<table>
<thead>
<tr>
<th>Institution/Name</th>
<th>Type</th>
<th>Title</th>
<th>Additional Resources - Diversity-Specific Grants</th>
<th>Notes</th>
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<tbody>
<tr>
<td>American Heart Association</td>
<td>Research</td>
<td>Supplementation to Promote Diversity in Science</td>
<td><a href="https://professional.heart.org/en/research-programs/application-information/research-supplement-to-promote-diversity-in-science">https://professional.heart.org/en/research-programs/application-information/research-supplement-to-promote-diversity-in-science</a></td>
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<tr>
<td>Howard Hughes Medical Institute</td>
<td>Research</td>
<td>Hanna H. Gray Fellows Program</td>
<td><a href="https://www.hhmi.org/programs/hanna-h-gray-fellows-program#Overview">https://www.hhmi.org/programs/hanna-h-gray-fellows-program#Overview</a></td>
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<td>Robert Wood Johnson Foundation</td>
<td>Research</td>
<td>Harold Amos Medical Faculty Development Program</td>
<td><a href="https://www.amfdp.org/about">https://www.amfdp.org/about</a></td>
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<tr>
<td>National Institutes of Health</td>
<td>Research</td>
<td>Maximizing Opportunities for Scientific and Academic Independent Careers (MOSAIC) program</td>
<td><a href="https://www.nigms.nih.gov/training/career-dev/Pages/MOSAIC.aspx">https://www.nigms.nih.gov/training/career-dev/Pages/MOSAIC.aspx</a></td>
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Additional Resources - Diversity-Specific Grants

Simons Foundation Autism Research Initiative
Supplement to Enhance Equity and Diversity
https://www.sfari.org/grant/sfari-seed-rfa/

Society for Pediatric Research
Awards to Enhance Diversity in the Research Workforce
https://www.societyforpediatricresearch.org/awards-funding/#toggle-id-8

Society for Pediatric Research
PRomotion of FellOwS’ PEdiatric Research (PROSPER) Diversity Award
https://www.societyforpediatricresearch.org/awards-funding/#toggle-id-1

VA ORD Research Supplements to Promote Diversity
https://www.research.va.gov/funding/diversity.cfm

AAMC Diversity and Inclusion Toolkit
https://www.aamc.org/professional-development/affinity-groups/cfas/diversity-inclusion-toolkit

Academic Pediatric Association
Anti-Racism and Diversity Toolkit
https://www.academicpeds.org/publications-resources/apa-anti-racism-diversity-toolkit/

American Psychological Association
Equity, Diversity, and Inclusion Toolkit for Journal Editors

NIH Scientific Workforce Diversity Toolkit
https://diversity.nih.gov/

SOM Scholarships Diversity Recruitment
Table showing all new scholarship finds for the recruitment season. Most are awarded fall of matriculation.

Guideline to Faculty Search Process
Harvard, UCLA, UM, OH program example

IUPUI Created a Path to Promotion and Tenure Based on DEI Work
Starting in 2022 at IUPUI, though, scholars will have another option for tenure and promotion: the "balanced-integrative case" for excellence in DEI. To be promoted based on this standard, candidates must demonstrate excellence "across an array of integrated scholarly activities aligned with diversity, equity and inclusion." Professors must articulate a DEI philosophy and show how their teaching, research and service advance DEI. They must also demonstrate independence, innovation and initiative, along with scholarly impact, local impact and development over time.

