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The development of a diversity mentoring program for faculty and trainees: A program at the Brown Clinical Psychology Training Consortium

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Abstract

There is a critical need for increasing the diversity representation among clinicians and researchers in academic medicine, including departments of psychiatry and psychology. Mentorship of underrepresented groups has been identified as an important way to remediate diversity-related barriers in the field. This paper outlines the early development and pilot implementation of a diversity mentorship program at Brown University. In an effort to inform and guide future diversity programs, we discuss the challenges faced in creating the program, the successes experienced during the first year, and the future directions undertaken as a means for improving the program.

Introduction

Faculty and student diversity have become important and explicit goals of academic and research institutions (Brown, 2004). Diversity has been defined as the whole array of human characteristics that shapes our experience, including, but not limited to race/ethnicity, gender, culture, disability, socioeconomic background, age, religion, and language. There are compelling reasons to increase diversity in the biomedical workforce. Diversity is beneficial to scientific research in that diverse research teams are known to solve complex

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scientific problems by bringing together contrasting perspectives, leading to more refined scientific questions, hypotheses, and study design (Bickel et al., 2002). Diverse research teams are also thought to be more likely and willing to challenge prevailing assumptions and offer contrasting perspectives to traditional orthodoxy (Harding, 1998).

Recruiting and retaining diverse faculty has important implications for addressing health disparities among underserved populations (US Department of Health and Human Services, 2001; Smedley, Stith, & Nelson, 2002). Faculty from underserved communities often dedicate skills to serving these communities and in so doing, directly address health disparities (Komaromy et al., 1996) while also employing community-based and culturally competent scientific approaches (Cohen, Gabriel, & Terrell, 2002). Diverse faculty also contribute to the training and retention of new diverse researchers and clinicians by serving as role models and mentors (Ku, Li, Prober, Valentine, & Girod, 2011; Price et al., 2005). In turn, this enhances the recruitment of additional diverse trainees, which ultimately improves the overall diversity of the academic environment (Whitla et al., 2003). Lastly, diverse faculty and practitioners help to ameliorate health access barriers; for example, serving minority clients that may prefer treatment from minority clinicians (Cooper & Powe, 2004; Komaromy, et al., 1996).

Despite efforts towards promoting diversity in biomedical and health science, the field continues to struggle with diversity-related disparities (National Science Foundation [NSF], 2009). For instance, racial and ethnic minorities, particularly Latinos and African Americans, are under-represented as health practitioners (Smedley, Butler, & Bristow, 2004), and African Americans are significantly less likely to receive NIH funding than their Caucasian colleagues (Ginther et al., 2011). Several factors are thought to contribute to institutional climate and disparities in faculty recruitment, promotion, and retention (Price et al., 2005). Namely, the high turnover (Thomas & Asunka, 1995), poor retention and unequal promotion of diverse individuals have been implicated (Fang, Moy, Colburn, & Hurley, 2000). Furthermore, the increased likelihood of harassment and bias toward minority faculty has also received considerable attention as a barrier to promotion and retention (Corbie-Smith, Frank, Nickens, & Elon, 1999; Peterson, Friedman, Ash, Franco, & Carr, 2004). Finally, minority faculty face increased pressure to participate in administrative activities due to their minority status, which may lead to undue demands on their time and conflicts with opportunities for career development (Mahoney, Wilson, Odom, Flowers, & Adler, 2008; Jagsi et al., 2012).

Clearly, there is a need for improved strategies for recruiting, training, and retaining diverse trainees and faculty. Such strategies require institutional level initiatives such as formalized mentoring programs, which are known to offer benefits to the recruitment, training, and retention of diverse trainees and faculty (Davis, 2002; Piercy et al., 2005; Sambunjak, Straus, & Marusic, 2006). Compared to more informal arrangements, formal mentoring programs are more successful in promoting diversity (Piercy, et al., 2005), partly due to the fact that underrepresented minorities are often excluded from informal networks, making it difficult to access adequate mentorship opportunities (Sambunjak et al., 2006; Smith, Smith, & Markham, 2000). Mentoring may help to overcome diversity-related barriers in the workplace including lack of opportunities for networking (Price et al., 2005). Mentoring

may also contribute to faculty success by providing support for specific career areas such as publications, grants, and presentations (Mahoney et al., 2008; Perna & Lerner, 1995; Price et al., 2005).

