New Century Scholars: A Mentorship Program to Increase Workforce Diversity in Academic Pediatrics

Lee M. Pachter, DO, and Cheryl Kodjo, MD, MPH

Abstract

This article describes a program aimed to increase workforce diversity and underrepresented minority (URM) representation in academic pediatric medicine. The New Century Scholars (NCScholars) program is a core program in the Academic Pediatric Association, the largest national organization for academic pediatric generalists. The program selects URM pediatric (or medicine—pediatrics) residents who

are interested in academic careers and provides each NCScholar with a junior and senior mentor, as well as travel grants to the Pediatric Academic Societies annual meeting where activities specific to the program are held, and provides ongoing mentorship and career counseling support.

The authors discuss the origination, operation, and changes to the program

over the first 10 years of its existence, as well as outcome data for the participants in the program. To date, 60 of the 63 NCScholars have finished residency and/or have made postresidency plans, and 38 of these URM pediatricians (63%) have entered academic careers. The authors suggest that this type of mentorship program for URM pediatric trainees can be used as a model for other specialties and medical organizations.

As the population of the United States becomes more racially and ethnically heterogeneous, academic medicine needs to keep up with this increased diversity for a number of reasons. The challenge of addressing health and health care inequities can be best met with a workforce that includes a greater number of underrepresented minorities (URMs) in leadership roles, including academics and research. As the past president of the Association of American Medical Colleges (AAMC) Jordan Cohen stated: "Our country's research agenda is influenced significantly by those who choose careers in investigation.... Since what people see as problems depend greatly on their particular

cultural and ethnic filters, it follows that finding solutions to some of our country's most recalcitrant health problems, even being able to conceptualize what the real problems actually are, will require a research workforce that is much more diverse racially and ethnically than we now have."1 Because data suggest that minority individuals and communities of color have heightened degrees of mistrust of medical research due to multiple episodes of past exploitation and discrimination,^{2,3} researchers of color may be able to address these issues of mistrust, improve communication, and enhance the scope and quality of clinical and community-based research in health and health care inequities.

In addition to the potential impact on health and health services research, diversifying the academic medicine workforce would benefit the education of physicians and other health care practitioners as well. Having a diverse training workforce with members of color in leadership positions increases the likelihood that education includes core topics such as cultural competency, communication skills in diverse settings, and clinical approaches to eradicating health disparities, so that all trainees are exposed to training in diversity issues. In a study of 693 medical students at two medical schools, over 80% agreed that having a diverse clinical faculty was very important for improving medical education.4

The number of URMs entering careers in academic pediatrics is very low. Data

from the AAMC show that in 2013, of the 18,783 full-time pediatric faculty members in the United States, only 3.2% were black/African American, 0.9% were Puerto Rican, 0.5% were Mexican American, and 0.2% were Native American, Alaskan Native, Native Hawaiian, or Pacific Islander.⁵ Because these data include faculty from the historically black colleges and universities as well as medical schools in Puerto Rico (which have a disproportionately higher minority faculty), the numbers of URM pediatric faculty throughout the country are quite low.

There are many reasons for the low numbers of URMs in faculty positions. Differences in exposure to academic opportunities early in careers, experiences of bias and harassment,6 poor recruitment efforts, higher financial burdens and educational debt, and a smaller number of racially/ethnically concordant peers, role models, and mentors have been presented as reasons for not choosing a career in academic medicine.7-10 Although these reasons are multivariate, we felt that offering mentorship and career development opportunities to URM physician trainees (residents) may help influence career decision making and might provide substantive support to URM physicians interested in pursuing academic careers. A recent review suggests that although mentorship programs have much potential to assist diversity efforts, there

L.M. Pachter is professor of pediatrics, chief of general pediatrics, and associate chair for community pediatrics, Department of Pediatrics, Drexel University College of Medicine and St. Christopher's Hospital for Children, Philadelphia, Pennsylvania, and director, Academic Pediatric Association New Century Scholars Program.