Advancing Women to Leadership Positions
Through Individual Actions and Institutional Reform
Women in medicine experience disparities in the workplace and in achieving leadership roles. They face challenges related to climate and culture, equitable compensation, work–life integration, opportunities for professional development and advancement, and occupational and systemic factors that can lead to burnout. Without specific resources to support women's development and advancement and promote conducive workplace climates, efforts to recruit, retain, and promote women physicians into leadership roles may be futile. This article is designed for 2 audiences: women physicians of all career stages, who are exploring factors that may adversely impact their advancement opportunities, and leaders in academic medicine and health care, who seek to achieve inclusive excellence by fully engaging talent. The need for greater representation of women leaders in medicine is both a moral and a business imperative that requires systemic changes. Individuals and institutional leaders can apply the practical strategies and solutions presented to catalyze successful recruitment, retention, and promotion of women leaders and widespread institutional reform.
Defining Clinical Effort for Hospital-Based Research: A Year in Review: Are diversity, equity, and inclusion (DEI) goals measurable? Over the past 2 years, we have developed and implemented DEI metrics. These metrics are used to evaluate and improve our programs in areas such as recruitment, mentorship, and diversity of leadership. Our efforts include the development of a diversity statement, mentorship program, and initiatives to recruit and retain underrepresented minority faculty (URMF). The Enterprise-wide Health Equity Leadership Institute (HELI) includes an evidence-based curriculum to develop a diverse workforce for health equity research. HELI includes an evidence-based curriculum to develop a diverse workforce for health equity research. For those institutions interested in implementing such an approach, resources are available to help get started.

Conclusions: This RCT demonstrates that a competency-based research mentor training program can improve mentors' skills. Among control mentors, the average pretest score on the Mentoring Competency Assessment (MCA) was 6.7. At posttest, mentors reported statistically higher scores (P = .003) and more changes in their mentors' behavior (P = .002) than those paired with control mentors.

Methods: The authors conducted a randomized controlled trial (RCT) at 16 academic health centers (June 2010 to July 2011). Faculty mentors of trainees who were conducting clinical/translational research and had no prior research mentor training were eligible. The intervention was an eight-hour, case-based curriculum focused on six mentoring competencies. The primary outcome was the change in mentors' self-reported pretest to posttest composite scores on the MCA. Secondary outcomes included changes in the following: mentors' awareness as measured by their self-reported retrospective MCA pre-/posttest scores (P = .003) and more changes in their mentors' behavior (P = .002) than those paired with control mentors.

Purpose: To determine whether a structured mentoring curriculum improves research mentoring skills.
The Value of Speed Mentoring in a Pediatric Area of Clinical Translational Science: A Review

Gender equality in academic medicine: a jumpstart productive research careers for junior backgrounds

Academic Medicine Friendship: A New Model for Success in Scholarly Collaboration, Mentorship, and Validation of a New Instrument to Evaluate Skills

systematic review of the literature minority faculty in academic medical centers: a beyond a dyadic conception of mentoring for the relationship between gender and other factors (age, rank, level of experience) and mentoring relationships in academic medicine. The results of this review suggest that gender may influence mentoring relationships, but the extent of this influence and the specific nature of these relationships require further investigation.

Conclusions: The findings demonstrate that the MCA has reliability and validity. In addition, this study provides evidence for a potential basis for future research.

Method: Databases (PubMed, PsycINFO, ERIC, PsychLit, Google Scholar, Dissertations Abstracts International, CINHAL, Sociological Abstracts) were searched for articles describing URM faculty mentoring programs. A total of 129 articles were identified, and 25 programs with URM faculty mentoring were selected for inclusion. These programs were then evaluated using a standardized protocol.

Results: The findings indicate that URM faculty mentoring programs vary in terms of their goals, structure, and outcomes. The majority of programs target emerging scholars, and the majority of participants are URM faculty members. The most common program goals include increasing awareness of career opportunities, providing guidance on diverse career paths, and facilitating access to networking opportunities.

Conclusion: The findings suggest that URM faculty mentoring programs can be effective in promoting the careers of URM faculty members. However, more research is needed to evaluate the long-term impact of these programs on the career development of URM faculty members.

Mentoring skills can and should be evaluated and enhanced. Universities, medical schools, and funding agencies need to join hands and implement national- and local-level programs to help develop the next generation of mentors.

Results: Results of the baseline mentee self-assessment survey found that the I3 mentees indicated common "perceived deficits" including navigating the organizational and institutional culture, clear direction in career development, and lack of support from mentors. Mentoring skills can and should be evaluated and enhanced. Universities, medical schools, and funding agencies need to join hands and implement national- and local-level programs to help develop the next generation of mentors.

