest to posttest composite scores on the Mentoring Competency Assessment (MCA). Secondary outcomes included changes in the following: mentors' awareness as measured by their self-reported retrospective change in MCA scores, mentees' ratings of their mentors' competency as measured by MCA scores, and mentoring behaviors as reported by mentors and their mentees. Results: A total of 283 mentor-mentee pairs were enrolled: 144 mentors were randomized to the intervention; 139 to the control condition. Self-reported pre-/posttest change in MCA composite scores was higher for mentors in the intervention group compared with controls (P < .001). Retrospective changes in MCA composite scores between the two groups were even greater, and extended to all six subscale scores (P < .001). More intervention-group mentors reported changes in their mentoring practices than control mentors (P < .001). Mentees working with intervention-group mentors reported larger changes in retrospective MCA pre-/posttest scores (P = .003) and more changes in their mentors' behavior (P = .002) than those paired with control mentors. Conclusions: This RCT demonstrates that a competency-based research mentor training program can improve mentors' skills.	other contributions	mentorship, data driven
24816424	The value of speed mentoring in a pediatric academic organization	Janet R Serwint, Melissa M Collini, Nancy D Spector, Maryellen E Gusic	Acad Pediatr.	2014	Objective: A reliable and supportive mentor is indispensable to the career development of successful academic professionals. The Academic Pediatric Association (APA) utilized a speed mentoring format at the 2012 Pediatric Academic Societies meeting to enhance mentoring potential. We sought to evaluate the structure of the speed mentoring event and to determine the benefits and impact from the perspectives of the mentors and mentees. Methods: Sixty mentees were matched with 60 mentors within various tracks. Each mentee met with 6 mentors for 10 minutes for each dyad. Participants were then asked to complete a survey 1 to 4 weeks after the event. Survey items included expectation, impact, and value of the experience along with potential for ongoing mentoring relationships. Results: Fifty-four (90%) of the 60 mentees and 52 (87%) of 60 of the mentors completed the evaluation. Mentees stated that the event allowed them to receive advice from multiple mentors in a short time period. Mentors appreciated that they gained new insights, reflected on their own careers, and were able to give back to their field. Both mentees and mentors agreed that the time was well spent, would participate again, and identified chemistry as a major factor in pursuing an ongoing relationship. Conclusions: This national speed mentoring event provided an innovative, fun, and time-efficient mechanism to establish connections, network, and determine whether chemistry existed for potential mentor-mentee relationships. Further study should evaluate whether it can be used in other venues and lead to the development of lasting mentor-mentee relationships.	other contributions	mentorship

https://doi.org/10.1016/j.lpr.2021.100004	Mentorship in academic medicine: Competitive advantage while reducing burnout?	Jay A. Fishman	Health Sciences Review	2021	Increased regulatory oversight, mandated use of electronic medical records, and economic constraints on healthcare and research confront academic medical institutions while the core requirements for productivity in research, teaching and excellence and equity in clinical care remain. "Burnout" is an important challenge to healthcare and reflects the alienation, cynicism and decreased productivity of responsibilities in medicine that may detract from individual career engagement. Mentorship is advantageous in the successful navigation of careers in academic medicine, notably for individuals in need of specialized knowledge, skills or psychological support to accelerate their development. A formalized mentorship program provides individuals with the guidance and support needed for career development and may alleviate some of the alienation associated with burnout. The interdisciplinary nature of biomedicine supports the use of multiple mentors to provide diverse perspectives for trainees and junior faculty. Mentorship programs require institutional engagement with clear articulation of institutional goals and values as well as financial and political support. Such programs will identify and train potential leaders throughout an organizational hierarchy, support innovation and flexibility within the organization, increase job satisfaction and retention, and, as a result, enhance the institution's competitive position. Notably, relationships developed within a supportive environment may also mitigate the development of professional burnout.	other contributions	mentorship
35029847	Combating Structural Inequities - Diversity, Equity, and Inclusion in Clinical and Translational Research	L Ebony Boulware 1, Giselle Corbie 1, Sergio Aguilar-Gaxiola 1, Consuelo H Wilkins 1, Raquel Ruiz 1, Alfred Vitale 1, Leonard E Egede 1	N Engl J Med.	2022		other contributions	mentorship
32641352	Peer mentoring for professional and personal growth in academic medicine	Melanie Cree-Green, Anne-Marie Carreau, Shanlee M Davis, Brigitte I Frohnert, Jill L Kaar, Nina S Ma, Natalie J Nokoff, Jane E B Reusch, Stacey L Simon, Kristen J Nadeau	J Investigating Med.	2020	Mentorship is a critical component of career development, particularly in academic medicine. Peer mentorship, which does not adhere to traditional hierarchies, is perhaps more accessible for underrepresented groups, including women and minorities. In this article, we review various models of peer mentorship, highlighting their respective advantages and disadvantages. Structured peer mentorship groups exist in different settings, such as those created under the auspices of formal career development programs, part of training grant programs, or through professional societies. Social media has further enabled the establishment of informal peer mentorship through participatory online groups, blogs, and forums that provide platforms for peer-to-peer advice and support. Such groups can evolve rapidly to address changing conditions, as demonstrated by physician listserv and Facebook groups related to the COVID-19 pandemic. Peer mentorship can also be found among colleagues brought together through a common location, interest, or goal, and typically these relationships are informal and fluid. Finally, we highlight here our experience with intentional formation of a small peer mentoring group that provides structure and a safe space for professional and social-emotional growth and support. In order to maximize impact and functionality, this model of peer mentorship requires commitment among peers and a more formalized process than many other peer mentoring models, accounting for group dynamics and the unique needs of members. When done successfully, the depth of these mentoring relationships can produce myriad benefits for individuals with careers in academic medicine including, but not limited to, those from underrepresented backgrounds.	other contributions	mentorship