C. Kodjo is associate professor of pediatrics, Division of Adolescent Medicine, Department of Pediatrics, and associate dean for advising, University of Rochester School of Medicine, Rochester, New York, and codirector, Academic Pediatric Association New Century Scholars Program.

Correspondence should be addressed to Lee M. Pachter, St. Christopher's Hospital for Children, 3601 A St., Philadelphia, PA 19134; telephone: (215) 427-8905; e-mail: Lpachter@drexelmed.edu.

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Acad Med. 2015;90:881–887. First published online February 16, 2015 doi: 10.1097/ACM.000000000000669 are few examples of such programs to use as models.¹¹ This article describes the development of one such program—the Academic Pediatric Association (APA) New Century Scholars (NCScholars) program—and describes the outcomes for the first 10 years of the program.

Development of the Program

The APA NCScholars program was initially developed in 2004. The model was based on a minority faculty development program from the Society for Research in Child Development (SRCD), which provided mentors to undergraduate URM students interested in pursuing academic careers in child development. It was thought that a program with similar goals would be of benefit for academic pediatrics, so we (the authors) approached the Board of Directors of the APA, the largest national organization for academic generalist pediatricians, and presented a proposal to the board. The APA's Board of Directors approved the proposal and agreed to provide start-up funding for one year if we were not successful in obtaining external funding (which was obtained, as discussed below). It was the expectation that continued funding would need to be obtained by external support.

Description of the Program

Each year, the APA NCScholars program selects six or seven URM pediatric residents in their second year of pediatric residency (or third year of a combined medicine—pediatrics residency). Further details regarding the selection process are provided below. Selected residents become NCScholars for the second and third years of their residency. Each NCScholar is matched with two mentors: a senior and a junior mentor.

Senior mentors are established leaders in academic pediatrics. Senior mentors are APA members, typically at the associate professor or professor level at their home institutions. Junior mentors are pediatricians who are fellows in an academic training program or junior faculty members (usually in the first few years of their appointment).

These two groups of mentors serve different roles for the NCScholar. Junior mentors are at the most immediate levels above the NCScholar in career progression and assist the NCScholar with "nuts and bolts" issues such as fellowship selection and interviewing, early career job negotiation skills, choosing mentors, work-life balance, and so forth. Senior mentors assist the NCScholar in "big picture" issues and long-range career planning, help identify and refine areas of academic interest, introduce the NCScholar to other academicians in her or his areas of interest, help with networking, and identify career opportunities. NCScholars and mentors are matched on the basis of common areas of interest. Mentors volunteer for the program (see below). Although being a URM is not a requirement for being a mentor in the program, we encourage URM members of the APA to volunteer, and we attempt to select as many URM mentors as possible.

NCScholars and their mentors establish a relationship first through e-mail and phone calls, and then meet in person at the annual Pediatric Academic Societies (PAS) meeting which occurs every spring (see below). It is the expectation that the NCScholar–mentor relationship is a

longitudinal one that grows during the course of time and extends beyond the official time frame of the NCScholar's tenure in the program.

In addition to being provided with a junior and senor mentor, NCScholars are provided with membership in the APA and a travel grant to the PAS meeting, which pays for transportation, meeting registration, and housing during the meetings.

NCScholar activities at the PAS meeting

A daylong NCScholars conference is held on-site at the PAS meeting. Facilitated discussions, workshops, roundtables, and keynote lectures are presented. General topics covered include what academic medicine is, why diversity is important, how to begin an academic career, mentorship, health inequities, and an introduction to the PAS academic meeting (because this is often the first time that the NCScholars have attended these large meetings). The topics that have been presented over the first 10 years of the program are presented in List 1. A large part of the conference is reserved for peer learning activities. For example, the returning second-year NCScholars (now

List 1

Presentations at New Century Scholars Conferences, in Conjunction With Pediatric Academic Societies Meetings, 2004–2014°

