

- COVER PAGE**
 - Project title
 - Name and degree of primary investigator (PI)
 - Name and degrees of co-investigators/collaborators
 - Name of affiliated department(s)
 - Section(s) that grant focuses on: *UGME, GME, CME, IPE*
 - Contact information for primary investigator

- PROPOSAL ABSTRACT**
 - 12-point font and 1-inch margins, no more than 300 words.
 - Format: Problem/Educational Issue, Goal, Approach, Predicted Outcomes, and Anticipated Impact including dissemination plan.

- PROPOSAL NARRATIVE**
 - Does not exceed five, single-spaced pages, 12-point font; 1-inch margins
 - Rationale & Statement of the Problem**
 - Background & Theoretical Framework**
 - Approach**
 - Outcomes and Evaluation Plan**
 - Plan for dissemination of project outcomes regionally and nationally**
 - References** (*not included in the 5-page limit*)
 - Necessary addendums / appendices** (*not included in 5-page limit*)

- PROJECT TIMELINE**

- BUDGET**
 - Itemized costs
 - Statement of justification for each budget line item

- BIOGRAPHICAL SKETCHES**
 - Template provided in guidelines has been used for each biosketch

- LETTERS OF SUPPORT**
 - One letter of support for each study applicant (PI and Co-PI[s])

- INSTITUTIONAL REVIEW BOARD (IRB) APPROVAL**
 - If this is a research project involving human subjects, documentation that the proposal has been submitted to the Institutional Review Board (IRB) for review must be included in the application

I have reviewed the proposal and verify that the items listed above are included.

PI Signature: _____



Project Title:

Professional Identity Formation in Racially Minoritized Physicians

Primary Investigator:

Louis H. Miller, MD

Assistant Dean for Career Advisement

Zucker School of Medicine

Co-Investigators:

Tasha R. Wyatt, PhD

Associate Director, Center for Health Professions Education (CHPE)

Associate Professor, Department of Medicine

Uniformed Services University of the Health Sciences

Collaborators:

Sunita Cheruvu, MD

Woodlyn Daniel

Treisha Green, MBA

Grace Lee, MD

R. Ellen Pearlman, MD

Erika Rivera

Aaron Rhee

Arany Uthayakumar

Nicole Rockich Winston, PharmD, EdD

Sections of Focus:

UGME, GME

Primary Contact:

Louis H. Miller

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Proposal Abstract

Problem/Educational Issue: Professional identity formation (PIF) is the dynamic process by which learners begin to merge their new professional values with their existing personal identity. Prior literature on PIF in medical education indicates that the experiences of all physicians' identity development follows a similar path, regardless of the physician's background experiences, sociocultural status, immigrant status, etc. As such, consideration of the unique experience of racially minoritized learners as they tackle barriers they face throughout their medical education has been largely understudied. In understanding that PIF relies on implicit and explicit lessons provided within medical education, it is important to further explore this issue in order to restructure medical education and learn how to best serve the different needs of racially minoritized learners in medicine.

Goal: Identify the experiences students/residents/attending physicians have had in their professional contexts and the effect they have had on their professional identity.

Approach: This study will use a cross sectional design to provide "snapshots" of various experiences that racially minoritized students, residents and attending physicians have at different levels of medical training, and the effect these experiences have/have had on their PIF. Participants will participate in a semi-structured interview. Qualitative data will be analyzed using constant comparative methods to allow themes and patterns to emerge across participants.

Predicted Outcomes: Researchers will develop a better understanding of the effects of various experiences of racially minoritized students on their PIF.

Anticipated Impact & Dissemination: Understanding the effects of various experiences of racially minoritized students on their PIF will meaningfully impact our ability to address the needs of racially minoritized trainees as they proceed in their medical journey. Our findings will be submitted for publication and presentation with the expectation of motivating other schools and residency training programs to integrate these findings within their curriculum.

Proposal Narrative

Rationale & Statement of the Problem: Professional identity formation (PIF) is the critical, transformational process by which trainees internalize the core values, beliefs and personal characteristics of a physician. Early research in PIF has largely neglected the experiences of racially minoritized physicians in medicine, instead viewing the experiences of minoritized physicians through the dominant, Euro-centric lens.¹ This is problematic because by continuing to forward only White standards of behavior within medical education, the idea of professionalism may then, unintentionally, be misused as a tool of social control that is used by the social groups that dominate medical education to maintain power over the discipline's accepted behaviors.² The concept of professionalism and PIF has become a growing topic of discussion in medical education, and as such, teaching and assessing professionalism is an essential element of medical curricula. Rather than reframing curricula around out-dated literature and continuing to forward only the dominant group's perspective, it is important to bring to the light the experiences of racially minoritized physicians and physicians-in-training to better support their distinct needs throughout medical education.

