

MFL Project Executive Summary

Retain and Advance Diverse Research Faculty (RADAR)

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Objective:

Improve retention and advancement of diverse clinician researchers at BMC/BUMC.

Significance:

- Diverse clinical researchers bring diversity to their work which fosters scientific excellence and helps reduce health inequities.
- Institutions across the country, including Boston Medical Center and Boston University School of Medicine, want to retain researchers in whom they have invested both money and effort. The cost to the institution is significant for each faculty member who leaves.

Innovation:

The RADAR program (Retain and Advance Diverse Research Faculty) proposes functional programs to help retain diverse faculty.

Process/Methods:

1. Trends and statistics of BMC and BUSM losing diverse faculty to other institutions was thoroughly reviewed.
2. Reviewed existing BMC/BUSM reports, including the Stay Interview Report (provided by Dr. Sabrina Assoumou), and the URG Recruitment + Retention Workgroup Report (provided by BUMG/Dr. Robert Vinci)
3. Multiple focus groups (14 participants total) with URGs were performed with faculty and trainees at various levels of BMC/BUSM tenure.
4. One-on-one interviews (n=3) were held with URG faculty that had left BMC/BUSM for direct input on why and how we could change.
5. Reports on national trends, and programs at other institutions were collected and reviewed.

Results:

There were recurring themes in trends of failure to retain diverse faculty:

- Lack of formalized mentorship
- Needs for clarity in promotion path
- Administrative support needs
- Centralization of URG support programs
- Improved culture of URG belonging
- More access to pilot grants.

Limitations:

Statistics and data on URG retention at BMC/BUSM are limited. In addition, new data collected (focus groups, interviews) were based on a relatively small number of URGs.

The Ask:

Recommendation #1 Administrative research navigator: A centralized administrative navigator for proactive and ad hoc URG needs, including:

- Connector to research resources around campus and URG benefits.
- Administrative assistance with grant preparation and statistical support.
- Advocate for office and research space/physical plant.
- Organize networking, social and affinity events, connect URGs who share academic interests.
- Scheduled updates: URG summaries (website and quarterly email), of all BU diversity/URG programs.
- Ad hoc availability for other URG needs.

Recommendation #2 Formal career development path.

Each participant will be given clear guidance on their path to promotion with:

- Twice yearly checks on progress and recommendations for improvements.
- Opportunities for regional, national, and international exposure.

Each participant will receive a formal mentorship team of two:

- A mentor who is aligned scientifically and will support training in the clinician scientist's research field. They will have regular meetings and a contract signed by both with expectations.
- A Senior mentor, assigned by RADAR, who will meet with the participant 2-3 times per year as additional accountability. The Senior mentor will act as a sponsor, providing advice regarding career progression, enhancing opportunities to build expertise and leadership, and confirming that the participant is supported productively.

Protected time needs to be supported to ensure success, with a minimum of 30% for the clinician scientists and 5% for mentors.

One example of a successful mentorship program is at Indiana University School of Medicine. A formal evaluation showed that participants were significantly more likely to pursue leadership roles and submit paperwork for promotion, and less likely to leave academic medicine or move to another institution (Tucker Edmonds, et al Academic Medicine: February 1, 2022).

Recommendation #3: Establish URG retention grants. We propose to provide 3 URG retention grants yearly. This recommendation stems from similar and successful programs done in other academic institutions. The URG retention grants will provide financial support over 3 years and the funds can be used for salary, personnel or research supplies. The Navigator (recommendation #1) will oversee and administer these awards.

One example of similar successful programs like the one we are proposing are the Faculty Development Award from the Center for Diversity and Inclusion at MGH given to URG faculty. Their program started in 2002 and 2 awards were given each year and it is now expanded to provide 6 awards annually <https://www.massgeneral.org/cdi/>.

Annual Evaluation:

The success of the RADAR should be monitored through annual evaluations, leveraging existing surveys such as the Stay Interview, the BMC Clinician Vitality Survey and the newly developed university wide BU Vitality Survey (administered every 3 years). In order to estimate the return on investment of the URG Retention Grants, the Research Navigator will maintain a list of grants submitted and awarded to the awardees, as well as follow URG recipients over the years to monitor their retention and career path. The long term goal of these Retention Grants will be to create a cohort of URG research clinicians within BMC.

Metrics of success can be modeled after the BUSPH strategy map and include scholarship activities, citations, presentations, leadership roles and external funding obtained. (<https://www.bu.edu/sph/files/2016/11/BUSPH-Strategy-Map.-Final.pdf>).

Costs

1. Research navigator	\$160,000/year	
a. Salaries		
b. Events		
2. Career development		
a. Mentor time (5%)	\$15,000/mentee	6 mentees
b. Mentee time (30%)	\$75,000/mentee	6 mentees
3. URG Retention grants	\$60,000/year/investigator (3 years)	3 awards

Total \$880,000/year 1

Sustainability

BMC/BUSM has related programs that can be leveraged to implement these recommendations and sustain them over time. For example the BU Clinical & Translational Science Institute already has a Research Navigator Team (RNT) whose goal is assisting investigators and their teams to catalyze, facilitate and accelerate clinical and translational science at BU and BMC. The RNT can be expanded to incorporate the staff and activities described in recommendation #1.

Strong central funding was a key factor identified by interviewed thought leaders and participants to successfully develop and retain research faculty. In addition to supporting the programs, central funding solidifies the message that development and retention of researchers is a strategic direction for BMC/BUSM.

Finally, we recommend that a system be implemented to track clinician researchers across BMC/BUSM departments as well as URG researchers. Our project was limited by the fact that there isn't a clear definition of clinician researchers, there are few URG clinician researchers, and no data on URG researchers. Evaluating the success of these programs depends on having good quality data on all these factors.