- The Importance of Diversifying the Pediatric Academic Workforce
- Reflections From a Minority Academician
- The Office of Minority Health and Its Role in Reducing Health Disparities
- National Institute of Child Health and Human Development Vision for Reducing Disparities in Children's Health
- Opportunities at the National Institutes of Health
- Health and Health Care Inequities
- The Field of Academic General Pediatrics
- The Life of an Academic Pediatrician
- Fellowships: A Fellowship Director's Perspective
- Fellowships: A Fellow's Perspective
- Beyond Residency: Positioning Yourself for Your Next Career Transition
- Mentoring and Success in Academic Medicine
- The Successful Mentor–Mentee Relationship
- Beginning a Successful Academic Career: Perspective of a Journal Editor
- Non-Traditional Health Care Leadership Careers
- Professional Development Planning: Creating an Individualized Academic Career Plan and Portfolio
- A Beginner's Guide to the Pediatric Academic Societies Meeting
- Community-Based Participatory Research
- Life Course Health Development

^aThe New Century Scholars is a program begun in 2004 by the Academic Pediatric Association and aimed to increase workforce diversity and underrepresented minority representation in academic pediatric medicine.

third-year residents) discuss the process they went through in making decisions about postresidency plans.

Junior mentors join the NCScholars for lunch and attend the afternoon sessions. They lead an interactive roundtable which includes discussion of fellowships, developing research and educational projects, job recruitment, negotiations, work—life balance, and other topics.

On the first evening of the conference, a dinner banquet is held to welcome the NCScholars to the APA and the PAS meeting. The banquet is attended by past and present NCScholars, junior and senior mentors, APA board members and other association leaders, fellowship directors, academic division directors, and other invited guests. This social event, typically attended by as many as 60 to 80 individuals, provides the NCScholars with significant networking opportunities and demonstrates the support that the academic community is willing to provide to them and their careers.

Other activities for the NCScholars at the PAS meeting

Each NCScholar meets with her or his mentors and program directors during the PAS meeting. They identify particular scientific sessions to attend together, as well as meeting during lunch or coffee breaks. A meeting space is provided to the NCScholars to informally get together at specific times each day of the PAS meeting. The idea is to make sure the NCScholars have access to fellow NCScholars, mentors, and the program directors throughout the PAS meetings (which can be at times overwhelming to new attendees). NCScholars also room with each other during the PAS meeting.

Post-PAS meeting activities

NCScholars, mentors, and program directors stay in contact throughout the year through e-mail, phone contact, and occasionally through in-person meetings. NCScholars and mentors are part of an e-mail list and Facebook group where announcements about fellowships, funding opportunities, workforce diversity, academic pediatrics, and health disparities/inequities are distributed. All NCScholars are sent a postmeeting questionnaire that asks them about their experiences at the event and with the

NCScholars program, and seeks feedback about how to make the program better fit their needs.

Recruitment to the Program

NCScholar recruitment

Each year, an e-mail is sent out to all residency directors and coordinators in the Association of Pediatric Program Directors database (approximately 195 programs), describing the NCScholars program and requesting contact information for second-year URM residents in their residency programs. A similar request is sent out to APA members, past NCScholars, and mentors, asking for contact information for prospective applicants. The communication describes our operational definition of "underrepresented minority" as a group whose representation in medicine is disproportionately low compared with the representation in the general population. The program directors acknowledge that race/ ethnicity is best determined by selfreport, and understand that by asking an intermediary (residency directors, past participants, APA members) to refer potential applicants we may be missing some candidates. After initial referral, all race/ethnicity determination is done by candidate self-report.

From these requests, a list of potential applicants is generated. This yearly list has ranged from 88 to 120 individuals over the past four years. Potential applicants are sent information about the program and a link to the online application. Inclusion criteria for applying to the program are being a second-year pediatric resident (or a thirdyear resident in a combined medicinepediatrics residency program) and being a member of an underrepresented ethnic or racial group, as defined by the AAMC ("those racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population"12).