This study is being initiated because in an earlier study, participant interviews with Black/African American students conducted at the Medical College of Georgia (MCG) and Emory University discussed issues that were not addressed by other ethnic and cultural groups (i.e. racism, prejudice, and discrimination). The participants in that study who were under-represented in medicine (UiM) indicated that they were concerned that issues related to racism, discrimination, and prejudice in medicine would continue into their professional practice. Therefore, this study aims to identify the experiences other racially minoritized students/residents/attending physicians have had in their professional contexts and further explore the effect they have had on their professional identity.

Background & Theoretical Framework: Many of the UiM trainees currently enrolled in our institutions have grown up in a hostile sociopolitical context where they have experienced prejudicial and discriminatory messages directly and indirectly throughout their lifetime. However, these experiences have largely gone unacknowledged for their impact on physicians in-training and potential impact on patient-provider interactions. Several studies have recently drawn attention to these issues, raising questions around the PIF experiences of racially minoritized physicians. For example, Wyatt and colleagues^{1,3-5} recently published several papers on the experiences of Black/African American physicians in medicine and the struggles they have as a result of joining a profession that has historically been dominated by white males. These empirical studies followed a meta-ethnography on the PIF literature examining it through the lens of someone who is racially minoritized in society.⁶ This body of work marks an important inflection point in the PIF literature in that it draws attention to unique needs and experiences of non-white physicians. Additionally, other studies, such as Wear⁷ explored the

personal and professional challenges of Asian/Pacific Islander women in medicine and found that they have unique career, family and gender issues that intersect with their medical training experiences.

Outside of these published studies, there are also several commentaries and editorials found in the gray literature that support the need to examine the experiences of racially minoritized physicians in medicine. For example, in an attempt to raise the issues of race and discrimination in medicine, physicians have written personal narratives on the intersection of these issues.⁸ Residents⁹ have published personal narratives raising the question “What do I need to do to be recognized as a doctor?” and the media has reported the lack of recognition African American physicians experience because they don’t fit the typical description of a doctor. Finally, there are also reports that patients refuse care from UiM physicians. These reports indicate physicians and physicians-in-training experience ongoing prejudice and racial discrimination in the workplace, yet the presence of these experiences has received very little consideration in PIF research in medical education.

Research in other professions indicate that racialized/stigmatized minorities negotiate their professional identities in ways not reported by other racial groups¹⁰ and struggle with the normalized culture of Whiteness within their profession.¹¹ If our medical schools are charged with increasing the level of diversity in the healthcare system, medical education needs to acknowledge UiM students’ experiences with prejudice and discrimination and its potential effect on trainees’ and attending physicians’ professional identity development.

Given the harsh sociopolitical and training environment that UiM trainees experience, this study uses critical race theory¹² as a theoretical framework to explore the PIF of non-white medical students. Critical race theory asserts that in the U.S. a) racism is seen as normal, b) White communities support racial progress to the extent there is advancement of their own interests, c) racialized identities are intersectional, d) whiteness has its own protections, like property, and e) the importance of counter-storytelling as a form of resistance. Using this theory, we will take for granted the fact that medical education is part of this racist environment, and those in positions of power are trying to protect whiteness and what the White community values. For these reasons, UiM students will have PIF experiences that are qualitatively different compared to their peers; experiences that are rooted in oppression, injustice, and personal harm.

Approach: This study proposes a cross sectional design to provide “snapshots” of various experiences that racially minoritized participating students, residents and attending physicians have at different levels of medical training, and the effect these experiences have had on their PIF. This includes subgroups of participants who are considered underrepresented in medicine, as defined by the American College for Medical Colleges (AAMC) (Black, Latinx, Pacific Islanders, and Native American) as well as those who identify as East Asian, South Asian or Southeast Asian.

Through personal contacts, the research team will identify two medical students (M1-M4), two residents and two attending physicians from each subgroup who may be interested in

participating in the study. These initial 6 participants will be interviewed as a starting point for understanding potential issues that may affect each subgroup's professional identity development. Interviews will be analyzed for emergent themes, and participants will be asked to suggest others who may be interested in participating in the study (aka: The snowball method of recruitment). Previously identified themes will be brought into the next round of interviewing, and explored more in depth, while also allowing new themes to emerge. Additional participants will be recruited into the study until approximately 75 participants have been interviewed on their experiences as a racially minoritized physician and the effect these experiences have had on their identity development.

