Those who identify as underrepresented in medicine (UIM) have historically experienced numerous obstacles in academic medicine. Lee and colleagues\(^1\) offer a framework for understanding how to help increase the percentage of UIM trainees who pursue academic careers.

Previous studies have used frameworks to detail the challenges in both recruiting and retaining UIM in academic medicine. For example, Williams et al\(^2\) employed the attraction-selection-attrition model by Schneider to describe how lived experiences of Black physicians at each stage of the job cycle can be used to ameliorate anti-Black racism. The attraction phase is how institutions recruit physicians. In other words, does the institution promote diversity in their mission statement and photos? The selection phase refers to the metrics used to decide the best candidate. In medicine, this is often based on test scores and/or grades, letters of recommendation, research experience, publications, or leadership. Lastly, retention involves ensuring that the employee continues to feel as if they belong so they will want to stay at their institution.

Soto-Santiago et al\(^3\) proposed the use of the Culturally Engaging Campus Environments (CECE) model to better understand how culture and integration of community engagement can impact mentoring experiences for those who are UIM so they are able to thrive at their respective institutions. The CECE model involves 9 parts, including cultural familiarity, culturally relevant knowledge, cultural community service, cultural validation, meaningful cross-cultural engagement, collectivist cultural orientations, humanized educational environments, proactive philosophies, and holistic support.\(^3\)

Lee et al\(^1\) propose an alternative approach to address the numerous issues of recruitment and retention of UIM with a prefaculty framework derived from social cognitive career theory (SCCT). SCCT is based on 3 components: how well a learner believes in themselves and how they anticipate the impact of others on reaching their goals, as well as their attributes.\(^4\) The likelihood of success is dependent on a supportive environment, role models, and personal achievement.\(^4\) The overarching theme of this framework is to teach self-efficacy, knowledge, skills, and attitudes to prepare trainees for careers in academic medicine. Based on this framework, they propose milestones that UIM students, trainees, and faculty need to achieve between the stages of medical school and faculty.

Lee et al\(^1\) describe 11 competency domains that address topics such as personal values and mentorship. The mentorship competency notes that trainees should be able to differentiate mentors from advisors, coaches, and sponsors. In the advanced stage, UIM faculty should be able to evaluate which of these supports are needed. Although this competency is critical, it is by itself not sufficient. In today’s academic environment, sponsors are overwhelmingly male and non-UIM and often sponsor other non-UIM men, which perpetuates homogeneity in leadership positions.\(^5\) Providing guidance and developing skills for how to find a sponsor may be more apropos at this stage.

Another competency that should be sensitive to the current academic environment is personal effectiveness and efficacy, specifically, demonstrating emotional intelligence. Lee et al\(^1\) suggest that during training, there must be development of competencies in emotional intelligence, such as skill in adjusting body language and in spoken or written language during difficult situations. This would imply that the resident has received such training. However, specific training, such as microaggressions response training, is not necessarily commonplace in medical education.\(^6\) Rather than putting the onus on the UIM trainee who is more likely to experience microaggressions, it should be placed on institutions to teach about them.
The competencies in the framework are important to identify and deliberately cultivate. They are necessary but not sufficient for success, and some may need to be reworked to ensure the onus is on the institution to develop them. In the end, a supportive institutional culture and an available cadre of mentors, sponsors, and advisors are also needed to help guide UIM trainees and future faculty. Despite these limitations, Lee et al provide a useful roadmap for UIM and their mentors to develop a successful academic career.

ARTICLE INFORMATION
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