PMID	TITLE	Institution	JEDI Webpage	Links	SUMMARY	TYPE	KEYWORDS	NOTES
	American Association of Sleep Medicine Foundation Diversity Supplement Grant	AASM	Additional Resources - Diversity-Specific Grants	https://foundation.aasm.org/award-programs/diversity-supplement-award/				
	Academic Pediatric Association Research in Academic Pediatrics Initiative on Diversity (RAPID) Research Grants	Academic Pediatric As	Additional Resources - Diversity-Specific Grants	https://www.academicpeds.org/programs-awards/via/				
	American Heart Association Research Supplement to Promote Diversity in Science	American Heart Assoc	Additional Resources - Diversity-Specific Grants	https://professional.heart.org/en/research-programs/application-information/research-supplement-to-promote-diversity-in-science				
	Burroughs Wellcome Fund Postdoctoral Diversity Enrichment Program	Burroughs Wellcome	Additional Resources - Diversity-Specific Grants	https://www.bwfund.org/funding-opportunities/diversity-in-science/postdoctoral-enrichment-program/				
	Howard Hughes Medical Institute Hanna H. Gray Fellows Program	HHMI	Additional Resources - Diversity-Specific Grants	https://www.hhmi.org/programs/hanna-h-gray-fellows-program#Overview				
	Lupus Research Alliance Administrative Supplements to Promote Diversity in Lupus Research	Lupus Research Allian	Additional Resources - Diversity-Specific Grants	https://www.lupusresearch.org/wp-content/uploads/2021/12/2022-Diversity-Supplement-RFA_Final.pdf				
	National Institutes of Health Administrative Supplements to Recognize Excellence in Diversity, Equity, Inclusion, and Accessibility (DEIA) Mentorship	NIH	Additional Resources - Diversity-Specific Grants	https://grants.nih.gov/grants/guide/notice-files/NOT-OD-22-057.html				
	National Institutes of Health Maximizing Opportunities for Scientific and Academic Independent Careers (MOSAIC) program	NIH	Additional Resources - Diversity-Specific Grants	https://www.nigms.nih.gov/training/career-dev/Pages/MOSAIC.aspx				
	National Institutes of Health Mentored Career Development to Promote Diversity	NIH	Additional Resources - Diversity-Specific Grants	https://extramural-diversity.nih.gov/career-pathways/infographic/career				
	National Institutes of Health Research Supplements to Promote Diversity in Health-Related Research	NIH	Additional Resources - Diversity-Specific Grants	https://grants.nih.gov/grants/guide/contacts/Diversity-Supp_contacts.html				
	Robert Wood Johnson Foundation Harold Amos Medical Faculty Development Program	Robert Wood Johnson	Additional Resources - Diversity-Specific Grants	https://www.amfdp.org/about				

ID	Title	Source	Category	Link	Description			
	Simons Foundation Autism Research Initiative Supplement to Enhance Equity and Diversity	Simons Foundation Au	Additional Resources - Diversity-Specific Grants	https://www.sfari.org/grant/sfari-seed-rfa/				
	Society for Pediatric Research Awards to Enhance Diversity in the Research Workforce	Society for Pediatric R	Additional Resources - Diversity-Specific Grants	https://www.societyforpediatricresearch.or g/awards-funding/#toggle-id-8				
	Society for Pediatric Research PRomotion of FellOwS' PEdiatric Research (PROSPER) Diversity Award	Society for Pediatric R	Additional Resources - Diversity-Specific Grants	https://www.societyforpediatricresearch.or g/awards-funding/#toggle-id-1				
	VA ORD Research Supplements to Promote Diversity	VA ORD Research	Additional Resources - Diversity-Specific Grants	https://www.research.va.gov/funding/diver sity.cfm				
	AAMC Diversity and Inclusion Toolkit	AAMC	Additional Resources - Toolkits	https://www.aamc.org/professional-development/affinity-groups/cfas/diversity-inclusion-toolkit				
	Academic Pediatric Association Anti-Racism and Diversity Toolkit	Academic Pediatric Ass	Additional Resources - Toolkits	https://www.academicpeds.org/publication s-resources/apa-anti-racism-diversity-toolkit/				
	American Psychological Association Equity, Diversity, and Inclusion Toolkit for Journal Editors	American Psychologica	Additional Resources - Toolkits	https://www.apa.org/pubs/authors/equity-diversity-inclusin-toolkit-journal-editors.pdf				
	NIH Scientific Workforce Diversity Toolkit	NIH	Additional Resources - Toolkits	https://diversity.nih.gov/				
	SOM Scholarships Diversity Recruitment	CUSOM	Faculty Recruitment & Promotion		Table showing all new scholarship finds for diversity MD program diversity recruitment efforts annually. Columns represent dollars available for the recruitment season. Most are awarded fall of matriculation.	program example		
	Guideline to Faculty Search Process	Harvard, UCLA, UM, O	Faculty Recruitment & Promotion	https://implicit.harvard.edu/implicit/		program example		
	IUPUI Created a Path to Promotion and Tenure Based on DEI Work	IUPUI	Faculty Recruitment & Promotion	IUPUI	Starting in 2022 at IUPUI, though, scholars will have another option[4] 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.	program example		
34873624	Advancing Women to Leadership Positions Through Individual actions and Institutional Reform	Pediatrics	Faculty Recruitment & Promotion		Women in medicine experience disparities in the workplace and in achieving leadership roles. They face challenges related to climate and culture, equitable compensation, work–lifeintegration, opportunities for professional development and advancement, and occupationaland systemic factors that can lead to burnout. Without specific resources to support women'sdevelopment and advancement and promote conducive workplace climates, efforts to recruit,retain, and promote women physicians into leadership roles may be futile. This article isdesigned for 2 audiences: women physicians of all career stages, who are exploring factorsthat may adversely impact their advancement opportunities, and leaders in academicmedicine 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 abusiness imperative that requires systemic changes. Individuals and institutional leaders canapply the practical strategies and solutions presented to catalyze successful recruitment,retention, and promotion of women leaders and widespread institutional reform.	program example		

PMID	Title	Source	Category	Links	Description	Type	Keywords
	Michigan Job Description - Diversity Statement	University of Michigan	Faculty Recruitment & Promotion		Michigan Medicine seeks to recruit and retain a diverse workforce as a reflection of our commitment to serve the diverse people of Michigan and to maintain the excellence of the University. We welcome applications from anyone who would bring additional dimensions to the University's research, teaching, and clinical mission, including women, members of minority groups, protected veterans, and individuals with disabilities. The Department of Internal Medicine, like the University of Michigan as a whole, is committed to a policy of nondiscrimination and equal opportunity for all persons and will not discriminate against any individual because of race, color, national origin, age, marital status, sex, sexual orientation, gender identity, gender expression, disability, religion, height, weight, or veteran status. The University of Michigan is an Equal Employment Opportunity/Affirmative Action Employer.	program example	