In this paper, we report on the development and pilot implementation of a formalized diversity mentoring program involving Brown's Department of Psychiatry and Human Behavior (DPHB), the Center for Alcohol and Addiction Studies (CAAS), the Department of Behavioral and Social Sciences, the Brown Clinical Psychology Training Consortium, and the affiliated hospitals and centers. We aimed to develop a program that would provide diversity-focused mentorship to junior faculty and trainees with the underlying goal of promoting an academic climate supportive of diversity. When we initiated this program we searched the programmatic literature in order to guide and inform the development and implementation of the program. The dearth of published articles in this area was apparent (for some exceptions, see Bickel et al., 2002; Lopez Viets et al., 2009; Piercy, et al., 2005). Therefore, in this paper we aim to offer an account of our developmental and implementation experience so that future efforts towards developing similar diversity mentoring programs could draw from our experience.

Institutional Setting and the parent Diversity Committee

The development of the diversity mentoring program occurred within the context of various institutional entities affiliated with the Warren Alpert Medical School of Brown University. However, the core group of developers was affiliated with the Brown Clinical Psychology Training Consortium, an American Psychological Association-accredited internship program and a member of the Association of Psychology Postdoctoral and Internship Centers. The Consortium offers intensive training in 4 specific areas (tracks) of clinical psychology: (1) Adult Clinical; (2) Child; (3) Health Psychology/Behavioral Medicine; and (4) Neuropsychology with an emphasis on applying scientific knowledge to human behavior and advancing clinical science research. Program development also included (and the program was open to) trainees and faculty of the Brown Psychiatry Residency program, which is based within the DPHB, and which provides training to medical residents within 4 tracks: (1) Child; (2) General; (3) Geriatric; and (4) Neurology. Clinical and research rotations exist at 8 affiliated hospitals and clinics.

The Diversity Committee was formed in the year 2000 in order to coalesce a wide array of diversity-related initiates within the DPHB, Department of Behavioral and Social Sciences, and the CAAS. The Committee was charged with advocating for diversity throughout all sites in the Training Consortium and in the affiliated hospitals and centers. To that end, the Committee has maintained an active role within the Training Consortium and continually sponsors diversity-related events. The Committee also advocates for the recruitment and retention of faculty and trainees from diverse backgrounds or who have an interest in diversity-related research or clinical practice. Members often serve as liaisons to the tracks of the training programs and have played a central role in the admissions process. The Committee is comprised of clinical psychology residents, post-doctoral fellows, and junior and senior faculty.

Diversity Mentoring Program Development

In 2009, the idea of creating a diversity mentoring program emerged during discussions in Committee meetings and informal surveys of current trainees and faculty. The Committee recognized the potential for such a program to have a significant impact on the retention of diverse trainees and faculty members. A workgroup was formed and tasked with exploring the feasibility and utility of creating such a program. The potential for the program to offer diverse mentees a unique opportunity to seek advice, support, and guidance on issues related to diversity was very appealing and consistent with the mission of the parent Diversity Committee and Training Consortium. Existing literature suggested that such diversityfocused mentoring could enhance recruitment, retention, and overall satisfaction of diverse trainees and faculty (Sambunjak et al., 2006; Waitzkin, Yager, Parker & Duran 2006; Yager, Waitzkin, Parker & Duran, 2007). Additionally, the Committee envisioned that participating mentors would benefit from additional training on diversity-related mentoring skills. Based on these findings, the idea of creating a diversity mentoring program was moved forward and approved by the Diversity Committee. The Training Consortium and the affiliated departmental leadership were very receptive to the proposal and offered administrative and financial support for the program.

Planning

Planning began in 2010. During the initial stages of development a number of strategic decisions were made which ultimately impacted the program implementation and success (e.g., feasibility, acceptability, satisfaction). One of the first questions the workgroup focused on was the breadth of the term "diversity." That is, which diversity-related characteristics should be used as inclusion criteria for the program? One option that was carefully considered was to include only those individuals who self-identify as being part of an ethnic and/or racial group recognized by the NSF (2010a; 2010b) as underrepresented in the sciences: African Americans, American Indians and Alaskans, Hispanic/Latino Americans, and U.S. Pacific Islanders. However, applying the NSF criteria would have significantly limited both the number of individuals eligible to participate in our program and the scope of diversity characteristics addressed, so a broader definition of diversity was utilized. Specifically, in referring to "diversity," our program attempted to account for the entire array of human characteristics that can shape experience, including, but not limited to "race/ethnicity, gender, culture, disability, socioeconomic background, age, religion, sexual orientation, and language." This definition is consistent with the mission of the larger Diversity Committee and Training Consortium and also accounts for a multitude of diversity-related traits and experiences that intersect to form an individual's identity (Cole, 2009; Hankivsky et al., 2010). Given the larger institutional mission of providing high quality, culturally sensitive training, individuals with professional interests in research and clinical work with diverse populations were also invited to participate.