Participants will be asked to participate in a one-time 60 minute semi-structured interview on Zoom. Additionally, if warranted, participants will be invited to participate in a member-checking session where the data is taken back to the participants and discussed for accuracy. In each interview, participants will be matched with a race-concordant interviewer in an attempt to minimize discomfort speaking openly about race. Interviewers will use a pre-made set of questions to guide their discussion. (Appendix A)

A potential barrier will be participants not being candid in their responses. They may choose not to disclose anything that may be uncomfortable, given the sensitive nature of the questions being asked. To address this, participants will be made aware that all data will be deidentified in the analytical process to minimize any risks to the participants and to keep participants safe. Additionally, other measures may be taken to obscure the participants' identity, such as having the option to turn the camera off during the zoom interview and having no written consent forms.

Outcomes and Evaluation Plan: To ensure validity of data collection in the interview process, participants may be invited to participate in a member-checking session where the data is taken back to the participants and discussed for accuracy. Data from the transcriptions of each interview will be analyzed using constant comparative methods to allow themes and patterns to emerge across participants. This method has its roots in grounded theory¹³, which has emerged as a useful method when exploring new topics and phenomena in medical education research.¹⁴ Emergent themes will then be refined and re-coded into subthemes that allow for connections and relationships among the codes to develop. To test for coding reliability, the team may bring in a researcher not affiliated with the project to examine the team's coding scheme, not to exceed 10% of the total data set.

The success of the project lies in being able to better understand how the experiences of racially minoritized groups impact their professional identity formation. We anticipate the discovery of emerging themes within these minoritized groups' experiences that significantly differ from that of the dominant group in medicine. In exposing these differences, medical schools will become better equipped to restructure the medical school curriculum to best support diverse groups in medicine. Based on prior work by Wyatt and colleagues^{1,3-5}, this support from the medical school curriculum may manifest as greater recognition of the importance of

mentorship in racially minoritized physicians' success in medical training, improving their access to positions of leadership, and/or paying greater attention to the culture of Whiteness embedded in medicine's values, beliefs and practices and acknowledging the effects of this culture on minoritized racial groups within the medical school curriculum.

The findings from this study may be used in many ways to fortify the curriculum's support of racially minoritized groups. For example, we propose the creation of faculty development programs to aid in integrating new perspectives. We anticipate the findings of this study to influence specific initiatives within the Office of Diversity, including expanding on a mentorship program for URiMs transitioning into their third years. We hope this study will change how professionalism is defined, assessed, and adjusted for and will further reduce bias in assessments of professionalism. More specific curricular interventions will be created after the interview process, when we are better able to understand how to support these students.

Evaluation of successful implementation of curricular interventions could include assessment of faculty using Objective Standardized Teaching Evaluations, "OSTEs", after completion of a faculty development program. However, the ultimate measure of success will come from the students' perception of bias within our institution. During the first 100 weeks, students are given a questionnaire in which they respond to questions regarding their experiences with bias. Upon graduation, the AAMC similarly administers a questionnaire to students regarding their experiences with bias. If we follow their responses over time, we hope to see reductions in the percentage of people experiencing bias upon graduation from the Zucker School of Medicine.

This project can easily be sustained following the funding period, as we anticipate the bulk of the budget will go towards transcription services and gift cards for the participants, which will occur within the first 6 months of the project when we interview participants.

Plan for dissemination of project outcomes regionally and nationally: We anticipate that dissemination of this research will inspire and motivate other medical schools to implement the study's findings into their own faculty development programs and student diversity, equity, and inclusion initiatives within their medical school curricula. Additionally, we hope that in bringing to light the unique experiences of racially minoritized trainees in medicine, other researchers will be inspired to continue to investigate the nuances between all racialized groups in medicine to address the gap in the PIF literature.

We intend to submit our findings for presentation at the Annual Medical Education Conference (AMEC), the Academy of Professionalism in Health Care (APHC), and both regional and national AAMC meetings. We also intend to submit our findings for publication in a peer-reviewed medical journal such as The Association for the Study of Medical Education's, *Medical Education*.