19246662	A call for training the trainers: focus on mentoring to enhance diversity in mental health research	Dilip V Jeste, Elizabeth W Twamley, Veronica Cardenas, Barry Lebowitz, Charles F Reynolds 3rd	Am J Public Health	2009	There is a widening disparity between the proportion of ethnic minority Americans in the population and the number of researchers from these minority groups. One major obstacle in this arena relates to a dearth of mentors for such trainees. The present academic settings are not optimal for development and sustenance of research mentors, especially for mentees from underrepresented minority ethnic groups. Mentoring skills can and should be evaluated and enhanced. Universities, medical schools, and funding agencies need to join hands and implement national- and local-level programs to help develop and reward mentors of junior scientists from ethnic minority groups.	other contributions	mentorship
33532959	Mentorship of Underrepresented Physicians and Trainees in Academic Medicine: a Systematic Review	Eliana Bonifacino, Eloho O Ufomata, Amy H Farkas 3 4, Rose Turner, Jennifer A Corbelli	J Gen Intern Med	2021	Background: Though the USA is becoming increasingly diverse, the physician workforce contains a disproportionately low number of physicians from racial and ethnic groups that are described as underrepresented in medicine (URiM). Mentorship has been proposed as one way to improve the retention and experiences of URiM physicians and trainees. The objective of this systematic review was to identify and describe mentoring programs for URiM physicians in academic medicine and to describe important themes from existing literature that can aid in the development of URiM mentorship programs. Methods: The authors searched PubMed, PsycINFO, ERIC, and Cochrane databases, and included original publications that described a US mentorship program involving academic medical doctors at the faculty or trainee level and were created for physicians who are URiM or provided results stratified by race/ethnicity. Results: Our search yielded 4,548 unique citations and 31 publications met our inclusion criteria. Frequently cited objectives of these programs were to improve research skills, to diversify representation in specific fields, and to recruit and retain URiM participants. Subjective outcomes were primarily participant satisfaction with the program and/or work climate. The dyad model of mentoring was the most common, though several novel models were also described. Program evaluations were primarily subjective and reported high satisfaction, although some reported objective outcomes including publications, retention, and promotion. All showed satisfactory outcomes for the mentorship programs. Discussion: This review describes a range of successful mentoring programs for URiM physicians. Our recommendations based on our review include the importance of institutional support for diversity, tailoring programs to local needs and resources, training mentors, and utilizing URiM and non-URiM mentors.	other contributions	mentorship
22029808	Evaluating research mentors working in the area of clinical translational science: a review of the literature	Emma Meagher, Lauren Taylor, Jeff Probsfield, Mike Fleming	Clin Transl Sci.	2011	The goal of this paper is to review the evaluation of mentors with a focus on training new investigators in clinical translational science. These scholars include physicians and Ph.D. scientists who are generally assistant professors in clinical departments. This white paper is one of a series of articles focused on the programmatic elements of effective mentoring practices and the "current state of the art." Evaluating mentor performance and providing formative feedback can lead to stronger mentoring and ultimately lead to increased success of new clinical and translational investigators. While there is general agreement that mentor evaluation can be helpful, the process is difficult. Trainees are reluctant to share negative experiences and to rate their mentors. Mentors are not sure they want to be evaluated. Program leaders are not sure how to effectively use the information. This white paper provides mentees, mentors, and program leaders with new perspectives on mentor evaluation and ideas for future research.	other contributions	mentorship
22212226	Identifying and aligning expectations in a mentoring relationship	W Charles Huskins, Karin Silet, Anne Marie Weber-Main, Melissa D Begg, Vance G Fowler Jr, John Hamilton, Michael Fleming	Clin Transl Sci.	2011	The mentoring relationship between a scholar and their primary mentor is a core feature of research training. Anecdotal evidence suggests this relationship is adversely affected when scholar and mentor expectations are not aligned. We examined three questions: (1) What is the value in assuring that the expectations of scholars and mentors are mutually identified and aligned? (2) What types of programmatic interventions facilitate this process? (3) What types of expectations are important to identify and align? We addressed these questions through a systematic literature review, focus group interviews of mentors and scholars, a survey of Clinical and Translational Science Award (CTSA) KL2 program directors, and review of formal programmatic mechanisms used by KL2 programs. We found broad support for the importance of identifying and aligning the expectations of scholars and mentors and evidence that mentoring contracts, agreements, and training programs facilitate this process. These tools focus on aligning expectations with respect to the scholar's research, education, professional development and career advancement as well as support, communication, and personal conduct and interpersonal relations. Research is needed to assess test the efficacy of formal alignment activities.	other contributions	mentorship
