

Inclusive Excellence: Implementing a Cohort-Based, Experiential Faculty Development Program at a Hispanic-Serving Institution



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Background

- Women faculty in academic medicine face many barriers in their career advancement. Among the barriers cited in the literature include, but are not limited to: lack of women in leadership, less powerful networks, the persistence of gender bias, ineffective mentorship and sponsorship, the paucity of women in certain specialties, along with the hierarchical structure of academic health centers (AHCs).¹
- Women generally, and women of color specifically, have reported hostile workplace experiences. Women of color also face unique barriers, including those related to the intersection of gender and race, often referred to as “double jeopardy”— systemic barriers and biases that truncate career opportunities.

Significance

- Despite reaching gender parity among medical school applicants, there remains a significant gap in women as full professors, chairs, division chiefs, and deans, especially among Latina and African-American women faculty.
- A recent report by the Association of American Medical Colleges (AAMC) indicate among full-time women faculty, the proportion of women underrepresented in medicine (URiM) was 13% in 2018 with the greatest representation at the assistant professor rank. Of the 154 LCME-accredited medical schools, women made up 18% of decanal leadership and only 2% are led by African-American women.

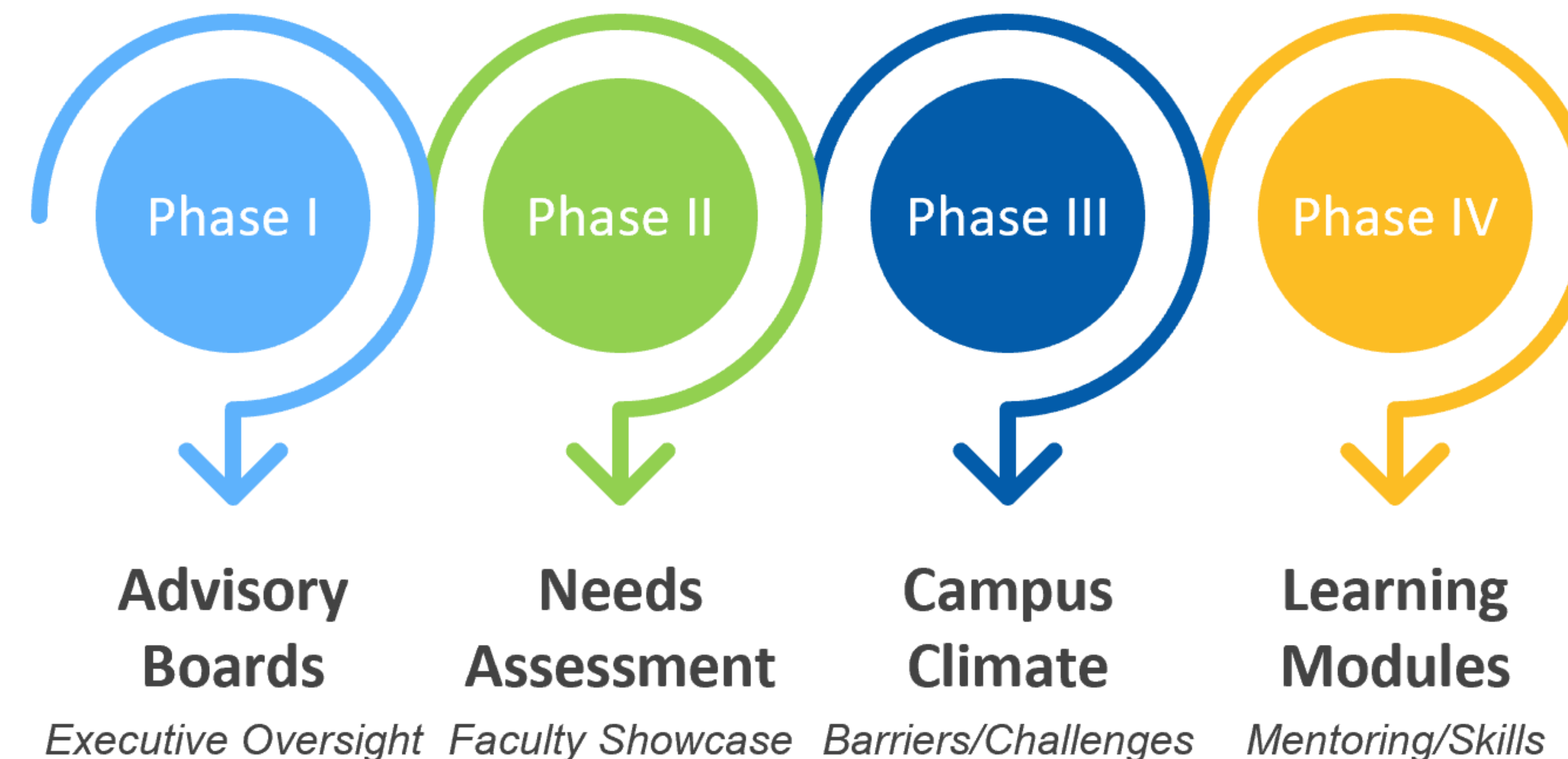
Objectives

1. Develop a cohort-based, experiential mentoring/faculty development program for junior tenure-track women faculty and URiM faculty.
2. Develop and implement a holistic array of career development initiatives for underrepresented early and mid-career faculty; and
3. Conduct research on practices and policies impacting the progression and advancement of URiM and women faculty.

Methods/Approach

Table 1. Distribution of Women Full-Time Faculty by Race/Ethnicity and Rank and Total Men Full-Time Faculty, 2019²

Race/Ethnicity	Women Instructors	Women Assistant Professors	Women Associate Professors	Women Full Professors	Total Women (All Ranks) ³	Total Men (All Ranks)
American Indian/Alaskan	23	66	28	7	129	149
Asian	1,589	9,069	2,746	1,416	15,291	20,427
Black or African American	476	2,301	648	280	3,806	2,697
Hispanic, Latino, Spanish Origin	334	1,374	502	303	2,596	3,331
Native Hawaiian/Pacific Islander	13	34	17	1	70	109
White	5,414	22,444	9,238	7,326	45,852	67,910
Other	174	427	85	27	722	879
Multiple Race, Hispanic	190	1,232	258	154	1,885	2,265
Multiple Race Non-Hispanic	175	816	309	170	1,500	2,052
Unknown	1,008	1,726	385	190	3,920	3,585
TOTAL	9,396	39,489	14,216	9,874	75,771	103,404



PHASE I: Formation of Advisory Boards Two advisory committees were formed to provide direction and guidance in the development and implementation of this program: (1) UT Health Cross-Institutional Council, consisting of university liaisons from all five schools: Nursing, Health Professions, Graduate School, Dentistry, and Medicine along with the VP for Academic Affairs; and (2) former ELAM fellows or ELUMS and female department chairs constitute the second.