References

1. Wyatt TR, Rockich-Winston N, White D, Taylor T. "Changing the narrative": A study on professional identity formation among Black/African American physicians in the U.S. *Advances in Health Science Education*. 2020;doi:10.1007/s10459-020-09978-7
2. Frye V, Camacho-Rivera M, Salas-Ramirez K, et al. Professionalism: The Wrong Tool to Solve the Right Problem?. *Acad Med*. 2020;95(6):860-863. doi:10.1097/ACM.0000000000003266
3. Wyatt TR, Taylor T, White D, Rockich-Winston N. "When no one sees you as Black": The effect of racial violence on Black trainees and physicians. *Academic Medicine*. 2021;96(11S):S17-S22. doi:10.1097/ACM.0000000000004263
4. Wyatt TR, Rockich-Winston N, Taylor T, White D. What does context have to do with anything?: The study of professional identity formation of physician-trainees considered underrepresented in medicine. *Academic Medicine*. 2020;95(10):1587-1593. doi:10.1097/ACM.0000000000003192
5. Rockich-Winston N, Taylor T, Richards J, White D, Wyatt T. "All patients are not treated as equal": Extending medicine's social contract to Black/African American communities. *Teaching and Learning in Medicine*. 2021;
6. Wyatt TR, Balmer D, Rockich-Winston N, Chow C, Richards J, Zaidi Z. "Whispers and Shadows": A Critical Review of the Professional Identity Literature with Respect to Minority Physicians. *Medical Education*. 2020;doi:10.1111/medu.14295
7. Wear D. Asian/Pacific Islander women in medical education: Personal and professional challenges. *Teaching and Learning in Medicine*. 2009;12(3):156-163. doi:10.1207/S15328015TLM1203_7
8. Tweedy D. *Black man in a white coat: A doctor's reflection on race and medicine*. St. Martin's Press; 2015.
9. Montenegro R. My name is not "interpreter". *JAMA*. 2016;315(19):2071-2072.
10. Slay H, Smith D. Professional identity construction: Using narrative to understand the negotiation of professional and stigmatized cultural identities. *Human Relations*. 2011;64(1):85-107. doi:10.1177/0018726710384290
11. Brown K. Teaching in color: A critical race theory in education analysis of the literature on preservice teachers of color and teacher education in the U.S. *Race, Ethnicity, and Education*. 2013;17(3):326-345.
12. Ford CL, Airhihenbuwa CO. Critical Race Theory, race equity, and public health: toward antiracism praxis. *Am J Public Health*. 2010;100 Suppl 1(Suppl 1):S30-S35. doi:10.2105/AJPH.2009.171058
13. Glaser BG Strauss AL. *The Discovery of Grounded Theory : Strategies for Qualitative Research*. Chicago: Aldine Publishing; 1967.
14. Kennedy TJ, Lingard LA. Making sense of grounded theory in medical education. *Med Educ*. 2006;40(2):101-108. doi:10.1111/j.1365-2929.2005.02378.x

Appendices

Appendix A - Interview Questions

1. In terms of who you are, tell me a little bit about yourself. Where did you grow up? What was the racial composition like around you? How would you describe the social class of those around you? What did your parents do? Discuss any salient characteristics in your upbringing that have influenced you as a physician.
 - a. Tell me about your family's history of immigration to the United States (if applicable).
 - b. What is your highest level of education? Your family's highest level of education?
 - c. Do you have any physicians or other healthcare providers in your family?
2. How salient do you feel your racial and/or ethnic identity is to you?
3. Now that we discussed the saliency of your racial and ethnic identities, tell me about the ways in which your race and ethnicity influence (if at all) your experiences in medicine as a student/resident/physician.
4. Can you tell me a specific example of a time in the classroom, clinic, or in extracurricular activities where you perceived that your race or ethnicity was important or prominent? How have these experiences affected you?
 - a. How have these experiences affected your professional identity?
 - b. Describe an experience where you felt you were treated differently from your peers. Why do you think you were treated differently? (Probe for both positive and negative examples.)
5. In what ways does your race and/or ethnicity play a role in how you think of yourself as a physician?
6. What kind of doctor are you because of your experiences/upbringing?
7. If you have had clinical experience, describe a patient interaction that was very influential in contributing to the development of your professional identity.
8. Do you think you would practice differently if you weren't a minority? Why or why not?
9. In what ways do larger systems of power and privilege shape your identity as a physician? (e.g. racism, classism, etc)
10. For racially minoritized/underrepresented students entering the medical profession who share your racial/ethnic background, what advice would you or do you give them?
11. How can medical education/the medical profession better support physicians with your racial/ethnic background?