22376261	Evaluating and giving feedback to mentors: new evidence-based approaches	Lauren Anderson, Karin Silet, Michael Fleming	Clin Transl Sci.	2012	A comprehensive mentoring program includes a variety of components. One of the most important is the ongoing assessment of and feedback to mentors. Scholars need strong active mentors who have the expertise, disposition, motivation, skills, and the ability to accept feedback and to adjust their mentoring style. Assessing the effectiveness of a given mentor is no easy task. Variability in learning needs and academic goals among scholars makes it difficult to develop a single evaluation instrument or a standardized procedure for evaluating mentors. Scholars, mentors, and program leaders are often reluctant to conduct formal evaluations, as there are no commonly accepted measures. The process of giving feedback is often difficult and there is limited empirical data on efficacy. This article presents a new and innovative six-component approach to mentor evaluation that includes the assessment of mentee training and empowerment, peer learning and mentor training, scholar advocacy, mentee-mentor expectations, mentor self-reflection, and mentee evaluation of their mentor.	other contributions	mentorship
31660227	Diversity and the next-generation physician-scientist	Anit Behera, Jessica Tan, Hanna Erickson	J Clin Transl Sci.	2019	The fields in which physician-scientists work have much to gain by including people with different backgrounds and unique experiences in the search for new knowledge and solutions for existing problems [1,2]. The next generation of physician-scientists will be from the millennial and Gen Z generations, which are far more diverse than previous generations and have the potential to diversify the workforce [3]. Yet, many systemic and cultural barriers exist to limit the entry and advancement of physician-scientists from underrepresented backgrounds [4]. Thus, while addressing the shrinking physician-scientist workforce has been a major focus of the last four decades [5], we argue that promoting diversity in the workforce and reducing barriers for underrepresented groups should also be a priority. Here, we highlight many underrepresented groups that deserve attention and provide suggestions for how to support their inclusion in the physician-scientist workforce.	other contributions	mentorship
33500280	Mentoring as an intervention to promote gender equality in academic medicine: a systematic review	Allan House, Naila Dracup, Paula Burkinshaw, Vicky Ward, Louise D Bryant	BMJ Open	2021	Background: Mentoring is frequently suggested as an intervention to address gender inequalities in the workplace. Objectives: To systematically review evidence published since a definitive review in 2006 on the effectiveness of mentoring interventions aimed at achieving gender equality in academic medicine. Design: Systematic Review, using the Template for Intervention Description and Replication as a template for data extraction and synthesis. Sample: Studies were included if they described a specific mentoring intervention in a medical school or analogous academic healthcare organisation and included results from an evaluation of the intervention. Eligibility criteria: Mentoring was defined as (1) a formally organised intervention entailing a supportive relationship between a mentor, defined as a more senior/experienced person and a mentee defined as a more junior/inexperienced person; (2) mentoring intervention involved academic career support (3) the mentoring relationship was outside line management or supervision of performance and was defined by contact over an extended period of time. Outcomes: The impact of mentoring was usually reported at the level of individual participants, for example, satisfaction and well-being or self-reported career progression. We sought evidence of impact on gender equality via reports of organisation-level effectiveness, of promotion or retention, pay and academic performance of female staff. Results: We identified 32 publications: 8 review articles, 20 primary observational studies and 4 randomised controlled trials. A further 19 discussed mentoring in relation to gender but did not meet our eligibility criteria. The terminology used, and the structures and processes reported as constituting mentoring, varied greatly. We identified that mentoring is popular with many who receive it; however, we found no robust evidence of effectiveness in reducing gender inequalities. Primary research used weak evaluation designs. Conclusions: Mentoring is a complex intervention. Future evaluations should adopt standardised approaches used in applied health research to the design and evaluation of effectiveness and cost-effectiveness.	other contributions	mentorship
33430479	Mentoring New and Early-Stage Investigators and Underrepresented Minority Faculty for Research Success in Health-Related Fields: An Integrative Literature Review (2010-2020)	Lynda B Ransdell, Taylor S Lane, Anna L Schwartz, Heidi A Wayment, Julie A Baldwin	Int J Environ Res Public Health	2021	Mentoring to develop research skills is an important strategy for facilitating faculty success. The purpose of this study was to conduct an integrative literature review to examine the barriers and facilitators to mentoring in health-related research, particularly for three categories: new investigators (NI), early-stage investigators (ESI) and underrepresented minority faculty (UMF). PsycINFO, CINAHL and PubMed were searched for papers published in English from 2010 to 2020, and 46 papers were reviewed. Most papers recommended having multiple mentors and many recommended assessing baseline research skills. Barriers and facilitators were both individual and institutional. Individual barriers mentioned most frequently were a lack of time and finding work-life balance. UMF mentioned barriers related to bias, discrimination and isolation. Institutional barriers included lack of mentors, lack of access to resources, and heavy teaching and service loads. UMF experienced institutional barriers such as devaluation of experience or expertise. Individual facilitators were subdivided and included writing and synthesis as technical skills, networking and collaborating as interpersonal skills, and accountability, leadership, time management, and resilience/grit as personal skills. Institutional facilitators included access to mentoring, professional development opportunities, and workload assigned to research. Advocacy for diversity and cultural humility were included as unique interpersonal and institutional facilitators for UMF. Several overlapping and unique barriers and facilitators to mentoring for research success for NI, ESI and UMF in the health-related disciplines are presented.	other contributions	mentorship