	Search Committee Best Practices - UWSOM Center for Health Equity, Diversity, and Inclusion	University of Washington	Faculty Recruitment & Promotion	http://www.washington.edu/diversity/diversity---blueprint http://www.washington.edu/diversity/faculty---advancement/ HERC --- http://www.washington.edu/diversity/faculty---advancement/ http://depts.washington.edu/cedi/wp_cedi/ http://wiseli.engr.wisc.edu/docs/SearchBook.pdf http://depts.washington.edu/cedi/wp_cedi/cedi---search---commitee---toolkit/	The UW Faculty Recruitment Initiaive provides departments with supplemental funds to enhance faculty recruitment packages aims to build a diverse and inclusive faculty. Assessment of diversity is gleaned from the CV, not based upon the person's background (there have been awards for health sciences departments) •Greater Washington State Higher Education Recruitment Consortium (GWS HERC) "University of Washington new collaborative effort to help insitutkons recruit diverse faculty and staff and assist dual---career couples seeking employment throughout the state" (UW, the Bill and Melinda Gates Foundation, Fred Hutchinson Cancer Research Center)	program example	
34843709	Defining Clinical Effort for Hopsital-Based Pediatricians	J Pediatr	Faculty Recruitment & Promotion, Institutional Resources Distribution		Every academic medical center aims for excellence inpatient care, teaching, and research; this includes qual-ity and safe patient care, patient and family satisfac-tion, provider engagement and wellness, and cost-efficientutilization of resources. Optimal staffing schedules areimportant for achieving these aspirations. Creating ahospital-based physician staffing model has been problem-atic, because no universally agreed-upon method to measurephysician work effort or productivity exists. Allocating inpa-tient physician staff equitably may be particularly challengingwhen there is unpredictable variation in the clinical servicefrom shift to shift. Metrics of physician work effortthathave been used include measurement based on work relativevalue units (wRVUs), value measurements (ie, safety metrics,patient outcomes, and satisfaction), time-based work hours(eg, hours on service per day, week), or budget-based (eg,number of physicians based on income with possible profitsharing).1Metrics that have been developed to comparephysician effort in ambulatory settings do not translate wellto hospital-based services.Here we review various models used in neonatology todefine work expectations for a full-time equivalent (FTE) fac-ulty member. These models are based on similar principlesbut vary in ways that may be unique to the specific settings.We present examples of how these approaches are used toaddress equity in physician staffing.	evaluations	
	Diversity Efforst CUSOM	CUSOM	Faculty Recruitment & Promotion, Mentorship, other contributions		FACULTY INITIATIVES: Dean's support for minority faculty (0.2FTE (NIH cap)*3 years), Recruitment and Search Committee Strategies (Updated unconscious bias trainings, Equity representatives, Search network/pool), UCCLORES curriculum revision, Colorado Consortium for Healthcare Diversity (Walter Conwell, Kaiser (Recruitment, mentorship, educational programs), Faculty dialogues around microaggressions in the clinical setting (UCHealth led initiatives, Children's Hospital Partnership), Departmental Diversity Leadership (Medicine, OB/GYN, Surgery, Radiology, Pediatrics, Otolaryngology), Center for Women's Health Research, WIMS, ODI collaboration (Dialogue with Women Professors, Partnerships around gender equity) GME INITIATIVES: Data collection (Annual program evaluation, Including multiracial data), Recruitment strategies (SNMA national meeting -Surgery, Family Medicine, OB/GYN, Medicine, Pediatrics, Diversity councils, website, etc, CU students are a great pipeline to programs), Coordinator trainings (Unconscious bias, holistic review), PD programming (Unconscious bias, microaggressions, holistic review), Minority and Allies Resident Council (MARC), Second Look for Residency and Fellowship, Consultation for programs (Resident conversations around hospital experiences, Rank and match rules, affirmative action) STUDENT FOCUSED INITIATIVES: Student groups (SNMA, LMSA, WC4BL, PRISM, Regional SNMA meeting, national meeting), Recruitment (Admissions, SNMA, PAW, Pre Health AAMC), Diversity Scholarships (Dean's Distinguished, CUMedicine, George Lopez Scholars), Events (Fourth Annual Die In, Diversity Matters Lunch and Learn, Student led programming), Mentorship and advising (FirstUp, ODI programming), Curriculum (Review of PBL cases, Test question revision, Toolkit to examine and limit bias in curriculum, What happened and Why? - President's Diversity Award), Curriculum Reform (Health and Society Pillar - Health Equity, Health Disparities), Community advisory board to reform, Assessments by patients, Mandatory service learning	program example	
34358432	A Year in Review: Are diversity, equity, and inclusion initiatives fixing systemic barriers?	Neuron	Faculty Recruitment & Promotion, Mentorship, other contributions		Are current diversity, equity, and inclusion initiatives addressing systemic issues? This article highlights theprogress thus far and emphasizes the systemic and cultural shifts needed to support and retain historicallyexcluded scientists	evaluations	
	Diversity Efforts (Handout)	CUSOM	Institutional Resource Distribution			program example, data	
	Required LCME Follow-up After April 2019 Status Report	CUSOM	Institutional Resource Distribution		Four items deemed satisfactory with a need for continued monitoring [Element 3.3 (diversity/pipeline programs and partnerships), Element 5.11 (study/lounge/storage space/call rooms), Element 12.1 (financial aid/debt management counseling/student educational debt), and Element 12.4 (student access to health care services)].	program example	
	MGH DEI Details from Kike B	MGH	institutional resource distribution		To summarize, there are 2 major initiatives they have that appear to be diversifying and advancing the scientific workforce. 1 - They have a summer research program aims to recruit URiMs and begin them on a scientific career path. There are multiple anecdotes from alumni who are now physician scientists in the full report. 2 - They have faculty development awards specific for URiMs. They have awarded up to $120,000 per faculty over 3 - 4 years. They said these awards have led to up to 8-fold back in grants to MGH	program example	
29082030	The Health Equity Leadership Institute (HELI): Developing Workforce Capacity for Health Disparities Research	Journal of Clinical and	institutional resource distribution, mentorship; faculty recruitment and promotion		INTRODUCTION: Efforts to address health disparities and achieve health equity are critically dependent on the development of a diverse research workforce. However,many researchers from underrepresented backgrounds face challenges in advancing their careers, securing independent funding, andfinding the mentorship needed toexpand their research. METHODS: Faculty from the University of Maryland at College Park and the University of Wisconsin-Madison developed and evaluated an intensive week-long researchand career-development institute—the Health Equity Leadership Institute (HELI)—with the goal of increasing the number of underrepresented scholars who cansustain their ongoing commitment to health equity research RESULTS: In 2010-2016, HELI brought 145 diverse scholars (78% from an underrepresented background; 81% female) together to engage with each other and learn fromsupportive faculty. Overall, scholar feedback was highly positive on all survey items, with average agreement ratings of 4.45-4.84 based on a 5-point Likert scale. Eighty-five percent of scholars remain in academic positions. In thefirst three cohorts, 73% of HELI participants have been promoted and 23% have secured independentfederal funding. CONCLUSIONS: HELI includes an evidence-based curriculum to develop a diverse workforce for health equity research. For those institutions interested in implementingsuch an institute to develop and support underrepresented early stage investigators, a resource toolbox is provided.	program example	Health equity research, career development, health disparities,diverse research workforce.
