

Published in final edited form as:

Stroke. 2021 January; 52(1): 8-11. doi:10.1161/STROKEAHA.120.033387.

INTRODUCING THE STROKE EDITOR TRAINING PROGRAM (ETP) FOR UNDERREPRESENTED IN MEDICINE SCHOLARS

Bruce Ovbiagele, MD, MS¹, Ralph L. Sacco, MD MS²

¹Department of Neurology, University of California, San Francisco

²Department of Neurology, University of Miami, Miami, Florida

Keywords

Journals; Editors; Editorial Board; Underrepresented; Health Equity; Disparities; Diversity; Workforce; Biomedical Research; Career Development

Opportunities to truly realize health equity for all, will require not just the purposeful involvement of key stakeholders in the conduct and dissemination of health equity research, but also the prioritization and implementation of other activities, including diversifying the biomedical research workforce. Unfortunately, there is an established dearth of certain racial/ethnic groups in medicine generally, and in academic medicine in particular, and these are the same groups more likely to experience relatively unfavorable health outcomes. Explanations for the lower frequency of these groups in academia include possible structural racism, implicit bias, and lack of mentorship. Tolar Groups underrepresented in medicine (UIM) with notable health dispartities, include African-Americans, Latinx, Native Americans (i.e. American Indians, Alaska Natives, and Native Hawaiians) and mainland Puerto Ricans. Achieving the goals of sustainable change that will effectively address the under representation of certain groups in academic medicine requires action. Enhancing the number of these groups in medical research conduct and dissemination may help better highlight questions and discoveries of high relevance to underserved areas and vulnerable populations.

As the primary conduits for underscoring research gaps and disseminating progress in clinical sciences and health care, as well as boosting career growth in academic medicine, medical journals could play an important role in mitigating healthcare disparities and bridging health inequities. ¹⁷ Scholars from racial/ethnic minorities and other historically marginalized groups are disproportionately underrepresented on editorial boards and in editorial leadership. ¹⁷ Increasing numbers of UIMs on editorial boards, and in senior editor positions might make issues of health equity and workforce diversity more prominent than they currently are, and provide avenue to attract and retain UIMs in academic medicine. ¹⁷ A well-trained workforce of UIM scholars is a critical component of research to reduce

Address for Correspondence: Bruce Ovbiagele, MD MS, Department of Neurology, University of California, San Francisco, San Francisco, CA 94121, bruce.ovbiagele@va.gov.

Conflicts: None for both authors

_

disparities in cerebrovascular disease outcomes that affect underserved and/or low-income communities, as well as a major factor in minority participation in clinical trials, especially given the changing demographics in the United States. ¹⁸

Several medical journals have Editorial Fellowships, which provide a great opportunity for early career individuals to obtain insight into the peer review process by shadowing experienced journal editors. During these programs, Editorial Fellows participate in all of a Journal's editorial processes, reading assigned manuscripts, selecting appropriate reviewers, evaluating quality of the reviews, and helping to make decisions. Successful fellows are later invited to join the Editorial Boards of these journals. If journals could make a concerted effort to recruit more UIMs to these fellowships, thereby creating a pipeline of qualified and capable individuals to later join editorial boards and eventually editor teams. A side benefit of these fellowships is that fellows become better readers and, subsequently better writers of manuscripts and grants.

Recognizing that few trainees or junior faculty are formally exposed to editorial processes, especially UIM, *Stroke* aims to fill this opportunity gap through the launch of an Editor Training Program (ETP) for UIM scholars. Objectives of the ETP are: 1) to offer a pathway for UIM early career scholars to gain the mentorship, experience and professional skills that will support their effective participation in the editorial process through acting as junior editors under the mentorship of members of our editorial leadership team; 2) to address that gap by providing mentored experiences in all aspects of the journal publication process; 3) to facilitate the ability of diverse scholars to produce their own manuscripts that will be successful in navigating the professional journal review process; and 4) although not guaranteed, to provide an experience that will allow successful Trainee Editors to later go on to be reviewers, and possibly editorial board members for *Stroke*. Table 1 provides an overview of various activities in the ETP.