33430085	Mentoring as a Buffer for the Syndemic Impact of Racism and COVID-19 among Diverse Faculty within Academic Medicine	Jeannette E South-Paul, Kendall M Campbell, Norma Poll-Hunter, Audrey J Murrell	Int J Environ Res Public Health	2021	Within this article, we explore the dual impact of two pandemics, racism and COVID-19, on the career and psychological well-being of diverse faculty within academic medicine. First, we present a discussion of the history of racism in academic medicine and the intensification of racial disparities due to the COVID-19 pandemic. As a result of the syndemic of racism and COVID-19, the outlook for the recruitment, retention, and advancement of diverse faculty and leaders within academic medicine is at risk. While mentoring is known to have benefits for career and personal development, we focus on the unique and often unacknowledged role that mentoring can play as a buffer for women and people of color, especially when working in institutions that lack diversity and are now struggling with the syndemic of racism and COVID-19. We also discuss the implications of acknowledging mentoring as a buffer for future leadership development, research, and programs within academic medicine and health professions.	other contributions	mentorship
32369152	Mentoring Millennials	Jennifer F Waljee, Vineet Chopra, Sanjay Saint	JAMA	2020		other contributions	mentorship
16954490	Mentoring in academic medicine: a systematic review	Dario Sambunjak, Sharon E Straus, Ana Marusić	JAMA	2006	Context: Mentoring, as a partnership in personal and professional growth and development, is central to academic medicine, but it is challenged by increased clinical, administrative, research, and other educational demands on medical faculty. Therefore, evidence for the value of mentoring needs to be evaluated. Objective: To systematically review the evidence about the prevalence of mentorship and its relationship to career development. Data sources: MEDLINE, Current Contents, Cochrane Database of Systematic Reviews, Database of Abstracts of Reviews of Effects, Cochrane Central Register of Controlled Trials, PsycINFO, and Scopus databases from the earliest available date to May 2006. Study selection and data extraction: We identified all studies evaluating the effect of mentoring on career choices and academic advancement among medical students and physicians. Minimum inclusion criteria were a description of the study population and availability of extractable data. No restrictions were placed on study methods or language. Data synthesis: The literature search identified 3640 citations. Review of abstracts led to retrieval of 142 full-text articles for assessment; 42 articles describing 39 studies were selected for review. Of these, 34 (87%) were cross-sectional self-report surveys with small sample size and response rates ranging from 5% to 99%. One case-control study nested in a survey used a comparison group that had not received mentoring, and 1 cohort study had a small sample size and a large loss to follow-up. Less than 50% of medical students and in some fields less than 20% of faculty members had a mentor. Women perceived that they had more difficulty finding mentors than their colleagues who are men. Mentorship was reported to have an important influence on personal development, career guidance, career choice, and research productivity, including publication and grant success. Conclusions: Mentoring is perceived as an important part of academic medicine, but the evidence to support this perception is not strong. Practical recommendations on mentoring in medicine that are evidence-based will require studies using more rigorous methods, addressing contextual issues, and using cross-disciplinary approaches.	other contributions	mentorship

23425990	Mentor networks in academic medicine: moving beyond a dyadic conception of mentoring for junior faculty researchers	Rochelle DeCastro 1, Dana Sambuco, Peter A Ubel, Abigail Stewart, Reshma Jagsi	Acad Med.	2013	Purpose: Career development award programs often require formal establishment of mentoring relationships. The authors sought to gain a nuanced understanding of mentoring from the perspective of a diverse national sample of faculty clinician-researchers who were all members of formal mentoring relationships. Method: Between February 2010 and August 2011, the authors conducted semistructured, in-depth telephone interviews with 100 former recipients of National Institutes of Health mentored career development awards and 28 of their mentors. Purposive sampling ensured a diverse range of viewpoints. Multiple analysts thematically coded verbatim transcripts using qualitative data analysis software. Results: Three relevant themes emerged: (1) the numerous roles and behaviors associated with mentoring in academic medicine, (2) the improbability of finding a single person who can fulfill the diverse mentoring needs of another individual, and (3) the importance and composition of mentor networks. Many respondents described the need to cultivate more than one mentor. Several participants discussed the use of peer mentors, citing benefits such as pooled resources and mutual learning. Female participants generally acknowledged the importance of having at least one female mentor. Some observed that their portfolio of mentors needed to evolve to remain effective. Conclusions: Those who seek to promote the careers of faculty in academic medicine should focus on developing mentoring networks rather than on hierarchical mentoring dyads. The members of each faculty member's mentoring team or network should reflect the protégé's individual needs and preferences, with special attention toward ensuring diversity in terms of area of expertise, academic rank, and gender.	other contributions	mentorship