20182122	An Innovative Program to Train Health Sciences Researchers to Be Effective Clinical and Translational Research Mentors	Acad Med.	Mentorship		The creation of the Clinical Translational Science Awards for academic health sciences campuses in 2006 was implicitly accompanied by a call for a new paradigm of faculty development and mentoring to train the next generation of researchers and leaders in this new approach to research. Effective mentoring is critical to help early-career investigators become successful, independent researchers, and a new approach to mentoring is vital to recruit, advance, and retain fellows and junior faculty engaged in clinical and translational research. However, in addition to the many rewards of mentoring, there are numerous substantive barriers to effective mentoring. These barriers include a lack of training in how to be a mentor, lack of time and structural and financial support for mentoring, and competing personal, administrative, and clinical demands. The authors describe an innovative program, the University of California, San Francisco Mentor Development Program (MDP), established in 2006 and designed to train midcareer academic health sciences researchers to be more effective as clinical and translational research mentors. Using a framework for presenting innovations in academic research, they present the rationale, design, implementation, and mechanisms being used to evaluate and sustain the MDP. Specific details of the objectives and content of the MDP sessions are provided as well as evaluation criteria and a link to specific curriculum materials.	program example	
32496290	Program Evaluation of the Research in Academic Pediatrics Initiative on Diversity (RAPID): Impact on Career Development and Professional Society Diversity	Acad Med.	Mentorship		Purpose: Despite a demographic surge in U.S. minority children, pediatric workforce diversity has failed to keep pace. The study aim was to evaluate the Research in Academic Pediatrics Initiative on Diversity (RAPID), a research-education program aimed at recruiting, retaining, and professionally advancing diverse early-career faculty in general pediatrics who are pursuing research careers. Method: RAPID includes the following components: small research grants, mentoring by nationally renowned senior investigators, mentoring and networking at an annual breakfast, an annual career-development conference, and monthly mentoring conference calls. Outcomes data from the first 5 years (2012-2017) of RAPID were analyzed. Data sources were Academic Pediatric Association (APA) membership data and postconference, baseline, and end-of-program/follow-up surveys. Outcome measures included mentoring quality, presentations, publications, subsequent grants, impact on career success, conference ratings, and APA membership diversity. Results: For the 10 Scholars from the first 4 cohorts, mean scores were 4.5 (5 = strongly agree) for RAPID fostering mentoring, developing research skills, and helping research skills. 78% delivered platform or poster presentations on their project. They published 56 total articles and received a mean of 2.5 subsequent grants. Their mean score for RAPID "advancing my career by facilitating promotion or getting a job" was 4.6. The first 4 RAPID Conferences were highly rated (mean scores = 4.2-4.8) and brought in 33 additional URM young investigators. Pre-RAPID, URM APA membership stagnated at 6%-7% for 5 years. In RAPID's first year, URM APA membership rose to 8%, then to 10% by 2017 (43% increase; P < .001). Conclusions: RAPID Scholars generated multiple presentations and publications. RAPID mentoring and Conferences were highly rated. RAPID was associated with career advancement and increased professional society diversity. RAPID could serve as a national model for enhancing URM career development and professional society diversity.	program example	
16501276	The POD: A New Model for Mentoring Underrepresented Minority Faculty	Acad Med.	Mentorship		Mentoring, long recognized as a catalyst for successful careers, is particularly important to the career development of underrepresented minority (URM) faculty. In academic medicine, mentor-protégé relationships are seriously threatened by increased clinical, research, and administrative demands and an emphasis on scholarship over citizenship. New mentoring models are needed, and they should be adaptable to a medical school's unique structure and mission. The Peer-Onsite-Distance (POD) model, developed in 2002 by the authors and introduced at the College of Medicine at the University of Arkansas for Medical Sciences, is a targeted, multilevel mentoring prototype that is built on a solid research foundation and tailored to the unique needs of URM medical school faculty. The mentee's individual needs for guidance related to career goals, resources, and the content and interaction skills that are known to be critical to successful academic careers are targeted for development. The multilevel approach provides a unique network of peer and faculty mentors who provide site-specific career guidance. Also in the network are leaders in their fields who can provide access to accurate information, cautions, predictions, and announcements of future resources or potential restrictions in academic medicine. Mentor commitments are clearly defined and time contributions are maximized. The POD model aims to promote retention and advance the careers of URM faculty by wrapping them in a protective cushion of interpersonal and intrapersonal support. The flexibility of the design allows for adaptation to any institution's unique structure and mission.	program example	
24667509	Training mentors of clinical and translational research scholars: a randomized controlled trial	Acad Med.	Mentorship		Purpose: To determine whether a structured mentoring curriculum improves research mentoring skills. Method: 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 ≥50% of the time 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 Mentoring Competency Assessment (MCA). Secondary outcomes included changes in the following: mentors' awareness as measured by their self-reported retrospective change in MCA scores, mentees' ratings of their mentors' competency as measured by MCA scores, and mentoring behaviors as reported by mentors and their mentees. Results: A total of 283 mentor-mentee pairs were enrolled: 144 mentors were randomized to the intervention; 139 to the control condition. Self-reported pre-/posttest change in MCA composite scores was higher for mentors in the intervention group compared with controls (P < .001). Retrospective changes in MCA composite scores between the two groups were even greater, and extended to all six subscale scores (P < .001). More intervention-group mentors reported changes in their mentoring practices than control mentors (P < .001). Mentees working with intervention-group mentors reported larger changes in retrospective MCA pre-/posttest scores (P = .003) and more changes in their mentors' behavior (P = .002) than those paired with control mentors. Conclusions: This RCT demonstrates that a competency-based research mentor training program can improve mentors' skills.	program example	

PMID	Title	Journal	Topic			Abstract	Type	Keywords	
23425990	Mentor networks in academic medicine: moving beyond a dyadic conception of mentoring for junior faculty researchers	Acad. Med.	Mentorship			Purpose: Career development award programs often require formal establishment of mentoring relationships. The authors sought to gain a nuanced understanding of mentoring from the perspective of a diverse national sample of faculty clinician-researchers who were all members of formal mentoring relationships. Method: Between February 2010 and August 2011, the authors conducted semistructured, in-depth telephone interviews with 100 former recipients of National Institutes of Health mentored career development awards and 28 of their mentors. Purposive sampling ensured a diverse range of viewpoints. Multiple analysts thematically coded verbatim transcripts using qualitative data analysis software. Results: Three relevant themes emerged: (1) the numerous roles and behaviors associated with mentoring in academic medicine, (2) the improbability of finding a single person who can fulfill the diverse mentoring needs of another individual, and (3) the importance and composition of mentor networks. Many respondents described the need to cultivate more than one mentor. Several participants discussed the use of peer mentors, citing benefits such as pooled resources and mutual learning. Female participants generally acknowledged the importance of having at least one female mentor. Some observed that their portfolio of mentors needed to evolve to remain effective.	qualitative study		
23425989	Mentoring programs for underrepresented minority faculty in academic medical centers: a systematic review of the literature	Acad. Med.	Mentorship			Purpose: Mentoring is critical for career advancement in academic medicine. However, underrepresented minority (URM) faculty often receive less mentoring than their nonminority peers. The authors conducted a comprehensive review of published mentoring programs designed for URM faculty to identify "promising practices." Method: Databases (PubMed, PsycINFO, ERIC, PsychLit, Google Scholar, Dissertations Abstracts International, CINHAL, Sociological Abstracts) were searched for articles describing URM faculty mentoring programs. The RE-AIM framework (Reach, Effectiveness, Adoption, Implementation, and Maintenance) formed the model for analyzing programs. Results: The search identified 73 citations. Abstract reviews led to retrieval of 38 full-text articles for assessment; 18 articles describing 13 programs were selected for review. The reach of these programs ranged from 7 to 128 participants. Most evaluated programs on the basis of the number of grant applications and manuscripts produced or satisfaction with program content. Programs offered a variety of training experiences, and adoption was relatively high, with minor changes made for implementing the intended content. Barriers included time-restricted funding, inadequate evaluation due to few participants, significant time commitments required from mentors, and difficulty in addressing institutional challenges faced by URM faculty. Program sustainability was a concern because programs were supported through external funds, with minimal institutional support. Conclusions: Mentoring is an important part of academic medicine, particularly for URM faculty who often experience unique career challenges. Despite this need, relatively few publications exist to document mentoring programs for this population. Institutionally supported mentoring programs for URM faculty are needed, along with detailed plans for program sustainability.	systematic review		