Between the years of 2011 and 2014, an average of 20 completed applications have been received (range 14–25). Applications and letters of recommendation are reviewed by an ad hoc selection committee consisting of the program directors and a subgroup of the program advisory group. In making the selections,

we look for applicants with a genuine interest in pursuing academic careers in the areas of minority child health and development, racial/ethnic child health inequities, sociocultural and social determinants of child health, or cultural competency. Acceptance letters are sent to the applicants, their residency directors, and department chairs.

Between 2012 and 2014, there were no major differences between selected and nonselected applicants with regard to gender (90% female in both groups) or self-identified race/ethnicity. The majority of applicants—both accepted and nonaccepted—were African American or African American/biracial/bicultural (71% of accepted applicants; 68% of nonaccepted applicants). Latinas (Mexican American and Dominican) constituted 19% of the accepted candidates and 9% of the nonaccepted candidates. Self-identified West Indian/Caribbean applicants (alone or bicultural) were represented more in the accepted pool (24%) than the nonaccepted pool (11%).

Recruitment of mentors

Junior mentors were initially recruited by sending an e-mail letter to the directors of fellowship programs describing the NCScholars program and asking them to send contact information for their fellows. We specifically requested information for fellows who were members of URM groups, as well as fellows who had particular academic interests in the program areas noted above. An announcement was also distributed to APA members. As the program progressed through the years, we developed a list of potential junior mentors with their areas of academic interests which is updated annually and serves as the master list from which iunior mentors are selected and matched with NCScholars. Because junior mentors are requested to participate in the daylong NCScholars conference at the PAS meeting, we provide a modest honorarium to them each year that they participate in the program. Of the 47 junior mentors who have participated in the program to date, 75% are female and 66% are URMs.

Senior mentors are recruited by sending an announcement out to the APA membership describing the program and asking for volunteers. Members who are interested are then placed on a list, which is updated annually, and serves as the master list used to match senior mentors with NCScholars. Senior mentors volunteer their services and are not paid or given an honorarium. Of the 38 senior mentors who have participated in the program to date, 71% are female and 50% are URMs.

Changes to the Program Since Its Inception

Through the process of continuous feedback, we have made changes to the program during the first 10 years of its existence. The two major changes have been a switch from recruiting first-year residents to second-year residents; and expanding the focus of recruitment from residents with an interest in general pediatrics to an interest in all of pediatrics, including subspecialties.

During the first four years of the program, we recruited first-year residents into the program. The rationale was that having a resident in the program for all three years of his or her residency would allow for mentors and the program directors to form a firm relationship with the NCScholars from early on in their training. Although this was important, we received feedback from residency directors, mentors, and our advisory group that brought to light a few shortcomings of this strategy. First-year residents, especially in the first few months of their intern year (when recruitment began), may not have progressed in their career planning to know whether they were interested in an academic career, or even have a good understanding of what an academic career was. Also, residency directors were being asked to write letters of recommendation for applicants with whom they had limited experience. In response to this feedback, the program changed its recruitment strategy to recruit second-year residents instead of first-year residents. This resulted in having the NCScholars in the program for two years instead of three, but it also resulted in a pool of applicants who were more informed and advanced in their career planning and more committed to their interests in pursuing an academic career in minority child health and health inequities.

Another change to the program was related to an expansion in applicant areas of interest. When the program was originally developed, we recruited applicants who had interest in pursuing academic careers in general pediatrics and the related generalist subspecialties of adolescent medicine and developmentalbehavioral pediatrics. We have since expanded our recruitment efforts to include applicants with interests in other pediatric subspecialties as long as a career emphasis on minority child health, inequities, social determinants, or cultural competency was evident. This was in part a response to the fact that academicians in subspecialties such as neonatology, pediatric cardiology, gastroenterology, endocrinology, and pulmonology were increasingly addressing issues pertaining to racial and ethnic health inequities.