23425989	Mentoring programs for underrepresented minority faculty in academic medical centers: a systematic review of the literature	Bettina M Beech, Jorge Calles-Escandon, Kristen G Hairston, Sarah E Langdon, Brenda A Latham-Sadler, Ronny A Bell	Acad Med.	2013	Purpose: Mentoring is critical for career advancement in academic medicine. However, underrepresented minority (URM) faculty often receive less mentoring than their nonminority peers. The authors conducted a comprehensive review of published mentoring programs designed for URM faculty to identify "promising practices." Method: Databases (PubMed, PsycINFO, ERIC, PsychLit, Google Scholar, Dissertations Abstracts International, CINHAL, Sociological Abstracts) were searched for articles describing URM faculty mentoring programs. The RE-AIM framework (Reach, Effectiveness, Adoption, Implementation, and Maintenance) formed the model for analyzing programs. Results: The search identified 73 citations. Abstract reviews led to retrieval of 38 full-text articles for assessment; 18 articles describing 13 programs were selected for review. The reach of these programs ranged from 7 to 128 participants. Most evaluated programs on the basis of the number of grant applications and manuscripts produced or satisfaction with program content. Programs offered a variety of training experiences, and adoption was relatively high, with minor changes made for implementing the intended content. Barriers included time-restricted funding, inadequate evaluation due to few participants, significant time commitments required from mentors, and difficulty in addressing institutional challenges faced by URM faculty. Program sustainability was a concern because programs were supported through external funds, with minimal institutional support. Conclusions: Mentoring is an important part of academic medicine, particularly for URM faculty who often experience unique career challenges. Despite this need, relatively few publications exist to document mentoring programs for this population. Institutionally supported mentoring programs for URM faculty are needed, along with detailed plans for program sustainability.	other contributions	mentorship
31008237	Optimizing Your Mentoring Relationship: A Toolkit for Mentors and Mentees	Megan Aylor, Mario Cruz, Aditee Narayan, Col Clifton Yu, Joseph Lopreiato, Keith J Mann, Rhonda Graves Acholonu, Teri Lee Turner, Janet R Serwint, Theodore Charles Sectish, Marsha S Anderson, Nancy D Spector	MedEdPORTAL	2016	Introduction: Mentorship is a vital component of academic and professional development. Mentees report positive impacts from mentorship programs, yet institutions and societies may struggle to meet their mentees' needs due to factors such as mentor fatigue and lack of mentor training. To address this in our own professional society, the Association of Pediatric Program Directors, we developed a mentor toolkit in order to utilize a variety of mentoring models, provide faculty development for midlevel mentors, and offer guidance to mentees. Methods: Most of these tools were designed to be administered in an interactive format such as a workshop or seminar with think-pair-share opportunities. The toolkit begins by providing a definition of mentoring and reinforcing the benefits and the characteristics of effective mentoring relationships. Next, we discuss the important role that mentees have in creating and maintaining effective mentoring relationships (i.e., mentee-driven mentoring). We then introduce a mentoring mosaic activity designed to help mentees examine their professional network and think about how they might expand it to fulfill the spectrum of their mentoring needs. Next, we present guidelines for the implementation of four mentoring models that can be used within one's institution: traditional dyadic mentoring, peer group mentoring, meet the professor mentoring, and speed mentoring. We then provide tools that can be used to help facilitate effective mentoring development. Results: This toolkit has successfully served as a self-guided resource at national meetings for many years, garnering positive feedback from mentors and mentees alike. Discussion: The principles and methods are easily generalizable and may be used to guide mentorship programs within institutional and professional societies, as well as to assist mentors and mentees in optimizing their individual mentoring relationships.	other contributions	mentorship
24777211	Promoting education, mentorship, and support for pediatric research	Committee on Pediatric Research	Pediatrics	2014	Pediatricians play a key role in advancing child health research to best attain and improve the physical, mental, and social health and well-being of all infants, children, adolescents, and young adults. Child health presents unique issues that require investigators who specialize in pediatric research. In addition, the scope of the pediatric research enterprise is transdisciplinary and includes the full spectrum of basic science, translational, community-based, health services, and child health policy research. Although most pediatricians do not directly engage in research, knowledge of research methodologies and approaches promotes critical evaluation of scientific literature, the practice of evidence-based medicine, and advocacy for evidence-based child health policy. This statement includes specific recommendations to promote further research education and support at all levels of pediatric training, from premedical to continuing medical education, as well as recommendations to increase support and mentorship for research activities. Pediatric research is crucial to the American Academy of Pediatrics' goal of improving the health of all children. The American Academy of Pediatrics continues to promote and encourage efforts to facilitate the creation of new knowledge and ways to reduce barriers experienced by trainees, practitioners, and academic faculty pursuing research.	other contributions	mentorship
33757995	Diversity of Mentorship to Increase Diversity in Academic Pediatrics	Colin J Orr, Skyler McLaurin-Jiang, Shaundreal D Jamison	Pediatrics	2021	Increasing the number of academic physicians from underrepresented groups in medicine is a complex problem requiring multiple solutions. Increasing diversity in academic medicine requires investment of time and resources from institutions, public and private organizations, and individuals. For early career academic physicians who are underrepresented in medicine, a cornerstone of career development has been the presence of invested mentors of various rank, sex, and race and ethnicity.1 The objective with this article is to outline the distinct approaches and varied types of mentorship that are necessary to create a more diverse academic pediatric community.	other contributions	mentorship