23702534	The Mentoring Competency Assessment: validation of a new instrument to evaluate skills of research mentors	Acad. Med.	Mentorship			Purpose: To determine the psychometric properties of the Mentoring Competency Assessment (MCA), a 26-item skills inventory that enables research mentors and mentees to evaluate six competencies of mentors: maintaining effective communication, aligning expectations, assessing understanding, addressing diversity, fostering independence, and promoting professional development. Method: In 2010, investigators administered the MCA to 283 mentor-mentee pairs from 16 universities participating in a trial of a mentoring curriculum for clinical and translational research mentors. The authors analyzed baseline MCA data to describe the instrument's psychometric properties. Results: Coefficient alpha scores for the MCA showed reliability (internal consistency). The hypothesized model with its six latent constructs (competencies) resulted in an acceptable fit to the data. For the instrument completed by mentors, chi-square = 663.20; df = 284; P < .001; root mean square error of approximation (RMSEA) = 0.069 (90% CI, 0.062-0.076); comparative fit index (CFI) = 0.85; and Tucker-Lewis index (TLI) = 0.83. For the instrument completed by mentees, chi-square = 840.62; df = 284; P < .001; RMSEA = 0.080 (90% CI, 0.063-0.077); CFI = 0.87; and TLI = 0.85. The correlations among the six competencies were high: 0.49-0.87 for mentors, 0.58-0.92 for mentees. All parameter estimates for the individual items were significant; standardized factor loadings ranged from 0.32 to 0.81 for mentors and 0.56 to 0.86 for mentees. Conclusions: The findings demonstrate that the MCA has reliability and validity. In addition, this study provides preliminary norms derived from a national sample of mentors and mentees.	quantitative study		
31382043	Scholarly Collaboration, Mentorship, and Friendship: A New Model for Success in Academic Medicine	Acad Pediatr.	Mentorship			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 may negatively impact productivity, promotion, and retention. Women, in particular, identify lack of mentorship as a major factor inhibiting career advancement, which in turn may be one element contributing to the significant gender gaps existing in academic medicine. Here, we describe a model of mentoring drawn from our personal experiences as 4 female faculty that has resulted in a successful collaboration spanning nearly a decade. This model combines different elements of mentoring models previously described in the literature into a single model of network mentoring. Our model aims to promote longitudinal, collaborative scholarship around a broad common research theme, provide long-term mentorship focused on successfully navigating personal and academic hurdles, and create a forum of mentorship for faculty at all academic ranks. Keys to the success of our model, The Accelerate Scholarship through Personal Engagement with a Collaborative Team (ASPECT) Model, are: 1) a shared overarching research goal that allows for multiple projects to be worked on over time; 2) regular, structured meetings; 3) a collaborative yet flexible arrangement with "group accountability"; and 4) a focus on the human connection. Our goal in writing this paper is to describe, in detail, lessons learned from our experiences and reflect on why and how this model may be effective in addressing mentoring gaps many faculty members, particularly women, experience.	program example		
24816424	The Value of Speed Mentoring in a Pediatric Academic Organization	Acad Pediatr.	Mentorship			Objective: A reliable and supportive mentor is indispensable to the career development of successful academic professionals. The Academic Pediatric Association (APA) utilized a speed mentoring format at the 2012 Pediatric Academic Societies meeting to enhance mentoring potential. We sought to evaluate the structure of the speed mentoring event and to determine the benefits and impact from the perspectives of the mentors and mentees. Methods: Sixty mentees were matched with 60 mentors within various tracks. Each mentee met with 6 mentors for 10 minutes for each dyad. Participants were then asked to complete a survey 1 to 4 weeks after the event. Survey items included expectation, impact, and value of the experience along with potential for ongoing mentoring relationships. 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 period. Mentors appreciated that they gained new insights, reflected on their own careers, and were able to give back to their field. Both mentees and mentors agreed the time was well spent, would participate again, and identified chemistry as a major factor in pursuing an ongoing relationship. Conclusions: This national speed mentoring event provided an innovative, fun, and time-efficient mechanism to establish connections, network, and determine whether chemistry existed for potential mentor-mentee relationships. Further study should evaluate whether it can be used in other venues and lead to the development of lasting mentor-mentee relationships.	qualitative study	mentee; mentor; national organization; networking; speed mentoring	
25274417	A mentor training program improves mentoring competency for researchers working with early-career investigators from underrepresented backgrounds	Adv Health Sci Educ Th	Mentorship			Mentoring is increasingly recognized as a critical element in supporting successful careers in academic research in medicine and related disciplines, particularly for trainees and early career investigators from 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 impact. In 2013, we recruited 34 faculty from across the US engaged in HIV-related clinical research to participate in a 2-day Mentoring the Mentors workshop. The workshop included didactic and interactive content focused on a range of topics, such as mentor-mentee communication, leadership styles, emotional intelligence, understanding the impact of diversity (unconscious bias, microaggressions, discrimination, tokenism) for mentees, and specific tools and techniques for effective mentoring. Pre- and post-workshop online evaluations documented high rates of satisfaction with the program and statistically significant improvements in self-appraised mentoring skills (e.g. addressing diversity in mentoring, communication with mentees, aligning mentor-mentee expectations), as assessed via a validated mentoring competency tool. This is the first mentoring training program focused on enhancing mentors' abilities to nurture investigators of diversity, filling an important gap, and evaluation results offer 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.	program example		
19246662	A call for training the trainers: focus on mentoring to enhance diversity in mental health research	Am J Public Health	Mentorship			There is a widening disparity between the proportion of ethnic minority Americans in the population and the number of researchers from these minority groups. One major obstacle in this arena relates to a dearth of mentors for such trainees. The present academic settings are not optimal for development and sustenance of research mentors, especially for mentees from underrepresented minority ethnic groups. 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 and reward mentors of junior scientists from ethnic minority groups.	call to action		
30081899	Independent investigator incubator (I 3): a comprehensive mentorship program to jumpstart productive research careers for junior faculty	BMC Med Educ.	Mentorship			Background: In the highly competitive environment of academic medicine, junior faculty investigators face high attrition rates due to challenges in finding effective mentorship, securing grant funding, and obtaining resources to support their career development and research productivity. The purpose of this study was to describe the centralized, cost-sharing design of the Independent Investigator Incubator (I3) program as a novel approach to junior faculty mentoring and to evaluate quantitative outcomes for program improvement. Methods: In September 2014, the I3 pilot program, a comprehensive mentorship program targeting junior faculty pursuing research careers, was launched. Participants included junior faculty during the crucial first three years of their research careers or during their transition from career development awards to more independent research. Following initial screening, the I3 mentees were paired with a senior faculty "super-mentor" with expertise in either basic science or clinical research. Mentees were provided with robust traditional one-on-one mentoring, targeted feedback from a super-mentor review committee, as well as biostatistician and grant writing support. To assess the effectiveness of the I3 program, we tracked outcome measures via baseline and 12-month mentee surveys. Data collected assessed program diversity, mentee self-assessments, evaluation of the mentoring relationship, scholarship and productivity metrics. Raw data were analyzed using a paired t-test in Excel (P < 0.05). Results: Results of the baseline mentee self-assessment survey found that the I3 mentees indicated common "perceive deficits" including navigating the organizational and institutional culture, clear direction in achieving promotion and tenure, among others. When baseline mentee survey responses were compared to 12-month responses, we identified strong "perceived growth" in categories, such as Research and Interpersonal Skills and Career Development Skills. Further, productivity metrics at 12-months revealed that roughly 80% of I3 mentees successfully published a manuscript(s). The I3 program has helped generate roughly $12.1 million dollars in investigator-initiated funding after two years in the program. 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 transformative mentorship for junior faculty. Using our findings, we developed courses and an annual "snapshot" of mentee performance for mentors.	program example	Junior faculty; Mentoring; Professional development; Translational research	
33500280	Mentoring as an intervention to promote gender equality in academic medicine: a systematic review	BMJ Open	Mentorship			Background: Mentoring is frequently suggested as an intervention to address gender inequalities in the workplace. Objectives: To systematically review evidence published since a definitive review in 2006 on the effectiveness of mentoring interventions aimed at achieving gender equality in academic medicine. Design: Systematic Review, using the Template for Intervention Description and Replication as a template for data extraction and synthesis. Sample: Studies were included if they described a specific mentoring intervention in a medical school or analogous academic healthcare organisation and included results from an evaluation of the intervention. Eligibility criteria: Mentoring was defined as (1) a formally organised intervention entailing a supportive relationship between a mentor, defined as a more senior/experienced person and a mentee defined as a more junior/inexperienced person; (2) mentoring intervention involved academic career support (3) the mentoring relationship was outside line management or supervision of performance and was defined by contact over an extended period of time. Outcomes: The impact of mentoring was usually reported at the level of individual participants, for example, satisfaction and well-being or self-reported career progression. We sought evidence of impact on gender equality via reports of organisation-level effectiveness, of promotion or retention, pay and academic performance of female staff. Results: We identified 32 publications: 8 review articles, 20 primary observational studies and 4 randomised controlled trials. A further 19 discussed mentoring in relation to gender but did not meet our eligibility criteria. The terminology used, and the structures and processes reported as constituting mentoring, varied greatly. We identified that mentoring is popular with many who receive it; however, we found no robust evidence of effectiveness in reducing gender inequalities. Primary research used weak evaluation designs. Conclusions: Mentoring is a complex intervention. Future evaluations should adopt standardised approaches used in applied health research to the design and evaluation of effectiveness and cost-effectiveness.	systematic review	human resource management; medical education & training; organisational development; statistics & research methods	