Funding and Costs

The program was initially given a start-up grant from the APA for the initial year of the program. It was the expectation that continued funding come from external grant support. Such support came from grants from the W.K. Kellogg Foundation initially, and then the Aetna Foundation. These grants allowed the program to continue until the U.S. Department of Health and Human Services Office of Minority Health provided funding for the operations from 2006 to 2013. Additional funds were obtained through the DC-Baltimore Research Center on Child Health Disparities, a program funded by the National Institute on Minority Health and Health Disparities. In 2014, the Eunice Kennedy Shriver National Center for Child Health and Human Development partnered with the APA in supporting the program. Because the APA has named the NCScholars one of its core programs, it underwrites any operational costs not covered by external funding.

The budget for the program consists of operational and personnel costs. Operational costs are transportation for the NCScholars to attend the yearly PAS meeting, lodging for the NCScholars at the PAS meeting, conference meeting space and catering (including the evening reception), PAS registration for the NCScholars, honoraria for keynote speakers, honoraria for junior mentors, trainee membership in the APA for the NCScholars, and miscellaneous supplies needed for the conference. The typical yearly operational costs for these items have averaged \$26,000 per year and vary depending on where the PAS meeting is

held (highest years: Honolulu, Hawaii, and Vancouver, British Columbia, Canada; lowest years: Washington, DC, Baltimore, Maryland, and Boston, Massachusetts). Personnel costs include dedicated time for an APA staff member to help coordinate the program (approximately 0.1 FTE), and salary support for the efforts of the director and codirector (typically between 0.025 and 0.1 FTE).

As external funding becomes more challenging to obtain, the APA has considered charging the residents' home institutions a fee to have their residents participate in the program. It is unsure whether residency programs would have the resources available to provide funds for their residents to participate. A further concern with this approach is that it may create a disparity in that larger and more academically oriented residency programs may be more able to underwrite costs for their residents where smaller programs may not, and it could be argued that those who best benefit from the program are residents who come from those smaller residency programs.

Results of the Program to Date

Between 2005 and May 2014, 65 NCScholars have entered the program, and 63 have completed the program or are presently in it. Table 1 displays the race/ ethnicity and gender of the participants. The high proportion of women in the program reflects the demographic trend

Table 1

Demographic Characteristics of 65

New Century Scholars Participants,
2004–2014^a

Characteristic	No. of participants
Race/ethnicity	
African American	49
Latino	10
Native American/Alaskan	1
Other	2
Biracial/bicultural	3
Gender	
Female	58
Male	7

^aThe New Century Scholars is a program begun in 2004 by the Academic Pediatric Association and aimed to increase workforce diversity and underrepresented minority representation in academic pediatric medicine.

in pediatrics, where 73.2% of pediatric residents in 2013 were female.¹³

Of the 63 NCScholars who completed the program, 60 have completed their pediatric residency and/or have postresidency career plans determined as of May 2014. Of these 60 NCScholars, 38, or 63%, are in academic careers, defined by being a faculty member in an academic department or presently in an academic fellowship. Table 2 provides data on the postresidency training activities of the NCScholars. Thirty-four NCScholars have entered postresidency training programs, including 27 who have entered pediatric fellowships. Six were selected to become Robert Wood Johnson Clinical Scholars. Two NCScholars were chosen as fellows in the Commonwealth Fund/ Harvard University Fellowship in Minority Health Policy Program, 1 was a Centers for Disease Control and Prevention Epidemiologic Intelligence Service fellow, and 1 a White House Fellow. Presently, 13 NCScholars are faculty members in academic departments of pediatrics; 4 obtained these positions directly out of residency, and 9 became faculty members after postresidency training. Many are still in postresidency training programs, with plans for academic careers after completion.