30739694	Organisational best practices towards gender equality in science and medicine	Imogen R Coe, Ryan Wiley, Linda-Gail Bekker	Lancet	2019	In August 2018, the president of the World Bank noted that "'Human capital'-the potential of individuals-is going to be the most important long-term investment any country can make for its people's future prosperity and quality of life". Nevertheless, leaders and practitioners in academic science and medicine continue to be unaware of and poorly educated about the nature, extent, and impact of barriers to full participation of women and minorities in science and medicine around the world. This lack of awareness and education results in failures to fully mobilise the human capital of half the population and limits global technological and medical advancements. The chronic lack of recruitment, promotion, and retention of women in science and medicine is due to systemic, structural, organisational, institutional, cultural, and societal barriers to equity and inclusion. These barriers must be identified and removed through increased awareness of the challenges combined with evidence-based, data-driven approaches leading to measurable targets and outcomes. In this Review, we discuss these issues and highlight actions that could achieve gender equality in science and medicine. We survey approaches and insights that have helped to identify and remove systemic bias and barriers in science and medicine, and propose tools that will help organisational change toward gender equality. We describe tools that include formal legislation and mandated quotas at national or large-scale levels (eg, gender parity), techniques that increase fairness (eg, gender equity) through facilitated organisational cultural change at institutional levels, and professional development of core competencies at individual levels. This Review is not intended to be an extensive analysis of all the literature currently available on achieving gender equality in academic medicine and science, but rather, a reflection on finding multifactorial solutions.	other contributions	mentorship
12520243	Critical choices in mentoring the next generation of academic pediatricians: nine circles of hell or salvation?	Dennis Drotar, Ellis D Avner	J Pediatr	2003		other contributions	mentorship
30739693	Working toward gender diversity and inclusion in medicine: myths and solutions	Sonia K Kang, Sarah Kaplan	Lancet	2019	Women's representation in science and medicine has slowly increased over the past few decades. However, this rise in numbers of women, or gender diversity, has not been matched by a rise in gender inclusion. Despite increasing representation, women still encounter bias and discrimination when compared with men in these fields across a variety of outcomes, including treatment at school and work, hiring, compensation, evaluation, and promotion. Individual and systemic biases create unwelcome environments for women, particularly for those who additionally identify with other traditionally devalued groups (eg, women of colour). This Review draws on several decades of research in the field of management and its cognate disciplines to identify five myths that continue to perpetuate gender bias and five strategies for improving not only the number of women in medicine, but also their lived experiences, capacity to aspire, and opportunity to succeed. We argue for a move away from a singular focus on interventions aimed at targeting individual attitudes and behaviour to more comprehensive interventions that address structural and systemic changes.	other contributions	mentorship
16117759	Mentoring faculty in academic medicine. A new paradigm?	Linda Pololi, Sharon Knight	J Gen Intern Med	2005	In this paper, we discuss an alternative structure and a broader vision for mentoring of medical faculty. While there is recognition of the need for mentoring for professional advancement in academic medicine, there is a dearth of research on the process and outcomes of mentoring medical faculty. Supported by the literature and our experience with both formal dyadic and group peer mentoring programs as part of our federally funded National Center of Leadership in Academic Medicine, we assert that a group peer, collaborative mentoring model founded on principles of adult education is one that is likely to be an effective and predictably reliable form of mentoring for both women and men in academic medicine.	other contributions	mentorship
24042336	Pediatric faculty diversity: a new landscape for academic pediatrics in the 21st century	Leslie R Walker, F Bruder Stapleton	JAMA Pediatr	2013	Academic pediatrics has not kept pace with the changing demographics in the United States population and the children and families we serve. By 2020, the majority of children and adolescents in the United States will come from ethnic minority backgrounds. We will have a new "majority minority" population, with Latino and Asian ethnicities contributing the largest proportion.1,2 This change in demographics is significant because health care disparities occur disproportionately in those who will soon make up the largest proportion of the US population. To date, pediatric organizations have not developed national strategies to respond specifically to the ethnic diversity in our pediatric population. Doing so is critical to ensuring excellence in our profession and our professional societies. Because the impact of the dramatic changes in US demographics is manifesting first in the pediatric population, we must lead the medical profession in creating a national strategy to address organizational change in the academic and practice workforce and thus ensure the best health outcomes in the 21st century	other contributions	mentorship
33958798	First-generation physician-scientists are under-represented and need better support	Briana Christophers, Briana Macedo, Edwin Nieblas-Bedolla, Mollie Marr, Olaf S Andersen, Catharine Boothroyd	Nat Med.	2021	First-generation students, whose parents do not have baccalaureate degrees, are less likely to apply to MD-PhD programs than to MD programs, which has led to a worrying lack of diversity among physician-scientists.	other contributions	mentorship