Note: When the interview talks about something specific to their race/ethnicity or culture, the interviewer should ask follow up questions on specifics. Go deeper into the questions to find out what is unique to that particular group.

Note: We suspect that South Asian students might have a different PIF experience compared to all the other groups, as they are technically categorized as 'Asian,' but are not what people actually think about when they think 'Asian.'

Projected Timeline

Dates	Action Items
October 2022- December 2022	<ul style="list-style-type: none">● Obtain IRB approval● Training session for interviewers
January 2023 - March 2023	<ul style="list-style-type: none">● Interview participants● Transcribe interviews
April 2023	<ul style="list-style-type: none">● Re-interview select participants at member-checking session
May 2023 - June 2023	<ul style="list-style-type: none">● Data Analysis
July 2023 - December 2023	<ul style="list-style-type: none">● Draft publication manuscript● Submit publication and disseminate findings nationally

Budget

Item	# of Items	Cost per item	Total
Gift cards for participants	75 participants	\$15 per participant	75 participants * \$15 each = \$1125
GoTranscript	75 60-minute interviews = 4500 minutes	\$0.77 per minute	4500 minutes * \$0.77 per minute = \$3465
Dedoose®	6 users for 6 months	10.95 per user per month	6 users * 6 months * \$10.95 = \$394.20
Total	\$4984.20		

Justification:

1. **Gift cards for participants:** Each participant will receive a \$15 electronic gift card upon completion of a 60-minute interview in order to compensate participants for their time.
2. **GoTranscript:** Professional transcription services are needed to provide the most high-quality transcriptions per interview. As opposed to free yet faulty transcription services available on Zoom, GoTranscript guarantees 99+% accuracy, saving the time it would take to manually check each interview transcription for errors.
3. **Dedoose®** This cost provides access to an online qualitative analysis platform for investigators and collaborators on the project.

Biosketch Template – 2 page limit

BIOGRAPHICAL SKETCH

NAME: Louis H Miller

POSITION TITLE: Assistant Professor

EDUCATION/TRAINING

INSTITUTION AND LOCATION	DEGREE (if applicable)	Completion Date MM/YYYY	FIELD OF STUDY
The George Washington University	BA	05/1999	Journalism
The George Washington University School of Medicine and Health Sciences	MD	05/2003	Medicine
NYU Grossman School of Medicine	Residency	06/2006	Internal Medicine
NYU Grossman School of Medicine	Fellowship	06/2009	Cardiovascular Disease
NYU Grossman School of Medicine	Senior Chief Resident	06/2010	Internal Medicine
NYU Grossman School of Medicine	Fellowship	06/2011	Interventional Cardiology

A. Personal Statement

Professional identity formation is the complex process through which medical students begin to think, act, and feel like a physician. While medical education in the United States utilizes many common tools and experiences to train new physicians, students neither arrive to the educational process nor experience it in uniform ways. As the need for a multiracial, multiethnic medical workforce is made increasingly apparent by persistent disparities in healthcare outcomes and access, understanding the experiences of students with minoritized identities and their influence on professional identity formation becomes essential to ensuring these students' success.

In my current role as the Assistant Dean for Career Advisement at the Donald and Barbara Zucker School of Medicine, helping students explore, examine and understand the transformative process they have embarked upon is a central part of helping students shape their aspirational futures. In a similar but more limited way, while working with internal medicine residents as the Senior Associate Program Director of the Internal Medicine Residency Program at NYU, I sought to understand the processes through which trainees developed skills, knowledge and attitudes related to high-value care—a process which largely occurs through the hidden or null curriculum, and arguably contributes to one aspect of professional identity—using a mixed methods research design.

Although I am an experienced medical educator across the UME-GME-CME spectrum, and have held positions on diversity, equity and inclusion committees at both NYU and Northwell, I have had no formal training in qualitative research methods. As such, a research team well

versed in qualitative research and examining professional identity formation will support me as part of the team of co-investigators.

