

**Breakout Session Title: Improving the recruitment of women and underrepresented minority physician-scientist trainees**

**Session Leaders:** Rebecca Baron, MD, Audrea Burns, PhD, Chris Pittenger, MD, PhD, FAPA, FANA & Keith Choate, MD, PhD

**Goal:**

Provide consensus thoughts on advancements and persistent challenges in recruiting and supporting a diverse physician-scientist workforce that represents the current US population (as currently defined by the AAMC for defining representation).

**Focus:** Justice, Diversity, Equity, and Inclusion (JDEI) in Recruitment for advancement of (1) UiMS trainees and (2) women

**Agenda, Questions and Notes:**

**INTRODUCTION: Introductions (5')**

- Participant Introductions [gauge specialty interest/tailor discussion]
- Establish psychological safety [can speak from your own lens, ones of colleagues (allyship), or broader experiences]
- Please state your name, institution, role, and specialty the first time that you share in order for us to anchor notes and note differences/similarities across specialties
- Allowing time for those who arrive late to join breakout session

**Q1/2: Infrastructure/Programming (25')**

**Q1: Advancements:**

1. Comparing 10 years ago/now- how have things changed with recruitment of UiMS trainees and Women (5')
  - a. Prompts:
    - i. at your institution
    - ii. in PSTP programs in your specialty
    - iii. specific achievements have been made in achieving institutional diversity benchmarks/goals for recruiting pediatric physician-scientist UiMS and women trainees
    - iv. differences within primary care versus subspecialty care within your specialty

**Notes:**

- Faculty Discussion--Internal Medicine- Persistent pipeline issue of women (not representative of the US general population)
  - Proposed Strategies: representation of women/UiMS during recruitment, increased visible presence

- Is there a perception amongst MSTP trainees that women cannot have work/life balance? Malignant perceptions of certain specialties? - rhetorically shared as to why trainees are dissuaded to considering IM as a potential career path
- APSA Member Reflections:
  - How Can We Increase Diverse Applicants?
    - Untapped pool of applicants-community college poll (represents women/UiMS)
  - What are existing barriers for community college trainees to join the physician-scientist pool as potential applicants → existing barriers for requirement preparation
    - Timeline (loss of potential income) of physician-scientist training
    - Financial burden (MCAT prep/retest) fees are exorbitant
    - Conflicts with work/life balance for elder/childcare (cost/lack of support)
    - Mentorship challenges - (alignment with data shared during keynote- (Tor- Mentor)), need for mentorship skills of current faculty, paucity of available mentorship for community college trainees
- Recruitment
  - Residency Training - improving gender bias
    - Expansion of pooling talent from local universities/colleges- i.e., HBCUs, rethinking of use of standardized tests
    - Acknowledgement of Lag time between MSTP recruitment to seeing fruits/outcomes in PSTP residency program—oftentimes academic institutions want quick results that do not align with lengthy physician-scientist training
  - Exemplar Initiatives (Dermatology):
    - New considerations for – distance traveled
    - Ongoing challenges transitioning benefits to each step of training
    - K→R data--- women have a significant lag in funding (10 years) from transition time in comparison to men—takes 10 years to level back
- Faculty Review and Promotion
  - Exemplar Initiatives: Faculty Review/Promotion (Psychiatry)
    - Elevation of citizenship in promotion and tenure- increased recognition for explicit ways to acknowledge/award

## Q2: Barriers (10')

2. What continued challenges does your program/ institution currently face in promoting women and URiM physician-scientist trainee recruitment? (7')

## Notes:

- Pediatrics:
  - Challenges with promoting an inclusive environment (past diversity efforts)
  - How does one support all choices of work/life balance (choice to or/not have to have children)

- Solution: representative support from all types of choices/versions of success in panels/small group sessions-promote peer support and mentorship
  - Solution: ensuring representation includes visibly marginalized groups
- Psychiatry:
  - Grant funding (community health funded less/correlates with UiMS extramural funding)
  - Acknowledgement, celebration of research topics linking back to community health of marginalized communities/public health
  - Frameshifting “Hard Science to Soft Science” Concept
- Solution for Recruitment:
  - Three C’s Community, Communication, Commensuration
  - Near peer-cross specialty connection/community to support inclusion and belonging
- Cohort Recruitment:
  - Physician-scientist societies
  - Active listening
  - Create cohorts of trainees across specialties/programs- feel as though there is a larger community
- Change specialties (i.e., Cardiology) that are traditionally less family oriented
  - Leadership representation of women and UiMS

### **Opportunities for Committee Outreach (5’)**

What information should we provide through AAMC and/or webinar to highlight specialty-specific advances in recruitment and creating an inclusive environment?

Notes:

1. Enhancement of NIH Loan Repayment Program
2. Examples of Diversity:

- a. Pathway Webinar Series:
  - i. Honest/open discussions of challenges in pathway (near-peer webinar speakers)
  - ii. Trainees continue to feel as though there are too many barriers to pursue
- b. Reframing Scientific Presentations
  - i. Highlighting challenges/negative data
  - ii. Presentation of story/chronology of findings
- 3. Mentorship
  - a. Representation, mentorship team, sponsor, life coaches
  - b. Allowing for speakers to engage with trainees of interest
- 4. Aggregated data
  - a. Informed decisions on how to best move forward with promoting inclusion

**Additional Questions that we do not address explicitly:**

- 1. What specific changes have programs/institutions made to achieve these diversity benchmarks? (i.e., institutional infrastructure, programmatic infrastructure) (5')
  - a. Prompts:
    - i. have they been helpful? Lessons Learned?
    - ii. Have any of the following been implemented: (a) Protected time for additional mentorship, (b) additional programming/support

3. What strategies/approaches would be helpful in addressing these challenges? [can also explore across specialties for advancements/continued barriers] (7')
  - a. Prompt:
    - i. Impact of barriers on recruitment of women
    - ii. Impact of barriers on recruitment of URiM trainees?
    - iii. Has ongoing challenges influenced trainee's decision for finalizing specialty selection

**Q3: Advancements (10')**

1. Have we improved in fostering a culture of inclusion and belonging for women/URiM trainees committed to a career as a physician-scientist?
2. What specific changes have program/institution made for promoting inclusion/belonging for PSTP trainees?
3. What strategies/approaches would be helpful in addressing these challenges?

**Q4: Barriers (10')**

4. What challenges have your trainees of underrepresented gender/racial identities faced in feeling supported, mentored, and sponsored once entering into your PSTP/institution?
  - a. Prompts:
    - i. Has this impacted attrition?
    - ii. Other comments?