22029808	Evaluating Research Mentors Working in the Area of Clinical Translational Science: A Review of the Literature	Clin Transl Sci.	Mentorship			The goal of this paper is to review the evaluation of mentors with a focus on training new investigators in clinical translational science. These scholars include physicians and Ph.D. scientists who are generally assistant professors in clinical departments. This white paper is one of a series of articles focused on the programmatic elements of effective mentoring practices and the "current state of the art." Evaluating mentor performance and providing formative feedback can lead to stronger mentoring and ultimately lead to increased success of new clinical and translational investigators. While there is general agreement that mentor evaluation can be helpful, the process is difficult. Trainees are reluctant to share negative experiences and to rate their mentors. Mentors are not sure they want to be evaluated. Program leaders are not sure how to effectively use the information. This white paper provides mentees, mentors, and program leaders with new perspectives on mentor evaluation and ideas for future research.	literature review		

ID	Title	Journal	Topic		Abstract	Type	Keywords	
22212226	Identifying and Aligning Expectations in a Mentoring Relationship	Clin Transl Sci.	Mentorship		The mentoring relationship between a scholar and their primary mentor is a core feature of research training. Anecdotal evidence suggests this relationship is adversely affected when scholar and mentor expectations are not aligned. We examined three questions: (1) What is the value in assuring that the expectations of scholars and mentors are mutually identified and aligned? (2) What types of programmatic interventions facilitate this process? (3) What types of expectations are important to identify and align? We addressed these questions through a systematic literature review, focus group interviews of mentors and scholars, a survey of Clinical and Translational Science Award (CTSA) KL2 program directors, and review of formal programmatic mechanisms used by KL2 programs. We found broad support for the importance of identifying and aligning the expectations of scholars and mentors and evidence that mentoring contracts, agreements, and training programs facilitate this process. These tools focus on aligning expectations with respect to the scholar's research, education, professional development and career advancement as well as support, communication, and personal conduct and interpersonal relations. Research is needed to assess test the efficacy of formal alignment activities.	systematic review		
22376261	Evaluating and Giving Feedback to Mentors: New Evidence-Based Approaches	Clin Transl Sci.	Mentorship		A comprehensive mentoring program includes a variety of components. One of the most important is the ongoing assessment of and feedback to mentors. Scholars need strong active mentors who have the expertise, disposition, motivation, skills, and the ability to accept feedback and to adjust their mentoring style. Assessing the effectiveness of a given mentor is no easy task. Variability in learning needs and academic goals among scholars makes it difficult to develop a single evaluation instrument or a standardized procedure for evaluating mentors. Scholars, mentors, and program leaders are often reluctant to conduct formal evaluations, as there are no commonly accepted measures. The process of giving feedback is often difficult and there is limited empirical data on efficacy. This article presents a new and innovative six-component approach to mentor evaluation that includes the assessment of mentee training and empowerment, peer learning and mentor training, scholar advocacy, mentee-mentor expectations, mentor self-reflection, and mentee evaluation of their mentor.	multicenter study		
34032569	Introducing the MAVEN Leadership Training Initiative to diversify the scientific workforce	Elife	Mentorship		Addressing gender and racial-ethnic disparities at all career stages is a priority for the research community. In this article, we focus on efforts to encourage mid-career women, particularly women of color, to move into leadership positions in science and science policy. We highlight the need to strengthen leadership skills for the critical period immediately following promotion to associate/tenured professor - when formal career development efforts taper off while institutional demands escalate - and describe a program called MAVEN that has been designed to teach leadership skills to mid-career women scientists, particularly those from underrepresented groups.	program example		
https://doi.org/10.1016/j.hsr.2021.10004	Mentorship in academic medicine: Competitive advantage while reducing burnout?	Health Sciences Review	Mentorship		Increased regulatory oversight, mandated use of electronic medical records, and economic constraints on health- care and research confront academic medical institutions while the core requirements for productivity in research, teaching and excellence and equity in clinical care remain. "Burnout "is an important challenge to healthcare and reflects the alienation, cynicism and decreased productivity of 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 may alleviate some of the alienation associated with burnout. The interdisciplinary nature of biomedicine supports the use of multiple mentors to provide diverse perspectives for trainees and ju- nior faculty. Mentorship programs require institutional engagement with clear articulation of institutional goals and values as well as financial and political support. Such programs will identify and train potential leaders throughout an organizational hierarchy, support innovation and flexibility within the organization, increase job satisfaction and retention, and, as a result, enhance the institution's competitive position. Notably, relationships developed within a supportive environment may also mitigate the development of professional burnout.	review	Burnout leadership promotion mentorship program research innovation job satisfaction retention	
33430479	Mentoring New and Early-Stage Investigators and Underrepresented Minority Faculty for Research Success in Health-Related Fields: An Integrative Literature Review (2010-2020)	Int J Environ Res Public	Mentorship		Mentoring to develop research skills is an important strategy for facilitating faculty success. The purpose of this study was to conduct an integrative literature review to examine the barriers and facilitators to mentoring in health-related research, particularly for three categories: new investigators (NI), early-stage investigators (ESI) and underrepresented minority faculty (UMF). PsychINFO, CINAHL and PubMed were searched for papers published in English from 2010 to 2020, and 46 papers were reviewed. Most papers recommended having multiple mentors and many recommended assessing baseline research skills. Barriers and facilitators were both individual and institutional. Individual barriers mentioned most frequently were a lack of time and finding work-life balance. UMF mentioned barriers related to bias, discrimination and isolation. Institutional barriers included lack of mentors, lack of access to resources, and heavy teaching and service loads. UMF experienced institutional barriers such as devaluation of experience or expertise. Individual facilitators were subdivided and included writing and synthesis as technical skills, networking and collaborating as interpersonal skills, and accountability, leadership, time management, and resilience/grit as personal skills. Institutional facilitators included access to mentoring, professional development opportunities, and workload assigned to research. Advocacy for diversity and cultural humility were included as unique interpersonal and institutional facilitators for UMF. Several overlapping and unique barriers and facilitators to mentoring for research success for NI, ESI and UMF in the health-related disciplines are presented.	literature review	diversity; early career; faculty development; new faculty; underrepresented minority faculty	
34063085	Mentoring as a Buffer for the Syndemic Impact of Racism and COVID-19 among Diverse Faculty within Academic Medicine	Int J Environ Res Public	Mentorship		Within this article, we explore the dual impact of two pandemics, racism and COVID-19, on the career and psychological well-being of diverse faculty within academic medicine. First, we present a discussion of the history of racism in academic medicine and the intensification of racial disparities due to the COVID-19 pandemic. As a result of the syndemic of racism and COVID-19, the outlook for the recruitment, retention, and advancement of diverse faculty and leaders within academic medicine is at risk. While mentoring is known to have benefits for career and personal development, we focus on the unique and often unacknowledged role that mentoring can play as a buffer for women and people of color, especially when working in institutions that lack diversity and are now struggling with the syndemic of racism and COVID-19. We also discuss the implications of acknowledging mentoring as a buffer for future leadership development, research, and programs within academic medicine and health professions.		COVID-19; academic medicine; diversity; mentoring; racism	
31660227	Diversity and the next-generation physician-scientist	J Cin Transl Sci.	Mentorship		The fields in which physician-scientists work have much to gain by including people with different backgrounds and unique experiences in the search for new knowledge and solutions for existing problems. The next generation of physician-scientists will be from the millennial and Gen Z generations, which are far more diverse than previous generations and have the potential to diversify the workforce. Yet, many systemic and cultural barriers exist to limit the entry and advancement of physician-scientists from underrepresented backgrounds. Thus, while addressing the shrinking physician-scientist workforce has been a major focus of the last four decades, we argue that promoting diversity in the workforce and reducing barriers for underrepresented groups should also be a priority. Here, we highlight many underrepresented groups that deserve attention and provide suggestions for how to support their inclusion in the physician-scientist workforce.	editorial	Diversity; Physician-scientist	
33532959	Mentorship of Underrepresented Physicians and Trainees in Academic Medicine: a Systematic Review	J Gen Intern Med.	Mentorship		Background: Though the USA is becoming increasingly diverse, the physician workforce contains a disproportionately low number of physicians from racial and ethnic groups that are described as underrepresented in medicine (URiM). 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 and describe mentoring programs for URiM physicians in academic medicine and to describe important themes from existing literature that can aid in the development of URiM mentorship programs.