B. Positions Held

- 2020- Associate Program Director, Fellowship in Cardiovascular Disease, Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, North Shore University Hospital and Long Island Jewish Medical Center
- 2019- Assistant Dean for Career Advisement, Donald and Barbara Zucker School of Medicine at Hofstra/Northwell
- 2019- Director of Clinical Cardiology, Long Island Jewish Medical Center
- 2011-2019 Senior Associate Program Director, Internal Medicine Residency Program, NYU Grossman School of Medicine

C. Honors & Awards

- 7/19-6/2020 The 2019 Anthony J. Grieco, MD Grant in Medical Education Research: Improving Clinical Reasoning Documentation Using Artificial Intelligence Feedback via the HER; Co-PI (Made co-investigator upon leaving the sponsoring institution.)
- 7/13-6/2014 The 2013 Anthony J. Grieco, MD Grant in Medical Education Research: Assessment of Internal Medicine Resident Knowledge, Attitudes, Confidence and Behaviors Following Implementation of a Milestones-Based Cost-Conscious Care Curriculum; PI
- 7/12-6/2014 The Merrin Master Clinician Fellowship: Development and Evaluation of a Bedside Observation and Feedback Program: Moving Towards the Next Accreditation System; Co-PI

C. Contributions to Medical Education

- 2021 APAMSA Eastern Regional Conference, "The Model Minority Myth and The Medical School Experience: Exploring the Tension of Being 'Over-Represented.'" Virtual Conference
- 2017 Society of General Internal Medicine, "Residency Wellness: Pursuing Organizational Change through Experiential Learning." Washington, DC
- 2017 Division of General Internal Medicine Grand Rounds, "Milestones, Metrics and Millennials: Adventures in Assessment and Evaluation." NYU Grossman School of Medicine; New York, NY
- 2015 AAMC Medical Education Meeting, "Teaching High-Value Care at Your Institution: Strategies and Tools from Around the Country." Baltimore, Maryland

D. Additional Information: Research Support and/or Scholastic Performance

1. Burk-Rafel J, Reinstein I, Feng J, Kim MB, Miller LH, Cocks PM, Marin M, Aphinyanaphongs Y. Development and Validation of a Machine-Learning-Based Decision Support Tool for Residency Applicant Screening and Review. *Academic Medicine*. 2021 Aug 3. doi: 10.1097/ACM.0000000000004317. Epub ahead of print. PMID: 34348383.
2. Schaye V, Miller L, Kudlowitz D, Chun J, Burk-Rafel J, Cocks P, Guzman B, Aphinyanaphongs Y, Marin M. Development of a Clinical Reasoning Documentation Assessment Tool for Resident and Fellow Admission Notes: A Shared Mental Model for Feedback. *Journal of General Internal Medicine* 2021, <https://doi.org/10.1007/s11606-021-06805-6>. PMID: 33945113

Biographical Sketch

Tasha R. Wyatt, PhD

Associate Professor/Associate Director of the Center for Health Professions Education

Institution and Location	Degree	Completion Date	Field of Study
Seattle University, Seattle, WA	BA	05/1997	Ecology
New Mexico State University, Las Cruces, NM	MA	05/2001	Ed Administration
University of Hawai‘i, Honolulu, HI	PhD	05/2001	Ed Psychology

Personal Statement

I am an Associate Professor and Associate Director at the Center for Health Professions Education (CHPE) of the Health Sciences at Uniformed Services University. As a trained PhD in educational psychology, my research examines the intersection of race and education and the ways that larger structures exclude some groups while embracing others.

Positions Held

- 2021-present Associate Professor/Associate Director, Center for Health Professions Education, Uniformed Services University of the Health Sciences
- 2015-2021 Assistant & Associate Professor, Educational Innovation Institute, Medical College of Georgia (MCG), Augusta University, Augusta, GA
- 2009-2015 Assistant & Associate Specialist, Department of Educational Psychology, University of Hawai‘i – Manoa, Honolulu, HI
- 2005-2009 Educational Research Consultant, Inerisaavik, Greenland’s Ministry of Education, Nuuk, Greenland

Honors and Awards

- 2021 American Educational Research Association (AERA) Outstanding Research Publication Award – Division I
- 2021 AAMC’s Research in Medical Education (RIME) Underrepresented in Medicine (UiM) Research Paper Award
- 2020 Association for Medical Education in Europe (AMEE) Research Award for Clinical Teaching
- 2020 Medical College of Georgia, Augusta University: (1) Distinguished Faculty Recognition Award, (2) Mentoring Excellence Award, (3) Teaching Excellence Award nominee
- 2019 Southern Group on Educational Affairs (SGEA), Outstanding Presentation Award for Continuing Medical Education (CME)