Of the 18 NCScholars who have not yet continued on to academic careers, 10

went into private practice, 3 went into practice at federally qualified health centers or an outpatient practice in an underserved community, 1 works in an inner-city pediatric emergency department, and 1 works at a state disability determination service. One NCScholar left the field of medicine. In addition, 2 NCScholars are in the military and plan on entering academic fellowships and careers after their tours of duty.

To give examples of how the program has assisted trainees in their careers, 1 NCScholar was recruited to her first academic faculty position in the department of her senior mentor. Other NCScholars have obtained postresidency training positions previously held by other former NCScholars or run by NCScholar mentors. Furthermore, the program directors and mentors connect NCScholar fellowship applicants to fellowship directors in their professional network. The program directors regularly receive requests from fellowship directors for contact information of the graduating NCScholars for recruitment purposes.

Feedback from the NCScholars is obtained. After the NCScholars meeting at the PAS, all NCScholars are sent a formal evaluation of the program, which includes open- and closed-ended

questions about their experiences in the program and its effect on their career plans (a copy is available from L.M.P. upon request). Box 1 lists representative comments received from participants.

An unintended but important outcome of the program has been the formation of friendships and networks among the junior mentors in the program. Because junior mentors are selected on the basis of academic interests in health inequities and minority child health and development, this is not surprising. However, it was not recognized that there were few other venues or mechanisms for these fellows and junior faculty to identify each other, meet, and connect. Although not a primary objective of the program, this shows added benefit that we did not anticipate as we developed the program.

Finally, one of the most gratifying outcomes so far is that 13 past NCScholars have themselves become junior mentors in the program. The program is creating a generative culture of engaged young URM academicians who have benefited from the program and have committed to "giving back" through mentorship.

Discussion

The APA NCScholars program was developed to provide mentorship and career support to URM trainees and encourage them to enter academic careers. A high percentage of its graduates enter postresidency fellowships and have gone on to academic careers. The APA recognized that URM involvement in academic pediatrics was low and that increased workforce diversity in academic pediatrics was necessary. The program attempts to achieve this by providing trainees with mentors, role models, and career counseling and support. Because many trainees may not have these supports locally at their residency program, nor necessarily the availability of other URM residents or mentors, the NCScholars program provides access to a concentration of academically oriented mentors and peers. Access to such a network is rated as very helpful and important by the NCScholars.

In addition to developing long-term relations with mentors and peers, the program also links these URM trainees

Table 2
New Century Scholars Postresidency Training, 2004–2014

Type of training	No. of participants
Pediatric fellowships	27
Academic general pediatrics	5
Adolescent medicine	7
Global health	3
Developmental–behavioral pediatrics	3
Neonatology	3
Allergy/immunology	2
Pediatric emergency medicine	2
Gastroenterology	1
Palliative care	1
Nonfellowship postresidency training	9
Robert Wood Johnson Clinical Scholars	6
Commonwealth/Harvard Fellowship in Minority Health Policy	2
Centers for Disease Control and Prevention Epidemiology Intelligence Service	1
White House Policy Fellow	1

^aThe New Century Scholars is a program begun in 2004 by the Academic Pediatric Association and aimed to increase workforce diversity and underrepresented minority representation in academic pediatric medicine.

Box 1

Feedback Comments From New Century Scholars (NCScholars) Program Participants, 2004–2014^a