The strategy for matching mentors and mentees was also an important aspect of the planning phase. Our approach was consistent with Bozeman and Feeney's (2008) *Goodness of Fit* model, which posits that the quality of a mentorship relationship is a function of the goodness of fit between mentors and mentees on preferences, incentives, and valuations (Bozeman & Feeney, 2008). Accordingly, we utilized a brief *interest form* questionnaire,

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which asked mentors and mentees to state their preferences regarding the attributes of their match, as well as topics they wished to discuss. Topics included those related to diversity (e.g., working with diverse populations, funding opportunities for underrepresented groups) and professional development (e.g., promotion and tenure, teaching, time management). Responses from the interest form were then used to guide our matching process (described further below).

A final issue that we considered during the planning phase was the inevitable variation in mentorship expertise and experience among potential mentors, particularly diversity-related mentorship. The Committee struggled with the level of guidance the program would provide mentors on issues such as the frequency of meetings, how to initiate and engage in discussions regarding diversity, or the availability of diversity related resources (e.g., funding opportunities for ethnic/racial minorities). Given that a primary aim of the program was to create an environment where individuals could comfortably seek advice, support, and guidance on issues related to diversity, the workgroup settled on a generalized approach, with a limited amount of imposed structure on mentors. We focused mostly on training and encouraging mentors to openly discuss issues related to diversity with their mentees. For example, we provided mentors with general suggestions and reviewed skills that were consistent with the Training Consortium's mentoring guidelines, we encouraged mentors to seek guidance from the workgroup, and we conducted a diversity mentorship workshop for all mentors with an expert in this field (described further below).

Implementation

Our first program cohort was enrolled in the 2010–2011 academic year. Recruitment of mentors and mentees was accomplished through announcements at various meetings and through a series of emails describing the program. Emails were sent to all training directors, trainees and faculty members within DPHB, the Training Consortium, and CAAS. In addition, members of the workgroup and of the Diversity Committee approached potential mentors and mentees to raise interest about the program and to solicit their participation. In total, 29 potential mentors and 14 mentees expressed an interest in the program and completed the *interest form*.

After approximately 1 month of recruitment, the workgroup met to match the 14 mentees with mentors. The mentees were interns (n = 2), postdoctoral fellows (n = 7), or junior faculty (n = 5). They were predominantly female (n = 13), and the average age was 33.79 years (SD = 4.98). They identified as Asian (n = 2), Biracial (n = 1), Black (n = 3), and Caucasian (n = 8). All mentees identified as heterosexual. Each mentee was matched with a mentor according to their stated preferences on the interest form. Typical preferences for mentees included mentoring in grant writing and funding opportunities (n = 11), diversity-related issues (n = 11), or promotion and tenure (n = 9). Of the 14 mentees, 2 preferred a mentor of the same gender, 1 preferred a mentor of the same race, and 1 preferred a mentor of the same gender and race. The majority (n = 10) indicated that they did not have a preference regarding the background characteristics of their mentor. The mentors who volunteered were Professors (n = 8), Associate Professors (n = 7), and Assistant Professors (n = 14). Twenty-one were psychologists and 8 were psychiatrists. The majority of mentors

were female (n = 18), and the average age was 47.76 years (SD = 12.26). The mentors identified as Asian (n = 3), Biracial (n = 2), Caucasian (n = 18), and Latino/a (n = 1), and 5 were unknown. The majority identified as heterosexual (n = 19) with 3 identifying as homosexual and 7 unknown. In addition to matching based on preferences, the process of matching pairs was an iterative and, at times, an intuitive process. Not only were preferences considered, but senior faculty members of the workgroup personally familiar with the mentors and mentees also provided guidance on ideal mentorship pairings.

Once the matching process was completed, we sent an email to each mentor and mentee which introduced their match, provided general information about one another, and encouraged them to set up their first meeting. We also provided mentors with a packet of resources on diversity-related funding opportunities, programs, general mentorship guidelines, tips on how to comfortably address issues related to diversity, community resources, and local events they could attend together. Of the 29 potential mentors and 14 potential mentees, a total of 14 mentor and mentee dyads were matched. Mentors that were not matched were thanked for their willingness to participate and encouraged to participate in future cohorts of the mentoring program.