- 2018 AAMC's Southern Group on Educational Affairs, SGEA MESRE Educational Research Grant Recipient
- 2017 Medical College of Georgia, Augusta University Human Resources Office, Service Excellence Award Recipient
- 2016 Medical College of Georgia, Augusta University, Exemplary Teaching Award
- 2016 Journal of Teaching and Learning in Medicine, 201 Research abstract selected as Research Conversation Starter
- 2016 Alliance for Academic Internal Medicine (AAIM), Educational Research Grant Recipient

Ongoing research projects:

Project Title: Examining the Hidden Architecture of Racism in Medicine

Source: USU Intramural Grant, **Role:** Principal Investigator

Duration: 03/2022 – 09/2025, **Total Funding:** \$90,000

Project Title: Doctors like me: A national exploration of professional identity formation among first generation and/or low-income (FGLI) medical trainees

Source: Group on Educational Affairs (GEA, **Role:** Principal Investigator

Duration: 06/2021-06/2023, **Total Direct Costs:** \$9,960

Contributions to Medical Education

1. **Wyatt, T. R.** & Zaidi, Z. Bricolage: A tool for race-related, historically situated complex research. *Medical Education*, 2021.
2. **Wyatt, T. R.**, Taylor, T., White, D. & Winston, N. “When no one sees you as Black”: The effect of racial violence on Black trainees and physicians. *Academic Medicine*, 2021, 96(11S), p. S17- S22.
3. Rockich-Winston, N. Taylor, T., Richards, J., White, D. & **Wyatt, T.R.** “All patients are not treated as equal”: Black/African American physicians’ restoration of the social contract between medicine and society, *Teaching and Learning in Medicine*, 2022.
4. **Wyatt, T. R.**, Balmer, D., Winston, N., Chow, C., Richards, J. & Zaidi, Z. ‘Whispers and shadows’: A critical review of the professional identity literature with respect to minority physicians, *Journal of Medical Education*, 2020, 55(2), 148-158.
5. **Wyatt, T. R.**, Winston, N., White, D. & Taylor, T. Changing the Narrative: A Study on Professional Identity Formation in Physicians Considered Under-Represented in Medicine, *Advances in Health Sciences Education*, 2020, 26(1), 183-198.
6. **Wyatt, T. R.**, Winston, N., Taylor, T. R., & White, D. What does Context Have to do with Anything? Professional Identity Formation (PIF) in Physicians Considered Under-Represented in Medicine (UiM). *Academic Medicine*, 2020, 95(10), 1587-1593.



DONALD AND BARBARA
ZUCKER SCHOOL of MEDICINE
AT HOFSTRA/NORTHWELL

November 11, 2022

Dear Review Committee,

I am writing to endorse the research proposal submitted for consideration of an Academy of Medical Educator's Innovation Grant entitled *Professional Identity Formation in Racially Minoritized Physicians*. This proposal is submitted by a team led by Louis Miller, MD of the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell (ZSOM).

In the wake of the COVID-19 pandemic and events surrounding the death of George Floyd, the ZSOM Committee on Anti-racism & Allyship (CARA) was created to address structural racism, promote allyship and enhance the climate of inclusion within the ZSOM community. Through CARA, we began to closely examine all aspects of our curriculum and learning environment. Professional Identity Formation (PIF) is a critical and transformative aspect of the development of our learners. As such, it is heavily influenced by both the explicit and hidden curriculum as well as the learning environment. To diversify the physician workforce, medical schools must successfully recruit, retain, graduate and match students who are underrepresented in medicine (URiM). Critical to this mission, is a better understanding of unique needs and experiences of non-white physician development in terms of PIF. The information gleaned from the project proposed by Dr. Miller and his team will help us reshape our approach to PIF to be more inclusive of students URiM and help us identify ways to better support students and dismantle structural racism in our learning environment. Given the dearth of literature on this topic, I have no doubt the findings will be ripe for dissemination and a welcome addition to the body of literature on both PIF and diversity, equity, and inclusion (DEI).

I am delighted to support Dr. Louis Miller, our assistant dean for career advisement, as the Principal Investigator on this project. Dr Miller has immense organizational and leadership skills, and is outstanding at analyzing data and turning it into action. He has impressively enlisted the support of the two-leading investigator-authors in this area, Drs. Tasha Wyatt and Nicole Winston, whose previous work is being expanded through this project. He has also included several junior attendings, medical students, and administrators to serve as collaborators on the team who will benefit greatly from engagement in qualitative research. Finally, he will be guided by our associate dean for professionalism and doctoring skills who has expertise in both PIF and DEI. I am confident that this diverse, multi-institutional, interdisciplinary, and intergenerational team will make the Academy of Medical Educators proud.