Methods: The authors searched PubMed, PsycINFO, ERIC, and Cochrane databases, and included original publications that described a US mentorship program involving academic medical doctors at the faculty or trainee level and were created for physicians who are URiM or provided results stratified by race/ethnicity.

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 specific fields, and to recruit and retain URiM participants. Subjective outcomes were primarily participant satisfaction with the program and/or work climate. The dyad model of mentoring was the most common, though several novel models were also described. Program evaluations were primarily subjective and reported high satisfaction, although some reported objective outcomes including publications, retention, and promotion. All showed satisfactory outcomes for the mentorship programs.

Discussion: This review describes a range of successful mentoring programs for URiM physicians. Our recommendations based on our review include the importance of institutional support for diversity, tailoring programs to local needs and resources, training mentors, and utilizing URiM and non-URiM mentors. | systematic review | mentorship; underrepresented in medicine | |
16117759	Mentoring faculty in academic medicine. A new paradigm?	J Gen Intern Med.	Mentorship		In this paper, we discuss an alternative structure and a broader vision for mentoring of medical faculty. While there is recognition of the need for mentoring for professional advancement in academic medicine, there is a dearth of research on the process and outcomes of mentoring medical faculty. Supported by the literature and our experience with both formal dyadic and group peer mentoring programs as part of our federally funded National Center of Leadership in Academic Medicine, we assert that a group peer, collaborative mentoring model founded on principles of adult education is one that is likely to be an effective and predictably reliable form of mentoring for both women and men in academic medicine.			
32641352	Peer mentoring for professional and personal growth in academic medicine	J Investig Med.	Mentorship		Mentorship is a critical component of career development, particularly in academic medicine. Peer mentorship, which does not adhere to traditional hierarchies, is perhaps more accessible for underrepresented groups, including women and minorities. In this article, we review various models of peer mentorship, highlighting their respective advantages and disadvantages. Structured peer mentorship groups exist in different settings, such as those created under the auspices of formal career development programs, part of training grant programs, or through professional societies. Social media has further enabled the establishment of informal peer mentorship through participatory online groups, blogs, and forums that provide platforms for peer-to-peer advice and support. Such groups can evolve rapidly to address changing conditions, as demonstrated by physician listserv and Facebook groups related to the COVID-19 pandemic. Peer mentorship can also be found among colleagues brought together through a common location, interest, or goal, and typically these relationships are informal and fluid. Finally, we highlight here our experience with intentional formation of a small peer mentoring group that provides structure and a safe space for professional and social-emotional growth and support. In order to maximize impact and functionality, this model of peer mentorship requires commitment among peers and a more formalized process than many other peer mentoring models, accounting for group dynamics and the unique needs of members. When done successfully, the depth of these mentorship relationships can produce myriad benefits for individuals with careers in academic medicine including, but not limited to, those from underrepresented backgrounds.	review	academic medical centers; biomedical research; education; medical; interprofessional relations	
12520243	Critical choices in mentoring the next generation of academic pediatricians: nine circles of hell or salvation?	J Pediatr.	Mentorship		THE CHALLENGE OF MENTORING; GOOD MENTORING, BAD MENTORING, AND MENTOR'S HELL; STRATEGIES TO AVOID MENTORING HELL;			
32369152	Mentoring Millennials	JAMA	Mentorship		personal narrative	"a peace pf my mind"		
16954490	Mentoring in academic medicine: a systematic review	JAMA	Mentorship		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 educational demands on medical faculty. Therefore, evidence for the value of mentoring needs to be evaluated.

Objective: To systematically review the evidence about the prevalence of mentorship and its relationship to career development.

Data sources: MEDLINE, Current Contents, Cochrane Database of Systematic Reviews, Database of Abstracts of Reviews of Effects, Cochrane Central Register of Controlled Trials, PsycINFO, and Scopus databases from the earliest available date to May 2006.

Study selection and data extraction: We identified all studies evaluating the effect of mentoring on career choices and academic advancement among medical students and physicians. Minimum inclusion criteria were a description of the study population and availability of extractable data. No restrictions were placed on study methods or language.

Data synthesis: The literature search identified 3640 citations. Review of abstracts led to retrieval of 142 full-text articles for assessment; 42 articles describing 39 studies were selected for review. Of these, 34 (87%) were cross-sectional self-report surveys with small sample size and response rates ranging from 5% to 99%. One case-control study nested in a survey used a comparison group that had not received mentoring, and 1 cohort study had a small sample size and a large loss to follow-up. Less than 50% of medical students and in some fields less than 20% of faculty members had a mentor. Women perceived that they had more difficulty finding mentors than their colleagues who are men. Mentorship was reported to have an important influence on personal development, career guidance, career choice, and research productivity, including publication and grant success.