- It was important for me to see that there are others who have similar interests as me in
 working on health disparity issues. It also was important for me to see the variety of research
 currently being done in pediatrics. The conference was inspiring and refocused my goals of
 why I went into pediatrics. I was glad to meet and network with physicians that could guide
 me in developing my own research projects. I am glad to see that there are doctors that care
 about developing me as an academic physician.
- I feel very fortunate to have been able to participate in the NCScholars program. Before the
 conference I was unsure about whether to apply for a fellowship in academic pediatrics; now
 I have decided to apply. The conference gave me the opportunity to find out more about
 careers in academic medicine, and the need for minorities in the field.
- The panel where all of the junior mentors were sitting in a line was extremely helpful. I heard
 so many key pieces of advice for research, etc., that I would not have thought to ask. Could
 there be another session like this with the senior mentors? Also I thought the cocktail hour
 meet and greet prior to dinner was very helpful because our mentors introduced us to other
 mentors and we had a lot of informal networking.
- I think it's a great program—it is a unique opportunity for minority residents to meet other
 people like themselves as well as be encouraged and inspired by the different career options
 out there. It also encouraged me to really evaluate what kind of future direction and career
 would be best for me.
- This has been one of the most positive and formative experiences of my entire four years of residency! I feel like I have established bonds and networks with peers as well as mentors who can and have helped me on my career trajectory. The sessions about mentoring and finding mentors outside of your institution were invaluable and something I definitely could not have received without being involved in NCScholars. That alone is worth the program. In addition, exposure and opportunity to attend PAS is an unparalleled event. This not only allows further networking, but it also provides essential professional development and inspiration that is often lacking in formal residency training. I am inspired to be a productive member of the pediatric academic community and perhaps more importantly, to return to my institution to work to make it a better place, not only for minority residents, but for all of my fellow residents. Thank you for having the foresight, insight, and thoughtfulness to continue to push for the success and perpetuation of this program. It has added much to my residency experience, and even more to my life and development as a young pediatrician.

Abbreviation: PAS indicates Pediatric Academic Societies.

^aThe NCScholars program is a program begun in 2004 by the Academic Pediatric Association and aimed to increase workforce diversity and underrepresented minority representation in academic pediatric medicine.

with the APA—the national organization for academic generalists in pediatrics. The NCScholars program has become a central part of the APA and has been designated as one of its "core activities." The support of the organization is evident at the annual NCScholars dinner banquet, where APA board members past and present, APA region chairs, leaders of the organization's special interest groups, as well as a number of fellowship directors and department chairs attend and network with the NCScholars. The active participation of the leadership of academic general pediatrics sends a message to the NCScholars that they are valued as members and future leaders in the organization. The program provides professional networking experiences that are exceptional, especially given the fact that trainees—particularly URM trainees—often find it difficult and uncomfortable to initiate such networking experiences themselves. The NCScholars are also provided

membership in the APA. Identification of an academic home organization early on in one's career can foster a feeling of inclusion and support that continues throughout a career trajectory.

The NCScholars program also provides participants with information that pertains to their career trajectories. The annual meeting includes talks and workshops on career development, issues specific to minorities in academic medicine, as well as information on health inequities and cultural competency research. Throughout the year, the program sends out announcements to the NCScholars on these topics, including educational opportunities, grant announcements, activities of mentors, and significant papers and publications in the field.

Additionally, a very important and highly ranked aspect of the program is that it provides NCScholars with a

peer group of like-minded trainees who have academic interests similar to theirs. The importance of the peer network aspect of the program has been consistently highlighted in evaluations and feedback. Because many of the NCScholars have few peers interested in academic activities in disparities at their home residency programs, the opportunity to meet other peers with these interests has been noted to be very important. Also, given the low number of URM residents in any particular residency program, the opportunity to meet with other academically oriented minority residents with similar interest in pursuing academic careers also provides a significant opportunity.

The NCScholars program was developed to address workforce diversity in academic pediatricians and, as such, has only recruited from within the medical field. We acknowledge that a substantial minority of the academic medicine workforce comprises nonphysician degree holders. Although our program to date has not included these groups in the program, it could be modified to include the nonphysician workforce. As a matter of fact, NCScholars was initially modeled on a mentorship/career development program in the SRCD for nonphysicians.

