

# Academic medicine during COVID

Article looks at experiences of early-career female faculty

BY LINDA PICONE

**E**arly-career women in the medical faculty at the University of Minnesota already had been talking to each other about their frustrations, successes and paths to advancement as part of the *Early Pathways to Career Success of the Center for Women in Medicine and Science at the University*.

“We had been meeting in person monthly,” says Sade Spencer, PhD, assistant professor of Pharmacology at the University of Minnesota Medical School. “And then the world shut down.”

The program is designed to discuss things pertinent to the career advancement of women faculty, but once COVID forced the group into meeting virtually, rather than in person, and brought new complications into everyone’s lives, “we started having these organic conversations about what was going on in the moment and what that felt like,” Spencer says.

A senior faculty member recommended that the women collect information about what they were discussing, so there would be a record of the concerns of that particular community. That collection of experiences led to an academic article, published in the December 2021 issue of *Preventive Medicine Reports*, laying out a framework for more diversity, equity and inclusion opportunities in medicine and science. Spencer was the lead author on the article.

The set of people observed whose concerns are cited in the article is small and relatively narrow—early career, female, medical faculty ... during a pandemic. But Spencer says the group believes that many if not most of the issues they noted apply beyond early career women faculty. “As we were writing it, we were thinking more broadly about our male peers. It is probably applicable to early career faculty overall.”

The collection of data and the article were “more of a perspective than of research,” Spencer says. The published article says: “We propose recommendations on issues related to research, education, financial, and work-life well-being identified as salient based on our own personal experiences but with the recognition that they apply to other marginalized, underrepresented, and disproportionately-affected communities.”

The concerns cited in the article include impacts on:

**Clinical care.** Although many of the stresses for those involved in clinical care were the same as male colleagues were experiencing—physical distancing requirements, risk of personal exposure to COVID-



Sade Spencer, PhD

19, changing protocols, a shift from specialty services, telehealth, etc.—pregnant women faculty had additional serious concerns.

**Research.** Research that started before the pandemic was “almost universally altered,” the article states. The quick turn to COVID-19 research “necessitated an established work process and network that many early career faculty inherently lack.”

**Education.** Learning how to provide education virtually and navigating “a deluge of emails, training modules, and changing policies” took time away from preparing the educational content itself, the article says. “This lost time has impacted the career trajectory, publication rate and grant submissions/awards of early career faculty more than senior faculty, and women more than men,” according to research by Myers in 2020.

**Finances.** Academic medical centers were hit hard by the pandemic, and many laid off or furloughed staff, reduced salaries, suspended travel-related reimbursements, etc., which, according to the article, will have a disproportionate effect on early career faculty, “who likely have more debt and less savings than their senior colleagues.”

**Work-life well-being.** As in other fields, women in academic medicine experience more challenges with work-life well-being than male colleagues. Pre-pandemic research has shown that physicians and medical trainees have an increased risk of depression, burnout and suicide compared to the general population—and that the relative risk is even greater in female physicians.

## Key recommendations

The article lays out a number of opportunities and recommendations for academic faculties to better engage early-career female physicians, including:

- Provide supports for remote work and work autonomy.
- Include early-career faculty in decision-making.
- Reduce institutional barriers to telehealth.
- Virtual conference meetings.
- Create an internal funding mechanism that prioritizes projects with multiple primary investigators that include junior faculty and diversity in gender and race.

- Promote and reward excellence of early-career clinical faculty work.
- Expand educational opportunity for distance learning.
- Measure and address gender-based salary disparity.
- Fund initiatives to support women at work, including childcare services and flexible schedules.
- Re-evaluate promotion and tenure practices.
- Encourage vulnerable and honest communication at every level of leadership.

One of the recommendations was to create “balance buddies” over the long-term. During COVID, on the hospital side, the University implemented “battle buddies,” Spencer says, creating a support system for physicians on the frontlines.

“Our proposal is that this can and should be extended beyond the emergency” she says. “There should be some sort of buddy system for early faculty—or even later faculty. There have been attempts at that, but it’s more common that it’s in the form of mentoring committees for early faculty, focused on professional development.” A “balance buddy” would be a support system where “you can talk about challenges, successes, failures, but you can also relate personal things that are going on.”

### What’s next

The group created a survey for all University of Minnesota Medical School faculty and is now looking at the data from the responses. “We want to generate a report that we will get back to the

University on what we found, but hopefully there will be a number of research products coming out of that,” Spencer says, “including another paper on early-career faculty that I will take the lead on, maybe not exclusively focused on women but hopefully we will have the data to compare men vs. women, early-career, vs. senior faculty.”

A key to significant change would be to look differently at how faculty are evaluated. The traditional measures of success include research, papers published, classes taught and academic services completed. “Faculty competencies should be evaluated holistically over the more narrow traditional metrics of success. In doing so, that might better take into account the challenges that we all face and the setbacks associated with this pandemic,” Spencer says.

During COVID, the University of Minnesota gave medical school faculty an option to write impact statements about how they had been affected by the pandemic. Spencer says she would like to see something like that in an ongoing way, not just during an extraordinary time.

“It would allow you to have more of a narrative of your career,” she says. “The ‘pie’ of what any faculty member does is much bigger than the traditional measures. We should be able to explain what our ‘pie’ is and how we have intentionally crafted our career beyond the traditional aspects of success.” ■■■

Linda Picone is editor of *Minnesota Medicine*.



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