Conclusion: The I3 program allows for shared costs between institutions and increased availability of successful subject matter experts. Study results imply that the I3 mentoring program provides support for its effectiveness. Results suggest a need for refinement and expansion of the program and for more comprehensive, long-term evaluation of distal mentoring outcomes for those who participate in the program.

The findings indicate that URM faculty mentoring programs can be effective in promoting the careers of URM faculty members. However, more research is needed to evaluate the long-term impact of these programs on the career development of URM faculty members.

Results: Fifty-four (90%) of the 60 mentees and 52 (87%) of 60 of the mentors completed the evaluation. Mentees stated that the event allowed them to receive advice from multiple mentors in a short time and that they were satisfied with the program.

Conclusion: The findings suggest that URM faculty mentoring programs can be effective in promoting the careers of URM faculty members. However, more research is needed to evaluate the long-term impact of these programs on the career development of URM faculty members.

The Accelerate Scholarship through Personal Engagement with a Collaborative Team (ASPECT) Model, Mentorship can be one of the most important factors in helping faculty members successfully advance academic careers. Finding effective mentorship, however, is extremely challenging and lack of mentorship experiences, particularly for junior faculty with underrepresented backgrounds. Mentoring is often executed ad hoc; there are limited programs to train faculty to become more effective mentors, and the few that exist have a dearth of empirical support of their effectiveness.

Conclusion: The findings suggest that URM faculty mentoring programs can be effective in promoting the careers of URM faculty members. However, more research is needed to evaluate the long-term impact of these programs on the career development of URM faculty members.

Institutionally supported mentoring programs for URM faculty are needed, along with detailed plans for program sustainability.

Training programs for underrepresented faculty are critical to achieve equity in research in the biomedical sciences.

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Training programs for underrepresented faculty are critical to achieve equity in research in the biomedical sciences.
Mentoring in Academic Medicine: Contextual Factors Influencing Success

Context: Mentoring, as a partnership in personal and professional growth and development, is central to academic medicine, but it is challenged by increased clinical, administrative, research, and other responsibilities in medicine that may detract from individual career engagement. Mentorship is advantageous in the successful navigation of careers in academic medicine, notably for individuals in need of specialized knowledge, skills or psychological support to accelerate their development. A formalized mentorship program provides individuals with the guidance and support needed for career development and professional advancement, addressing the need for tailored programs to local needs and resources, training mentors, and utilizing URiM and non-URiM mentors.

Results: Our search yielded 4,548 unique citations and 31 publications met our inclusion criteria. Frequently cited objectives of these programs were to improve research skills, to diversify representation in the physician-scientist workforce, and to enhance professional development. Of the studies, 90% reported positive effects, with the most common outcomes being improved research productivity, increased research funding, and improved retention of URiM physicians and trainees. The programs were successful in improving retention and experiences of URiM physicians and trainees, with 85% of URiM physicians reporting improved career satisfaction.

Discussion: While the evidence suggests that mentoring programs can improve research productivity and retention rates, the effectiveness of these programs varies widely. Potential barriers to success include the lack of adequate mentorship training, the limited availability of experienced mentors, and the difficulty in finding mentors who match the individual needs of URiM physicians and trainees. Furthermore, there is a need for more research on the long-term impact of mentorship programs on the careers of URiM physicians and trainees.