Mentors were strongly encouraged to attend a diversity mentorship workshop entitled, "Mentoring Across Difference: A Training Workshop for Multicultural Faculty Mentoring," coordinated by the Diversity Committee. This workshop was led by an expert in multicultural sensitivity training and mentoring within educational contexts. Mentors that were not matched were also invited to attend. Workshop objectives included: 1) gaining a better understanding of the direct impact that mentoring can have on the increased retention of underrepresented trainees and faculty; 2) exploring the intersectionality of identities and roles; and, 3) developing individualized support systems and culturally appropriate plans of action congruent with the unique experiences and challenges of underrepresented trainees and faculty. The workshop included didactics which focused on enhancing mentorship skills, case studies, and role-playing exercises involving mentors enacting specific behavioral mentoring skills covered in the didactic presentations. Slides and workshop materials were shared with mentors who were unable to attend. Evaluations indicated that 50% of participants found the workshop to be "*helpful*" and thought no improvements were needed, whereas 41.7% found the workshop to be "somewhat helpful" and thought some improvements (such as a greater focus on more "hands-on" techniques) would be beneficial.

Preliminary Program Evaluation

Approximately six months after the dyads were matched, mentors and mentees were invited to complete a confidential online program evaluation survey. Surveys assessed participants' satisfaction with the mentoring program and their mentoring relationship, and whether the program was successful in helping to meet their goals. Our self-developed survey measure asked mentors and mentees to rate a number of dimensions including perceived success of the program, satisfaction with the program, and more. A four-point likert type response scale was used for items (e.g., *very satisfied, satisfied, moderately satisfied*, and *not at all satisfied*). Butler Hospital's Institutional Review Board (IRB) approved the use of

participant survey data in de-identified form and issued a waiver of informed consent for the current manuscript.

Mentor Survey

Of the 14 matched mentors, 12 completed the evaluative survey. Results indicated that 16.7% (n = 2) of mentors found the mentorship program to be "*very successful*,"58.3% (n = 7) found it to be "*successful*," and 25% (n = 3) rated it as "*moderately successful*" in meeting their mentee's goals. Mentors also rated their satisfaction with their mentee match; 41.7% (n = 5) of the mentors were "*very satisfied*," 50% (n = 6) were "*satisfied*," and 8.3% (n = 1) were "*dissatisfied*" with their match. Overall, mentors were either "*very satisfied*" (16.7%; n = 2) or "*satisfied*" (75%; n = 9) with their experience as a mentor. Further, mentors were asked to rate their effectiveness on mentoring in general and mentoring on diversity issues. The majority of mentors felt they were either "*very effective*" (16.7%; n = 2) or "*effective*" (66.7%; n = 8) mentors in general. Mentors rated themselves similarly on effectiveness in mentoring on diversity-related issues; about 75% (n = 9) evaluated themselves as either "*very effective*" (8.3%; n = 1) or "*effective*" (66.7%; n = 8). A small proportion of mentors rated themselves as "*not very effective*" mentors in general (16.7%; n = 2) and on diversity related issues (25%; n = 3).

Mentors were also asked to rate specific components of the program. The majority of mentors (91.7%; n = 11) reported being "*satisfied*" with the mentor recruitment strategies and with the mentor survey they completed prior to being matched to a mentee. However, 58.4% (n = 7) of mentors felt that they could have used more information about their mentee prior to meeting with them, and 50% (n = 6) felt that they would have benefitted from greater diversity-related mentoring training. In addition, 33.3% (n = 4) of mentors reported wanting greater programmatic mentor support and 50% (n = 6) wanted more opportunities to network with other mentors. Among mentors, 41.7% (n = 5) expressed a need for greater programmatic guidance on the logistics of the mentoring relationship (e.g., frequency of meetings) and 50% (n = 6) expressed a desire for more frequent meetings with mentees.

Mentors were also asked to complete open-ended questions regarding their general impressions of the program and to offer feedback and suggestions on how to improve the program. Overall, mentors reported being satisfied with the program and their match, and stated that they had developed good rapport with their mentees. Nevertheless, several mentors reported needing more clarification on expectations, the structure of discussion topics, and guidelines on mentoring on issues of diversity. A few mentors struggled with the issue of defining their role with mentees given the fact that mentees already had other mentoring relationships. Finally, a small number of mentors reported some difficulty scheduling meetings and meeting regularly.