Conclusions: Mentoring is perceived as an important part of academic medicine, but the evidence to support this perception is not strong. Practical recommendations on mentoring in medicine that are evidence-based will require studies using more rigorous methods, addressing contextual issues, and using cross-disciplinary approaches. | systematic review | | |
| 24042336 | Pediatric faculty diversity: a new landscape for academic pediatrics in the 21st century | JAMA Pediatr. | Mentorship | | | call to action | | |

ID	Title	Source	Category	Link	Description	Type	Keywords
30739694	Organisational best practices towards gender equality in science and medicine	Lancet	Mentorship		In August 2018, the president of the World Bank noted that "'Human capital'-the potential of individuals-is going to be the most important long-term investment any country can make for its people's future 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 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 global technological and medical advancements. The chronic lack of recruitment, promotion, and retention of women in science and medicine is due to systemic, structural, organisational, institutional, cultural, and societal barriers to equity and inclusion. These barriers must be identified and removed through increased awareness of the challenges combined with evidence-based, data-driven approaches leading to 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 to identify and remove systemic bias and barriers in science and medicine, and propose tools that will help organisational change toward gender equality. We describe tools that include formal legislation and mandated quotas at national or large-scale levels (eg, gender parity), techniques that increase fairness (eg, gender equity) through facilitated organisational cultural change at institutional levels, and professional development of core competencies at individual levels. This Review is not intended to be an extensive analysis of all the literature currently available on achieving gender equality in academic medicine and science, but rather, a reflection on finding multifactorial solutions.	review	
30739693	Working toward gender diversity and inclusion in medicine: myths and solutions	Lancet	Mentorship		Women's representation in science and medicine has slowly increased over the past few decades. However, this rise in numbers of women, or gender diversity, has not been matched by a rise in gender inclusion. Despite increasing representation, women still encounter bias and discrimination when compared with men in these fields across a variety of outcomes, including treatment at school and work, hiring, compensation, evaluation, and promotion. Individual and systemic biases create unwelcome environments for women, particularly for those who additionally identify with other traditionally devalued groups (eg, women of colour). This Review draws on several decades of research in the field of management and its cognate disciplines to identify five myths that continue to perpetuate gender bias and five strategies for improving not only the number of women in medicine, but also their lived experiences, capacity to aspire, and opportunity to succeed. We argue for a move away from a singular focus on interventions aimed at targeting individual attitudes and behaviour to more comprehensive interventions that address structural and systemic changes.	review	
31008237	Optimizing Your Mentoring Relationship: A Toolkit for Mentors and Mentees	MedEdPORTAL	Mentorship		Introduction: 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 mentees' needs due to factors such as mentor fatigue and lack of mentor training. To address this in our own professional society, the Association of Pediatric Program Directors, we developed a mentor toolkit in order to utilize a variety of mentoring models, provide faculty development for midlevel mentors, and offer guidance to mentees. Methods: Most of these tools were designed to be administered in an interactive format such as a workshop or seminar with think-pair-share opportunities. The toolkit begins by providing a definition of mentoring and reinforcing the benefits and the characteristics of effective mentoring relationships. Next, we discuss the important role that mentees have in creating and maintaining effective mentoring relationships (i.e., mentee-driven mentoring). We then introduce a mentoring mosaic activity designed to help mentees examine their professional network and think about how they might expand it to fulfill the spectrum of their mentoring needs. Next, we present guidelines for the implementation of four mentoring models that can be used within one's institution: traditional dyadic mentoring, peer group mentoring, meet the professor mentoring, and speed mentoring. We then provide tools that can be used to help facilitate effective mentoring development. Results: This toolkit has successfully served as a self-guided resource at national meetings for many years, garnering positive feedback from mentors and mentees alike. Discussion: The principles and methods are easily generalizable and may be used to guide mentorship programs within institutional and professional societies, as well as to assist mentors and mentees in optimizing their individual mentoring relationships.	mentor toolkit	Mentee; Mentoring; Mentors; Professional Development
35029847	Combating Structural Inequities - Diversity, Equity, and Inclusion in Clinical and Translational Research	N Engl J Med.	Mentorship				
33958798	First-generation physician-scientists are under-represented and need better support	Nat Med.	Mentorship		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.	comment	
21174011	A Model Minority Faculty Fellowship Program: Enhancing Minority Faculty in Health Professions and Reducing Inequity in Health Services	Northern Arizona University J Allied Health	Mentorship		Northern Arizona University (NAU), College of Health and Human Services model Minority Faculty Fellowship Program (MFFP) supports a minority faculty member and strengthens the College without adding to the workload or placing additional strain on an already limited budget. In 2003, the College was awarded a MFFP through the U.S. Department of Health, Health Resources and Services Administration. The College received a second Fellowship in 2008, the only one funded in the country. This three-year Fellowship is aimed at providing minority individuals with the training and skills necessary to flourish in a tenure-track position. There is a shortage of minority faculty in the health professions. Northern Arizona University and the surrounding communities have diverse populations nonetheless, only a very small percentage of faculty at the University are from diverse backgrounds. Success of the NAU, MFFP is largely due to our ability to draw upon existing structures including the University mission and institutional commitment to serving Native Americans, as well as the promotion and tenure process, faculty support programs, and a long-term relationship with the John and Sophie Ottens Foundation. The progress of the current NAU fellowship can also be attributed to the first Fellow's engagement with her contemporary.	program example	
27616578	Early career mentoring through the American Society of Pediatric Hematology/Oncology: lessons learned from a pilot program	Pediatr Blood Cancer	Mentorship		Background: Effective networking and mentorship are critical determinants of career satisfaction and success in academic medicine. The American Society of Pediatric Hematology/Oncology (ASPHO) mentoring program was developed to support Early Career (EC) members. Herein, the authors report on the initial 2-year outcomes of this novel program. Procedure: Mentees selected mentors with expertise in different subspecialties within the field from mentor profiles at the ASPHO Web site. Of 23 enrolled pairs, 19 mentors and 16 mentees completed electronic program feedback evaluations. The authors analyzed data collected between February 2013 and December 2014. The authors used descriptive statistics for categorical data and thematic analysis for qualitative data. Results: The overall response rate was 76% (35/46). At the initiation of the relationship, career development and research planning were the most commonly identified goals for both mentors and mentees. Participants communicated by phone, e-mail, or met in-person at ASPHO annual meetings. Most mentor-mentee pairs were satisfied with the mentoring relationship, considered it a rewarding experience that justified their time and effort, achieved their goals in a timely manner with objective work products, and planned to continue the relationship. However, time constraints and infrequent communications remained a challenge. Conclusions: Participation in the ASPHO mentoring program suggests a clear benefit to a broad spectrum of ASPHO EC members with diverse personal and professional development needs. Efforts to expand the mentoring program are ongoing and focused on increasing enrollment of mentors to cover a wider diversity of career tracks/subspecialties and evaluating career and academic outcomes more objectively.	program example	career development; early career; fellow; junior faculty; mentoring; mentorship; pediatric hematology oncology; pediatric subspecialty; trainee
24777211	Promoting education, mentorship, and support for pediatric research	Pediatrics	Mentorship		Pediatricians play a key role in advancing child health research to best attain and improve the physical, mental, and social health and well-being of all infants, children, adolescents, and young adults. Child health presents unique issues that require investigators who specialize in pediatric research. In addition, the scope of the pediatric research enterprise is transdisciplinary and includes the full spectrum of basic science, translational, community-based, health services, and child health policy research. Although most pediatricians do not directly engage in research, knowledge of research methodologies and approaches promotes critical evaluation of scientific literature, the practice of evidence-based medicine, and advocacy for evidence-based child health policy. This statement includes specific recommendations to promote further research education and support at all levels of pediatric training, from premedical to continuing medical education, as well as recommendations to increase support and mentorship for research activities. Pediatric research is crucial to the American Academy of Pediatrics' goal of improving the health of all children. The American Academy of Pediatrics continues to promote and encourage efforts to facilitate the creation of new knowledge and ways to reduce barriers experienced by trainees, practitioners, and academic faculty pursuing research.	statement	basic science research; community-based participatory research; epidemiology; health services research; pediatric education; postgraduate training; training; translational research; workforc