Sincerely,

Samara Ginzburg, MD
Vice Dean and Dean for Education
Associate Professor of Medicine and Science Education
Donald and Barbara Zucker School of Medicine at Hofstra/Northwell
500 Hofstra University
Hempstead, NY 11549



UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES

CENTER FOR HEALTH PROFESSIONS EDUCATION

4301 JONES BRIDGE ROAD

BETHESDA, MARYLAND 20814-4799



November 3, 2022

Dear Innovation Grant Reviewers,

I am writing to support Dr. Tasha R. Wyatt who is a co-PI on a grant being submitted to your institution alongside Dr. Ruth Pearlman. Dr. Wyatt is an Associate Professor and Associate Director at the Center for Health Professions Education (CHPE) at Uniformed Services University of the Health Sciences (USUHS). She helps to direct our educational research program within health sciences education.

Dr. Wyatt would be an excellent asset on this grant for several reasons. First, she has extensive experience and expertise in studying professional identity formation (PIF) among physicians considered are underrepresented in medicine (UIM). In 2018, she received grant funding by the Southern Group on Educational Affairs (SGEA) to study this topic. As a result, she has published several peer-reviewed articles in top medical education journals and presented her work in both national and international conferences. In each case, her work was met with great reception. Second, not only does she bring topical expertise to this project, but she has strong methodological skills in qualitative research. She supervises Masters and PhD students at CHPE and teaches Intro to Qualitative Research course. As such, she would be able to guide the research project while also teaching others how to conduct qualitative research.

Dr. Wyatt has ample time to conduct research and engage in scholarly collaborations as she is expected to maintain her own line of research inquiry. Therefore, as the Director of CHPE, I fully support her interest and pursuit of this grant. If you have any questions or concerns, please contact me at: steven.durning@usuhs.edu.

Sincerely,

Steven J Durning, MD, PhD, MACP
Professor and Vice Chair, Department of Medicine
Director, Center for Health Professions Education

Re: IRB proposal

Kwiatkowski, Thomas <TKwiatko@northwell.edu>

Mon 11/14/2022 2:47 PM

To: Treisha M. Green <Treisha.M.Green@hofstra.edu>

Cc: Ruth Ellen B. Pearlman <R.E.Pearlman@hofstra.edu>

EXTERNAL MESSAGE

"I have received IRB for review - Professional Identity Formation in Racially Minoritized Physicians" on Monday, November 14, 2022

Thomas Kwiatkowski MD
Assistant Dean for Education/Simulation
Professor of Emergency Medicine and Science Education
Donald and Barbara Zucker School of Medicine
at Hofstra/Northwell

From: Treisha M. Green <Treisha.M.Green@hofstra.edu>

Sent: Monday, November 14, 2022 1:22 PM

To: Thomas Kwiatkowski <Thomas.Kwiatkowski@hofstra.edu>; Kwiatkowski, Thomas <TKwiatko@northwell.edu>

Cc: Pearlman, Ruth Ellen <r.e.pearlman@hofstra.edu>

Subject: [EXTERNAL] Fw: IRB proposal

External Email. Do not click links or open attachments unless you trust the sender and content.

Report suspicious emails using Report Phishing button or forward email to phish@northwell.edu Hi

Dr. K,

Hofstra IRB office responded to my general email and indicated that the IRB should be submitted to you.

If you could respond to this email and state "I have received IRB for review - Professional Identity Formation in Racially Minoritized Physicians" on Monday, November 14, 2022.

We would be able to show IRB submission for our grant submission.

Stay safe. Stay well.

Treisha Green, MBA

Professionalism Coordinator and Administrative Assistant to
R. Ellen Pearlman, MD
Associate Dean for Professionalism and Doctoring Skills

Donald and Barbara Zucker School of Medicine
at Hofstra/Northwell

500 Hofstra University

Hempstead, NY 11549

Office: 516.463.7589/ Fax: 516.463.5631

Pronouns: she, her, hers

<http://medicine.hofstra.edu/>

For Dr. Pearlman student hours: <https://drellenpearlman.youcanbook.me>

<https://outlook.office.com/mail/inbox/id/AAQkADk5ZjgzYzAxLWViOWYtNDViZi1hNmVjLTA0NjVkJZjg5NDk3YQAQAJ03DoHiEP9PtZaPU8ISGvA%3D> 1/4