23702534	The Mentoring Competency Assessment: validation of a new instrument to evaluate skills of research mentors	Michael Fleming, Stephanie House, Vansa Shewakramani Hanson, Lan Yu, Jane Garbutt, Richard McGee, Kurt Kroenke, Zainab Abedin, Doris M Rubio	Acad Med.	2013	Purpose: To determine the psychometric properties of the Mentoring Competency Assessment (MCA), a 26-item skills inventory that enables research mentors and mentees to evaluate six competencies of mentors: maintaining effective communication, aligning expectations, assessing understanding, addressing diversity, fostering independence, and promoting professional development. Method: In 2010, investigators administered the MCA to 283 mentor-mentee pairs from 16 universities participating in a trial of a mentoring curriculum for clinical and translational research mentors. The authors analyzed baseline MCA data to describe the instrument's psychometric properties. Results: Coefficient alpha scores for the MCA showed reliability (internal consistency). The hypothesized model with its six latent constructs (competencies) resulted in an acceptable fit to the data. For the instrument completed by mentors, chi-square = 663.20; df = 284; P < .001; root mean square error of approximation (RMSEA) = 0.069 (90% CI, 0.062-0.076); comparative fit index (CFI) = 0.85; and Tucker-Lewis index (TLI) = 0.83. For the instrument completed by mentees, chi-square = 840.62; df = 284; P < .001; RMSEA = 0.080 (90% CI, 0.063-0.077); CFI = 0.87; and TLI = 0.85. The correlations among the six competencies were high: 0.49–0.87 for mentors, 0.58–0.92 for mentees. All parameter estimates for the individual items were significant; standardized factor loadings ranged from 0.32 to 0.81 for mentors and 0.56 to 0.86 for mentees. Conclusions: The findings demonstrate that the MCA has reliability and validity. In addition, this study provides preliminary norms derived from a national sample of mentors and mentees.	other contributions	mentorship
https://www.seattlechildrens.org/research/centers-programs/clinical-and-translational-research/funding/clinical-research-scholars-program/	Clinical Research Scholars Program	Seattle Children's	Program		The Clinical Research Scholars Program (CRSP) is a mentored research career development program for CCTR investigators. The program objective is to support junior faculty in the development of successful clinical, translational and outcomes research at Seattle Children's. This goal is accomplished through a structured program of mentoring by dedicated CRSP Faculty, educational seminars, and financial support.	other contributions	mentorship
https://medicine.utah.edu/Faculty-dev/programs/vpcat/	Vice President's Clinical and Translational (VPCAT) Research Scholars Program	University of Utah	Program		The VPCAT Research Scholars Program has been designed to offer intensive mentorship and support to early-stage faculty members engaged in clinical and translational research in transitioning to accomplished, funded principal investigators. VPCAT leverages the resources of our institution to augment departmental resources in support of junior faculty investigators using a holistic framework, the Matrix Mentoring Model, that includes five levels of mentorship: self, scientific, peer, senior, and staff. During the 2-year program, scholars receive training in scientific career development, grant writing and management, and leadership designed to create empowered principal investigators.	other contributions	mentorship
https://www.picturescientist.com/	Picture a Scientist	Tribeca Film Festival	Film		PICTURE A SCIENTIST chronicles the groundswell of researchers who are writing a new chapter for women scientists. Biologist Nancy Hopkins, chemist Raychelle Burks, and geologist Jane Willenbring lead viewers on a journey deep into their own experiences in the sciences, ranging from brutal harassment to years of subtle slights. Along the way, from cramped laboratories to spectacular field stations, we encounter scientific luminaries - including social scientists, neuroscientists, and psychologists - who provide new perspectives on how to make science itself more diverse, equitable, and open to all.	other contributions	mentorship

PMID	TITLE	AUTHORS	JOURNAL/BOOK	PUBLICATION YEAR	SUMMARY	CATEGORY	TYPE
19116472	A Simple Model to Optimize ResourceAllocations When Expanding the FacultyResearch Base: A Case Study	Keith A. Joiner, MD, MPH	Acad Med	2009	Construction of new biomedical researchfacilities has outpaced the fundingsources for faculty to occupy thosefacilities. This puts a premium on theefficient allocation of central resourcesfor faculty recruitment. The authordeveloped a mathematical model todetermine the optimal structure (dollars,space) for allocating resource packageswhen recruiting new faculty, based onexpected financial returns from thosefaculty. Surprisingly, the optimal strategywas to allocate homogeneousrecruitment packages, independent ofthe recruited faculty member's rank orthe individual's expected revenuegeneration. Optimization results wereused to allocate recruitment packages tonew department head and center directorsin the University of Arizona College ofMedicine during the last four years (2005–2008). At any institution that uses thismodel, appropriate distribution of facilitiesand administrative revenues at theinstitution is needed to equitably balancethe costs and benefits associated withfaculty expansion.	distribution of space salary expectations	data driven
31548337	Women in Pediatrics: Progress, Barriers, and Opportunities for Equity, Diversity, and Inclusion	Nancy D. Spector	Pediatrics	2019	The fair treatment of women pediatricians will require enhanced and simultaneous commitment from leaders in 4 key gatekeeper groups: academic medical centers, hospitals, health care organizations, and practices; medical societies; journals; and funding agencies. In this report, we describe the 6-step equity, diversity, and inclusion cycle, which provides a strategic methodology to (1) examine equity, diversity, and inclusion data; (2) share results with stakeholders; (3) investigate causality; (4) implement strategic interventions; (5) track outcomes and adjust strategies; and (6) disseminate results. Next steps include the enforcement of a climate of transparency and accountability, with leaders prioritizing and financially supporting workforce gender equity. This scientific and data-driven approach will accelerate progress and help pave a pathway to better health care and science.	salary expectations expectations of external funded time distribution of institutional resources	program evaluation