33757995	Diversity of Mentorship to Increase Diversity in Academic Pediatrics	Pediatrics	Mentorship		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 and resources from institutions, public and private organizations, and individuals. For early career academic physicians who are underrepresented in medicine, a cornerstone of career development has been the presence of invested mentors of various rank, sex, and race and ethnicity.1 The objective with this article is to outline the distinct approaches and varied types of mentorship that are necessary to create a more diverse academic pediatric community.	perspectives	
	Clinical Research Scholars Program	Seattle Children's	Mentorship	https://www.seattlechildrens.org/research/centers-programs/clinical-and-translational-research/funding/clinical-research-scholars-program/	The Clinical Research Scholars Program (CRSP) is a mentored research career development program for CCTR investigators. The program objective is to support junior faculty in the development of successful clinical, translational and outcomes research at Seattle Children's. This goal is accomplished through a structured program of mentoring by dedicated CRSP Faculty, educational seminars, and financial support.	mentored research career development program	
27054562	A Multifaceted Mentoring Program for Junior Faculty in Academic Pediatrics	Teach Learn Med.	Mentorship		Problem: The departure of physician-scientists from education and research into clinical practice is a growing challenge for the future of academic medicine. Junior faculty face competing demands for clinical productivity, teaching, research, and work-life integration, which can undermine confidence in the value of an academic career. Mentorship is important to foster career development and satisfaction in junior faculty. Intervention: The goals of this academic pediatrics department were to develop, implement, and evaluate a multifaceted pediatric mentoring program to promote retention and satisfaction of junior faculty. Program elements included one-on-one mentor-mentee meetings, didactic workshops, grant review assistance, and facilitated peer-group mentoring. Program effectiveness was assessed using annual surveys of mentees and structured mentee exit interviews, as well as retention data for assistant professors. Context: The mentees were instructors and assistant professors in the department of pediatrics. Outcome: Seventy-nine mentees participated in the program from 2007 through 2014. The response rate from seven annual surveys was 84%. Sixty-nine percent of mentees felt more prepared to advance their careers, 81% had a better understanding of the criteria for advancement, 84% were satisfied with the program, and 95% found mentors accessible. Mentees who exited the program reported they most valued the one-on-one mentoring and viewed the experience positively regardless of promotion. Retention of assistant professors improved after initiation of the program; four of 13 hired from 2002 to 2006 left the institution, whereas 18 of 18 hired from 2007 to 2014 were retained.	program example	faculty development; mentee; mentor; mentoring program; retention; satisfaction
	Picture a Scientist	Tribeca Film Festival	Mentorship	https://www.pictureascientist.com/	PICTURE A SCIENTIST chronicles the groundswell of researchers who are writing a new chapter for women scientists. Biologist Nancy Hopkins, chemist Raychelle Burks, and geologist Jane Willenbring lead viewers on a journey deep into their own experiences in the sciences, ranging from brutal harassment to years of subtle slights. Along the way, from cramped laboratories to spectacular field stations, we encounter scientific luminaries - including social scientists, neuroscientists, and psychologists - who provide new perspectives on how to make science itself more diverse, equitable, and open to all.	film	
	Vice President's Clinical and Translational (VPCAT) Research Scholars Program	University of Utah	Mentorship	https://medicine.utah.edu/faculty-dev/programs/vpcat/	The VPCAT Research Scholars Program has been designed to offer intensive mentorship and support to early-stage faculty members engaged in clinical and translational research in transitioning to accomplished, funded principal investigators. VPCAT leverages the resources of our institution to augment departmental resources in support of junior faculty investigators using a holistic framework, the Matrix Mentoring Model, that includes five levels of mentorship: self, scientific, peer, senior, and staff. During the 2-year program, scholars receive training in scientific career development, grant writing and management, and leadership designed to create empowered principal investigators.	research scholars program	
	Additional Links from CUSOM Work	CUSOM	other contributions - culture change	https://www.aamc.org/professional-development/affinity-groups/gdi	Recruitment is also important so there are a few items related to best practices for searches and a link to the CU office of equity affirmative action processes/toolkit	program resources	

ID	Title	Journal	Category		Abstract	Type		
34470882	The Path Forward: Using Metrics to Promote Equitable Work Environments	Pediatrics	other contributions - culture change		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.	program example		
34470881	Promoting Culutre Change Within Organizations	Pediatrics	other contributions - culture change		Women physicians add value to health care organizations yet continue to lag behind men in career growth and leadership roles, in large part because of factors related to organizational culture. Promotion of culture change can facilitate equal access for both women and men to opportunities and resources. In this article, we identify and address the long-standing and urgently escalating need for culture change in medicine through the use of representative cases. Strategies are provided describing how to initiate and manage culture change. Examples of both process and outcome of such change include equal support for job positions, promotions, pay, and inclusion in decisions and discussions. The intersections of culture change and identified imperatives with respect to race, gender, and historically excluded and marginalized groups are specifically addressed. Finally, mechanisms of culture change are identified, as well as areas of opportunity to aid the long overdue evolution of medical culture toward one of inclusivity and equity.	program example		
21952056	Professional Challenges of Non-US Born International Medical Graduates and Recommendations for Support During Residency Training	Acad Med.	Social Isolation		Purpose: Despite a long history of international medical graduates (IMGs) coming to the United States for residencies, little research has been done to find systematic ways in which residency programs can support IMGs during this vulnerable transition. The authors interviewed a diverse group of IMGs to identify challenges that might be eased by targeted interventions provided within the structure of residency training. Method: In a qualitative study conducted between March 2008 and April 2009, the authors contacted 27 non-U.S.-born IMGs with the goal of conducting qualitative interviews with a purposeful sample. The authors conducted in-person, in-depth interviews using a standardized interview guide with potential probes. All participants were primary care practitioners in New York, New Jersey, or Connecticut. Results: A total of 25 IMGs (93%) participated. Interviews and subsequent analysis produced four themes that highlight challenges faced by IMGs: (1) Respondents must simultaneously navigate dual learning curves as immigrants and as residents, (2) IMGs face insensitivity and isolation in the workplace, (3) IMGs' migration has personal and global costs, and (4) IMGs face specific needs as they prepare to complete their residency training. The authors used these themes to inform recommendations to residency directors who train IMGs. Conclusions: Residency is a period in which key elements of professional identity and behavior are established. IMGs are a significant and growing segment of the physician workforce. Understanding particular challenges faced by this group can inform efforts to strengthen support for them during postgraduate training.	qualitative study		
	Center for Diversity and Inclusion Annual Report 2017-2018	Massachusetts General Hospital			Diversity Statement: Diversity is the richness of human differences. Inclusion is when everyone is valued, engaged, and feels connected. At Massachusetts General Hospital, we believe that because of diversity we will excel; through inclusion we will respect; focused on equity we will serve, heal, educate and innovate. Because of diversity we will excel. We think broadly about diversity and everything that makes us unique. It is core to our mission. Our differences make the MGH a more interesting and distinctive environment in which to work and are an important means of providing the very best care to every one of our patients, regardless of race, ethnicity, gender, gender identity, religion, age, sexual orientation, disability, life experiences, geographic backgrounds, skills and talents among others. We will not excel without recognizing and appreciating everyone's perspectives. Through inclusion we will respect. Together we work hard to make this hospital a diverse and inclusive place of healing. Encouraging a broad range of opinions, ideas and perspectives drives creativity, innovation and excellence. Our continued engagement in our nationally recognized initiatives and programs highlights our commitment to diversity and inclusion. But this ongoing work will not be complete until every employee, every patient, every family member, every visitor feels safe, respected, welcome, comfortable, supported and accepted within our walls. Focused on equity we will serve, heal, educate and innovate. Our job is to improve health and save lives, regardless of what our patients or colleagues look like, where they come from, what they believe, or who they love. Issues of equity and justice are not separate but rather intertwined with patient care, education, research, and community health. Targeting inequality enhances the quality of care for all. We believe in treating our patients and each other with the dignity that every human being deserves.	annual report		