In conclusion, gaps in the pipeline for UIMs are well established. ^{20–22} While gratifyingly there has been some progress for women advancing in the biomedical sciences, UIMs so far are not making much headway. ^{23, 24} There is considerable room for improvement to enhance involvement of UIM racial/ethnic minority individuals in the decision-making and leadership of prominent medical journals. *Stroke* has decided to act. A year-long Editor Training Program offering diverse early career individuals an opportunity to be involved in editorial activities that they would not normally be exposed to until much later in their careers could be a right step in the right direction.

Acknowledgments

Dr Sacco reports other funding from the American Heart Association during the writing of this article.

REFERENCES

- 1. Christens BD, Butterfoss FD, Minkler M, Wolff T, Francisco VT and Kegler MC. Learning From Coalitions' Efforts to Promote Equity and Justice. Health Educ Behav. 2019;46:110S–114S. [PubMed: 31549559]
- 2. Carnethon MR, Kershaw KN and Kandula NR. Disparities Research, Disparities Researchers, and Health Equity. JAMA. 2020;323:211–212. [PubMed: 31841578]

3. Nivet MA, Taylor VS, Butts GC, Strelnick AH, Herbert-Carter J, Fry-Johnson YW, Smith QT, Rust G and Kondwani K. Diversity in academic medicine no. 1 case for minority faculty development today. The Mount Sinai journal of medicine, New York. 2008;75:491–8.

- Anderson. H and Lang. J. The Long-Term Retention and Attrition of U.S. Medical School Faculty Association of American Medical Colleges Analysis in Brief. 2008;8(4): 1–3.
- Mahoney MR, Wilson E, Odom KL, Flowers L and Adler SR. Minority faculty voices on diversity in academic medicine: perspectives from one school. Academic medicine: journal of the Association of American Medical Colleges. 2008;83:781–6. [PubMed: 18667896]
- 6. Peterson NB, Friedman RH, Ash AS, Franco S and Carr PL. Faculty self-reported experience with racial and ethnic discrimination in academic medicine. Journal of general internal medicine. 2004;19:259–65. [PubMed: 15009781]
- 7. Cerdena JP, Rehman T and Hardeman RR. Why Bias Matters in Medicine: Qualitative Insights from Anonymous, Online Reports. J Natl Med Assoc. 2020;112:6–14. [PubMed: 32044104]
- 8. Dixon G, Kind T, Wright J, Stewart N, Sims A and Barber A. Factors That Influence the Choice of Academic Pediatrics by Underrepresented Minorities. Pediatrics. 2019;144. [PubMed: 31068149]
- 9. Johnson TJ, Ellison AM, Dalembert G, Fowler J, Dhingra M, Shaw K and Ibrahim S. Implicit Bias in Pediatric Academic Medicine. J Natl Med Assoc. 2017;109:156–163. [PubMed: 28987244]
- Rodriguez JE, Campbell KM and Mouratidis RW. Where are the rest of us? Improving representation of minority faculty in academic medicine. South Med J. 2014;107:739