	Why Are Colleges So Cowardly?	Tom Bartlett	The Chronicles of Higher Education	2021	Jennifer Freyd sued the University of Oregon in 2017, alleging that she had been paid less than her male colleagues in the psychology department. Last week the two parties announced an agreement under which Oregon will pay the now-retired psychology professor $350,000 in damages, thereby avoiding a jury trial. In addition, the university will donate $100,000 to the Center for Institutional Courage, an organization Freyd founded last year that's dedicated to "rigorous scientific research, wide-reaching education, and data-driven action."	salary expectations other contributions	editorial summary
	Promising Practices for Understanding and Addressing Salary Equity at U.S. Medical Schools	Valerie M. Dandar, MA, AAMC; Diana M. Lautenberger, MAT, AAMC; Gwen E. Garrison, PhD, consultant to the AAMC.	AAMC	2019	Achieving salary equity in academic medicine is the right thing to do and the smart thing to do — yet it is a challenging task, requiring an institutional commitment to transparency, cross-campus collaboration, ongoing communication, dedicated resources, and enlightened leadership. There are few guides to assist institutions in this process. On behalf of the Association of American Medical Colleges (AAMC), I am very pleased to present this monograph, Promising Practices for Understanding and Addressing Salary Equity at U.S. Medical Schools. This publication and the related online toolkit are valuable resources for medical school leaders and faculty to use in launching, revising, and sustaining local salary-equity studies and initiatives. Promising Practices contains data from the annual AAMC Faculty Salary Report analyzed by gender. Analyses highlight national trends that medical schools may wish to investigate in their local studies. The publication also presents 11 institutional case studies and their promising practices to help medical schools develop local salary-equity initiatives. This effort is the first of many by the AAMC to share national data, tools, and promising practices to help schools understand and achieve salary equity. It is our hope that this publication prompts conversation on your campus and spurs momentum to address this critical issue.	salary expectations	data driven
	Closing the Gender Pay Gap in Medicine: A Roadmap for Healthcare Organizations and the Women Physicians Who Work for Them		Springer		Our road map begins with an evidence-based discussion of how gender-based differences in performance assessments, specialty choice, domestic responsibilities, negotiation, professional resources, sponsorship, and clinical productivity. accumulate across women's careers in medicine and impact evaluation, promotion, and therefore compensation in the healthcare workplace. Next, we describe traditional physician compensation models and explore how these pay programs support conventional practice styles that disproportionately monetize characteristics more commonly displayed by male physicians. Since organizational leaders seeking to narrow the gender pay gap must be aware of the legal context surrounding this type of endeavor, Chap. 4 provides a robust review of relevant statutory imperatives like the Equal Pay Act, Title VII of the Civil Rights Act of 1964, and state laws that prohibit gender discrimination in employment. Chap. 5 describes how to install infrastructure and conduct robust salary studies to identify baseline inequities, ensure reliable analysis, and facilitate organizational trust and forward movement in closing the gender pay gap. Chap. 6 details specific strategies healthcare enterprises can adopt to support the culture change necessary to identify and address biased workplace expectations that may be unintentionally sustaining the disparities discovered in salary studies. Lastly, the road map culminates with a chapter describing the efforts of one medical institution that has successfully made the journey from identifying compensation equity as a high-priority, organizational objective to creating the infrastructure, assessments, and policies necessary to support this enterprise mission.	salary expectations other contributions	data driven

PMID	TITLE	AUTHORS	JOURNAL/BOOK	PUBLICATION YEAR	SUMMARY	CATEGORY	TYPE
31548337	Women in Pediatrics: Progress, Barriers, and Opportunities for Equity, Diversity, and Inclusion	Nancy D. Spector	Pediatrics	2019	The fair treatment of women pediatricians will require enhanced and simultaneous commitment from leaders in 4 key gatekeeper groups: academic medical centers, hospitals, health care organizations, and practices; medical societies; journals; and funding agencies. In this report, we describe the 6-step equity, diversity, and inclusion cycle, which provides a strategic methodology to (1) examine equity, diversity, and inclusion data; (2) share results with stakeholders; (3) investigate causality; (4) implement strategic interventions; (5) track outcomes and adjust strategies; and (6) disseminate results. Next steps include the enforcement of a climate of transparency and accountability, with leaders prioritizing and financially supporting workforce gender equity. This scientific and data-driven approach will accelerate progress and help pave a pathway to better health care and science.	salary expectations expectations of external funded time distribution of institutional resources	program evaluation
31633016	Topic choice contributes to the lower rate of NIH awards to African-American/black scientists	Travis A Hoppe, Aviva Litovitz, Kristine A Willis, Rebecca A Meseroll, Matthew J Perkins, B Ian Hutchins, Alison F Davis, Michael S Lauer, Hannah A Valantine, James M Anderson, George M Santangelo	Sci Adv.	2019	Despite efforts to promote diversity in the biomedical workforce, there remains a lower rate of funding of National Institutes of Health R01 applications submitted by African-American/black (AA/B) scientists relative to white scientists. To identify underlying causes of this funding gap, we analyzed six stages of the application process from 2011 to 2015 and found that disparate outcomes arise at three of the six: decision to discuss, impact score assignment, and a previously unstudied stage, topic choice. Notably, AA/B applicants tend to propose research on topics with lower award rates. These topics include research at the community and population level, as opposed to more fundamental and mechanistic investigations; the latter tend to have higher award rates. Topic choice alone accounts for over 20% of the funding gap after controlling for multiple variables, including the applicant's prior achievements. Our findings can be used to inform interventions designed to close the funding gap. 	expectations of external funded time other contributions	data driven