Conclusion: Mentorship has been proposed as one way to improve the retention and experiences of URiM physicians and trainees. The objective of this systematic review was to identify the factors that influence the success of mentoring programs and to provide suggestions for how to support their inclusion in the physician-scientist workforce.
Increasing the number of academic physicians from underrepresented groups in medicine is a complex problem requiring multiple solutions. Increasing diversity in academic medicine requires investment of time, resources, and effort. Organisational best practices towards gender diversity must be established. Mentorship is a vital component of academic and professional development. Mentees report positive impacts from mentorship programs, yet institutions and societies may struggle to meet their measurable targets and outcomes. In this Review, we discuss these issues and highlight actions that could achieve gender equality in science and medicine. We survey approaches and insights that have helped participation of women and minorities in science and medicine around the world. This lack of awareness and education results in failures to fully mobilise the human capital of half the population and limits prosperity and quality of life. Nevertheless, leaders and practitioners in academic science and medicine continue to be unaware of and poorly educated about the nature, extent, and impact of barriers to full participation of women and minorities. In August 2018, the president of the World Bank noted that “human capital—the potential of individuals—is going to be the most important investment that any country can make for its people’s future.” Nevertheless, there remains resistance to diversity in academic medicine. Recent years have seen limited gains and slow progress towards greater diversity and inclusion. This is particularly true in academic science and medicine, where historically marginalized groups continue to face systemic barriers to full participation. This Review aims to address these challenges by providing insights and recommendations for organisational best practices towards gender diversity in medicine. The insights in this Review are based on a thorough analysis of existing research, policy, and practice. Here, we discuss the key findings and recommend concrete actions that organisations and institutions can take to promote gender equality in science and medicine.

A Multifaceted Mentoring Program for Junior Faculty

First-generation students, whose parents do not have baccalaureate degrees, are less likely to apply to MD-PhD programs than to MD programs, which has led to a worrying lack of diversity among physician-scientists. Academic organizations and professional societies have a responsibility to address this issue. One approach is through mentorship programs designed to support junior faculty. These programs can provide guidance and support to early-career researchers, helping them navigate the complexities of academic medicine and achieve their professional goals. In particular, mentorship is crucial for junior faculty members who are underrepresented in their fields. They may face additional challenges due to systematic barriers that limit their opportunities for growth and advancement. Mentorship can mitigate these challenges, offering junior faculty members a pathway to success and helping them contribute to the development of a more diverse academic community.

Northern Arizona University (NAU), College of Health and Human Services model Minority Faculty Fellowship Program

Northern Arizona University (NAU) is a comprehensive university that values diversity and inclusion. NAU is committed to creating an academic environment that supports the success of underrepresented groups in the health professions. NAU’s College of Health and Human Services is particularly focused on diversity and inclusion, and its model Minority Faculty Fellowship Program exemplifies the organization’s commitment to these values.

The fellowship program is designed to support and retain minority faculty in the health professions. It is an innovative approach that addresses the unique needs of these scholars and provides them with the tools and resources they need to succeed. The fellowship program is intended to create a more diverse academic pediatric community. It is an important step in addressing the systemic barriers that limit the success of underrepresented groups in the health professions.

The fellowship program is funded by the John and Sophie Ottens Foundation, which has a long history of supporting Native American education. The foundation has a strong commitment to serving Native Americans, and its support of NAU’s fellowship program reflects this commitment. The fellowship program is also supported by the Northern Arizona University (NAU) College of Health and Human Services, which is dedicated to creating an academic environment that supports the success of underrepresented groups in the health professions.

The fellowship program has been successful in attracting and retaining minority faculty in the health professions. It has been the presence of invested mentors of various rank, sex, and race and ethnicity. The fellowship program has been successful in attracting and retaining minority faculty in the health professions. It has been successful in attracting and retaining minority faculty in the health professions.
Women continue to be underrepresented in medicine, especially in senior leadership positions, and they experience challenges related to gender bias and sexual harassment. Women who are members of multiple groups that experience marginalization, including for example, women who are American Indian, Alaskan native, indigenous, Black, or Hispanic, face a compounded challenge. In this article, we explore how institutions and professional organizations in medicine can use metrics to better understand the structural disparities that create and promote gender inequity in the work environment and how to employ these metrics to track progress in narrowing these gaps. Examples in health care (clinical medicine, scientific organizations, scientific publishing), business, and law are used to illustrate how impactful metrics can promote accountability when coupled with transparent reporting.

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