 –44. [PubMed: 25502149]
- 11. Price EG, Powe NR, Kern DE, Golden SH, Wand GS and Cooper LA. Improving the diversity climate in academic medicine: faculty perceptions as a catalyst for institutional change. Acad Med. 2009;84:95–105. [PubMed: 19116484]
- 12. Diversity and Inclusion: Underrepresented in Medicine Definition. 2020;2020.
- Diaz T, Navarro JR and Chen EH. An Institutional Approach to Fostering Inclusion and Addressing Racial Bias: Implications for Diversity in Academic Medicine. Teach Learn Med. 2020;32:110–116. [PubMed: 31566010]
- Guevara JP, Adanga E, Avakame E and Carthon MB. Minority Faculty Development Programs and Underrepresented Minority Faculty Representation at US Medical Schools. Jama. 2013;310:2297– 304. [PubMed: 24302093]
- 15. Koenig RUS higher education. Minority retention rates in science are sore spot for most universities. Science. 2009;324:1386–7.
- Castillo-Page. L. Diversity in the Physician Workforce: Facts and Figures 2010. Washington, DC: Association of American Medical Colleges 2010.
- Ogedegbe G Responsibility of Medical Journals in Addressing Racism in Health Care. JAMA Netw Open. 2020;3:e2016531. [PubMed: 32816027]
- 18. Ovbiagele B, Goldstein LB, Higashida RT, Howard VJ, Johnston SC, Khavjou OA, Lackland DT, Lichtman JH, Mohl S, Sacco RL, Saver JL, Trogdon JG, American Heart Association Advocacy Coordinating C and Stroke C. Forecasting the future of stroke in the United States: a policy statement from the American Heart Association and American Stroke Association. Stroke. 2013;44:2361–75. [PubMed: 23697546]
- 19. Underrepresented Racial and Ethnic Groups. National Institutes of Health Can be found at https://extramural-diversity.nih.gov/diversity-matters/underrepresented-groups. Last accessed on November 5, 2020 2020.
- Thakore BK, Naffziger-Hirsch ME, Richardson JL, Williams SN and McGee R, Jr. The Academy for Future Science Faculty: randomized controlled trial of theory-driven coaching to shape development and diversity of early-career scientists. BMC Med Educ. 2014;14:160. [PubMed: 25084625]
- Estape-Garrastazu ES, Noboa-Ramos C, De Jesus-Ojeda L, De Pedro-Serbia Z, Acosta-Perez E and Camacho-Feliciano DM. Clinical and translational research capacity building needs in minority medical and health science Hispanic institutions. Clin Transl Sci. 2014;7:406–12.
 [PubMed: 24841800]

22. Crockett ET. A research education program model to prepare a highly qualified workforce in biomedical and health-related research and increase diversity. BMC Med Educ. 2014;14:202. [PubMed: 25248498]

- 23. Estrada M, Burnett M, Campbell AG, Campbell PB, Denetclaw WF, Gutierrez CG, Hurtado S, John GH, Matsui J, McGee R, Okpodu CM, Robinson TJ, Summers MF, Werner-Washburne M and Zavala M. Improving Underrepresented Minority Student Persistence in STEM. CBE Life Sci Educ. 2016;15.
- 24. Layton RL, Brandt PD, Freeman AM, Harrell JR, Hall JD and Sinche M. Diversity Exiting the Academy: Influential Factors for the Career Choice of Well-Represented and Underrepresented Minority Scientists. CBE Life Sci Educ. 2016;15.

 Table 1.

 Overview of the *Stroke* Editor Training Program (ETP) for Underrepresented in Medicine Minority Scholars