PHASE II: Needs Assessment In early February 2020, the Office for Faculty and the Office for Research partnered with the Office for Inclusion and Diversity to provide resources and instruction on skills needed to develop academic careers, such as scientific writing, research collaborations, mitigating bias, developing research proposals, and addressing burnout/wellness in the inaugural Faculty Career Development Showcase. This half-day workshop was open to all Health Science Center faculty.

PHASE III: Campus Climate Survey Creating and maintaining a respectful and welcoming environment for all to live, learn, work and thrive is a priority at UT Health San Antonio. To that end, the Office for Inclusion and Diversity has secured a third-party vendor to conduct a Campus Climate Survey.

PHASE IV: Learning Modules Didactic and interactive learning sessions will be offered via various modalities and facilitated by SMEs at the health science center and neighboring colleges and universities. The goal is to have a diverse group of faculty members lead workshop offerings identified in consultation with the advisory boards and the leadership council (department chairs), informed by the needs assessment survey results.

Outcomes

- The electronic needs assessment survey had a response rate of 45% (n=74).
- Most identified a need for career development and structured mentoring.
- 96% rated the training workshop as ‘good’ or ‘excellent’.
- Many expressed that the workshop met or exceeded their expectations and knowledge /skills increased.
- Additional time for networking with SMEs and attendees was communicated in the qualitative portion of the needs assessment survey.

Discussion

- Phase III & IV were suspended due to COVID-19.
- Projected launch date: Fall 2021
- We anticipate that these efforts will lead to an increase in the proportion of URiMs and women faculty in promotion advancement and senior leadership.
- Institution-oriented, value-driven programs have been shown to increase the likelihood of promotion to full professor, leadership, and workplace satisfaction.
- A cohort-based model provides for the development and implementation of faculty learning communities. A total of 10-15 faculty will participate in the 1st cohort.
- Diversifying AHCs is critically important to (1) meet the needs of a growing diverse patient population; (2) increase provider-patient congruence which often lead to greater medical compliance; (3) attract incoming learners and faculty entering academic medicine with similar backgrounds; and (4) bring new perspectives, ideas, knowledge to a male-dominated hierarchy.

References

1. The Association of American Medical Colleges, *The State of Women in Academic Medicine 2018-2019: Exploring Pathways to Equity*. 2020. (Washington, DC).
2. AAMC Faculty Roster, U.S. Medical School Faculty, 2019
3. Columns do not add up to the totals because faculty in the “other” category are not reflected in this table.
4. Process Diagram by [Slidesgo](#).