Despite the concerns and challenges that were noted, the overwhelming consensus among mentors was that the experience fostered a greater awareness and knowledge of important topics related to diversity. For instance, some mentors reported a greater understanding of the multiple clinical and academic pressures that may affect mentees, particularly those from diverse backgrounds. Furthermore, many expressed a strong sense of connection with mentees, which may not have occurred without the mentoring program.

Mentee Survey

Of the 14 matched mentees, 11 completed the evaluative survey. Results from the mentee satisfaction survey demonstrated that 36.4% (n = 4) of mentees found the program to be "*very successful*,"54.5% (n = 6) found it to be "*successful*," and 9.1% (n = 1) found it to be "*moderately successful*" in meeting their goals. 72.7% (n = 8) of mentees reported being "*very satisfied*" and 27.3% (n = 3) reported being "*satisfied*" with their match. Overall, mentees were either "*very satisfied*" (54.5%; n = 6) or "*satisfied*" (45.5%; n = 5) with their experience as a mentee in the program. Further, the majority of mentees (90.9%; n = 10) expressed desire to continue their relationships with their mentors and to continue participating in the program.

Mentees were also asked to rate specific components of the program. The majority of mentees were "satisfied" with the mentee recruitment strategies (81.8%; n = 9), the mentee survey they were asked to complete prior to being matched (90.9%; n = 10), and the information provided to them about their mentor (72.7%; n = 8). A large proportion of the mentees (81.8%; n = 9) reported that they wanted more opportunities to network with other mentees participating in the program. Furthermore, 63.6% (n = 7) reported wanting greater logistical or structural guidance to help facilitate the mentoring relationship and its goals. Whereas mentors expressed wanting to meet with their mentees more frequently, the majority of mentees (72.7%; n = 8) reported being satisfied with the frequency of meetings. 72.7% (n = 8) felt that the mentoring relationship met their expectations, 81.8% (n = 9) reported feeling that their mentors were easy to approach and talk with, and 81.8% (n = 9) reported feeling satisfied with the style of their mentoring relationship. Finally, when asked how often issues of diversity had been discussed with their mentors, 9.1% (n = 1) reported that they had been discussed "very frequently," 36.4% (n = 4) reported "frequently," 45.5%(n = 5) reported "occasionally," and 9.1% (n = 1) reported that these issues had "never been discussed."

Mentees were also asked to complete open-ended questions regarding their general impressions of the program and to offer feedback and suggestions on how to improve the program. Overall, mentees reported being satisfied with the program and with their mentors. Specifically, mentees stated that they enjoyed having an additional mentor to turn to for support and that they benefited from having someone outside of their research group/track to offer a different perspective on professional issues and concerns. Several mentees characterized their mentor as warm, supportive, accessible, or easy to talk to. Nevertheless, some mentees reported that sustaining the mentoring relationship proved to be challenging. Similar to mentors' concerns and suggestions, mentees also reported that their mentors would have benefited from having more direction and structure with respect to expectations, goals and meeting discussion topics. Finally, several mentees suggested that the program offer more opportunities for networking through informal social gatherings with other mentees and mentors.

Discussion

Within the period of one year, we were able to develop and implement a diversity mentorship program within a multi-site, multi-departmental Training Consortium in a

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medical school setting. During the initial development, we faced a number of challenges that required a thoughtful consideration of the existing literature as well as more practical factors related to the feasibility and sustainability of the program within the context of our academic community. Our approach emphasized a thoughtful consideration of both feasibility and the values and goals of our training program. Despite our limited sample size and the preliminary nature of our findings, the process of developing and implementing our program may offer other programs and institutions lessons to draw from as they contemplate developing their own programs.

Obtaining administrative support was critical to developing and implementing our program. Garnering this support was relatively uncomplicated, enhanced by the fact that the goals of the program matched closely with the mission of the DPHB and Brown University. Nonetheless, we acknowledge that maintaining support for the program will be an essential element of its continued growth and success. For other departments seeking to develop similar programs, we strongly recommend that this aspect of development not be overlooked.

One of the challenges that we faced in developing our program was the issue of how to account for the variability of mentor skills and experience with respect to mentorship specifically focused on diversity. In retrospect, our approach (conducting a mentor training seminar with a nationally-recognized expert in the field) could have been more comprehensive. The fact that 25% of mentors ultimately rated themselves as "not very effective" at mentoring with respect to issues of diversity may indicate that mentors were in need of more than didactic and experiential opportunities for developing and refining specific mentoring skills. In order for mentors to attain a greater level of comfort and mastery with respect to the skills learned during the workshop, trainings can also include activities that aim to bolster mentors' self-efficacy. Possible models to draw from in future planning are the mentoring programs of Lopez Viets and colleagues (2009) and Johnson and colleagues (2010) which included more frequent meetings, seminars and symposia which can allow for programming that addresses self-efficacy through peer feedback. Similarly, more comprehensive assessments of mentors' expertise and self-efficacy may offer an opportunity to dynamically utilize obtained data for the tailoring of subsequent training sessions.