A diversity inclusion framework proposed by Reede¹⁴ included seven principles: commitment, consistency, collaboration, creativity, communication, consideration, and continuity. Although the NCScholars program was not consciously built on this model, the program does address many of these principles. Its success has developed a commitment to diversity within the parent organization such that it is now advertised as a "core program" within the APA. It has been consistent in using a longitudinal and multileveled mentorship approach. It is collaborative in that the program has built partnerships within and outside the organization, including pediatric residency programs and academic departments throughout the country. Its creativity lies in changing the program through the years on the basis of feedback while remaining true to its core values. Communication occurs in multiple ways and among multiple constituencies. The program considers multiple dimensions of diversity, both in its participants as well as in recognizing that academic pediatrics is itself diverse, and substantive work in the field of health equity can be done in both primary care and subspecialty contexts. And it provides continuity in that throughout the years, participants remain committed to the program—mentors return to provide support to new NCScholars, graduate NCScholars become mentors, and a network of young leaders in academics continue to support each other.

In summary, the NCScholars program is a mentorship program that can serve as a model for other academic societies that wish to tackle the issue of workforce diversity and URM leadership development. It provides URM trainees with mentors, role models, career development counseling, and an academic home. Participants have gone on to enter academic fellowships, other postgraduate training programs, and eventually faculty positions. Although the program cannot take full credit for the success of its graduates, it has provided them with resources, opportunities, and relationships that have assisted them in their career trajectories.

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References

- 1 Cohen JJ, Gabriel BA, Terrell C. The case for diversity in the health care workforce. Health Aff (Millwood). 2002;21:90–102.
- 2 Rajakumar K, Thomas SB, Musa D, Almario D, Garza MA. Racial differences in parents' distrust of medicine and research. Arch Pediatr Adolesc Med. 2009;163:108–114.
- 3 Gamble VN. Under the shadow of Tuskegee: African Americans and health care. Am J Public Health. 1997;87:1773–1778.
- 4 Whitla DK, Orfield G, Silen W, Teperow C, Howard C, Reede J. Educational benefits of diversity in medical school: A survey of students. Acad Med. 2003;78:460–466.
- 5 Association of American Medical Colleges. AAMC Faculty Roster: 2013. https://www. aamc.org/download/367166/data/13table16. pdf. Accessed December 12, 2014.
- 6 Peterson NB, Friedman RH, Ash AS, Franco S, Carr PL. Faculty self-reported experience

- with racial and ethnic discrimination in academic medicine. J Gen Intern Med. 2004;19:259–265.
- 7 Palepu A, Carr PL, Friedman RH, Ash AS, Moskowitz MA. Specialty choices, compensation, and career satisfaction of underrepresented minority faculty in academic medicine. Acad Med. 2000;75:157–160.
- 8 Price EG, Gozu A, Kern DE, et al. The role of cultural diversity climate in recruitment, promotion, and retention of faculty in academic medicine. J Gen Intern Med. 2005;20:565–571.
- 9 Daley S, Wingard DL, Reznik V. Improving the retention of underrepresented minority faculty in academic medicine. J Natl Med Assoc. 2006;98:1435–1440.
- 10 Kassebaum DG, Szenas PL, Caldwell K. Educational debt, specialty choices, and practice intentions of underrepresentedminority medical school graduates. Acad Med. 1993;68:506–511.
- 11 Beech BM, Calles-Escandon J, Hairston KG, Langdon SE, Latham-Sadler BA, Bell RA. Mentoring programs for underrepresented minority faculty in academic medical centers: A systematic review of the literature. Acad Med. 2013;88:541–549.
- 12 Association of American Medical Colleges. The status of the new AAMC definition of "underrepresented in medicine" following the Supreme Court's decision in Grutter. https://www.aamc.org/download/54278/ data/urm.pdf. Accessed December 15, 2014.
- 13 American Board of Pediatrics. Workforce Data 2013–2014. https://www.abp.org/sites/ abp/files/pdf/workforcebook.pdf. Accessed December 24, 2014.
- 14 Reede JY. Diversity and inclusion in academic medicine: Foreword. Acad Med. 2012;87:1486–1487.