Activity	Description
Highlights	 Working remotely, Editors-in-Training will spend at least one year working closely with a mentor who is a member of the Stroke Editorial Team (i.e., the Editor in Chief or one of the Associate Editors), learning to shepherd submissions through the entire peer review process including screening submissions, identifying reviewers, making and communicating editorial decisions and editing manuscripts to export for publication
	 Editorship is unpaid and part-time, approximately 2–3 hours per week; most work is online and by conference call. Editors-in-Training will work from their own locations and will not relocate.
	• Editors-in-Training will participate in manuscript decisions, strategic planning for the journal, editorial team conference calls, and the journal's annual Editorial Board meeting.
	 Editors-in-Training will be assigned a Senior Editor who will act as their mentor for the duration of their appointment. The Senior Editor will help the Fellow seek the best referees and coach them on how to analyze referees' reports and make a recommendation on acceptability.
	 Name(s) of the Editors-in-Training will appear next to that of the Senior Editor handling the paper and will be published alongside the final accepted paper.
	Editors-in-Training will be listed on the Stroke masthead as such.
	 Monthly consultation calls with the mentor will be held in order to ensure that goals are achieved and the Editors-in-Training professional development needs are being met.
	 Upon successful completion of the year-long fellowship, Editors-in-Training will become members of the Stroke Editorial Board, following which, if an Assistant Editor position becomes available, they may become candidates for consideration to take on an such a role.
Eligibility	Membership in American Heart Association (at the time editorship begins, if not currently)
	 Identification with a historically underrepresented in medicine group (i.e., related to race, ethnicity). Blacks of African Americans, Hispanics or Latinos, American Indians or Alaska Natives, Native Hawaiians and other Pacific Islanders.
	 In post-doctoral training or within five years of first academic faculty appointment
	Stroke Reviewer Trainee Pool members to be invited to apply
	From any profession or discipline including basic sciences
	 Have a record of at least three peer review publications (at least of which as first author) in reputable journal(son a topic in stroke.
	 Have served as a reviewer for at least two (2) manuscripts at any peer-reviewed journals, along with a track record of commitment to cerebrovascular disease research.
	Be willing to not accept appointments or serve on the editorial boards of any other journals during the period the Editor Training Program.
Application	 A cover letter, addressed to Ralph Sacco, M.D., M.S., Editor-in-Chief, describing your objectives in applying for the fellowship, why you are suited for this position, and what you believe you might gain from this experience and training, and how you will use the fellowship to advance your career and/or impact your program/department
	A current curriculum vitae
	Completed conflict of interest form
	Completed confidentiality form
	 A sample of your writing (i.e. a manuscript that you have submitted or published. Draft manuscripts will NOT be circulated and will only be used to assess writing style and interests)
	 A written sample of a recent manuscript review you have performed would be a plus (it will NOT be circulate and only be used to gauge current level of reviewing skill)
	 Letter of recommendation (< 2 pages) from the Academic Home Division Chief, Program director, or Department Chair. A statement of protected time to perform the functions outlined is desirable.
	 Letter of recommendation (< 2 pages) from a Fellow of the AHA Stroke Council (distinct from academic leader letter).

Ovbiagele and Sacco

Activity Description Selection Application review by Stroke Editors Interviews of top candidates by designated Stroke Editorial Mentors Editor-in-Training selection by designated Editorial Mentors The name(s) of the selected individual(s) will be announced at the ISC meeting. Editor Training Program to begin during the International Stroke Conference meeting Expectations There will be no more than 3-5 Editors-in-Training at any given time Participate in bi-weekly Editor conference calls. Each Editor-in-Training will be expected to advance twelve to fifteen papers over the year through the editorial process from submission to review to publication decision. Editors-in-Training may have more than one assigned Senior Editor mentor during the training period. Editor-in-Training will be expected to write at least one editorial or other article type for Stroke (with supervision). Editor-in-Training may also contribute to the journal's social media presence Editors-in-Training will be encouraged (where feasible) to carry out mentored research projects that investigate issues pertinent to peer review and academic communication. Editors-in-Training will participate (when appropriate) in outreach to particular readers, commenters, and knowledge user groups Stroke will evaluate Fellows' progress and adjust program to specific needs in annual ISC meeting(s) or conference call(s) with the Editor-in-Chief. Editors-in-Training will serve for at least 1 year, with the option of renewing annually for up to 3 years. Consideration will be given in future years to creating two tracks of Editors-in-Training Miscellaneous Junior Editors-in-Training (fellows, very early career faculty (3 years), those with relatively less reviewer/editorial/publishing experience) Senior Editors-in-Training (late early career faculty (4-5 years), those with relatively more reviewer/editorial/publishing experience) Consideration will be given in future years to creating one slot for a promising international Editor-in-Training candidate from a low- to middle income country

Page 6