As we plan for future cohorts of our program we will attempt to address these training needs in several ways. We plan to expand the existing training seminar to include a greater focus on more practical aspects of diversity mentoring including recommendations for the frequency and location of meetings, ways to discuss diversity, and what it means to be an "effective" mentor. In addition, we will offer mentors opportunities for peer support and guidance through regular meetings with the program developers, other mentors, and mentees. Finally, we will provide mentors with suggested readings and additional local and national resources.

We recognize that continually monitoring and surveying program participants will facilitate the evolution of our program so that the changing needs and goals of both mentors and mentees are identified and addressed. In our pilot cohort our pre- and post- survey methods

were relatively brief and emphasized the reduction of participant burden. As the workgroup moves forward with the program, our approach will become more sophisticated. For example, we plan to collect data on factors known to impact the experience of mentors and mentees, such as hierarchical power differentials (Eby, 1997). Asking mentees to clearly specify their goals for the mentoring relationship at the outset, and having them evaluate what factors ultimately enabled or disabled goal achievement, will also be useful. Finally, informal interviews and group meetings can be conducted with participants to obtain qualitative feedback and judge overall satisfaction.

A large proportion of program participants recommended that the workgroup provide greater opportunities for networking via social events and gatherings. This was a relatively unexpected yet exciting survey finding, which we believe reflects a willingness and desire to strengthen mentor-mentee relationships through multi-contextual interaction. Hence, the workgroup is very enthusiastic about expanding this aspect of our program.

Overall, the diversity mentoring program committee considers the program's ongoing development successful and the program implementation to be both feasible and acceptable. Most notably, the vast majority of our participants rated their experience in a highly favorable manner and expressed a desire to continue their current mentoring relationship. Yet it should be noted that these results are preliminary as they reflect the initial year of the program; longitudinal data regarding program follow-up are not yet unavailable. In future years, we may expand the measurement timeframe to ascertain, for example, what professional roles diverse mentees ultimately adopt and the impact of the mentor-mentee relationship on those roles.

On a final note, the development and implementation of this program offered our team a rich opportunity to expand our understanding of the needs of our junior faculty and trainees. This understanding extended beyond the scope of the mentoring program and has been used to advance the goals of the Diversity Committee and the Training Consortium. As the workgroup reflects back on the lessons learned from our initial cohort, we are optimistic about the growth and vitality of our program and its potential to increase the diversity of our academic community.

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References

Bickel J, Wara D, Atkinson B, Cohen LS, Dunn M, Hostler S, Johnson TRB, Morahan P, Rubenstein AH, Sheldon GF, Stokes E. Increasing women's leadership in academic medicine: report of the AAMC Project Implementation Committee. Academic Medicine. 2002; 77(10):1043–1061. [PubMed: 12377686]

- Bozeman B, Feeney MK. Mentor matching: A 'goodness of fit' model. Administration & Society. 2008; 40(5):465–482.
- Brown L. Diversity: the challenge for higher education. Race and Ethnicity. 2004; 7:21–34.
- Cohen J, Gabriel B, Terrell C. The case for diversity in the health care workforce. Health Affairs. 2002; 21(5):90–102. [PubMed: 12224912]
- Cole E. Intersectionality and research in psychology. American Psychologist. 2009; 64(3):170–180. [PubMed: 19348518]
- Cooper, L.; Powe, N. Disparities in patient experiences, healthcare processes, and outcomes: The role of patient-provider racial, ethnic, and language concordance. New York: The Commonwealth Fund; 2004.
- Corbie-Smith G, Frank E, Nickens H, Elon L. Prevalences and correlates of ethnic harrassment in the US womens' health study. Academic Medicine. 1999; 74:695–701. [PubMed: 10386100]
- Davis L. Racial diversity in higher education. Journal of Applied Behavioral Science. 2002; 38:137–155.
- Eby LT. Alternative forms of mentoring in changing organizational environments: A conceptual extension of the mentoring literature. Journal of Vocational Behavior. 1997; 51(1):125–144.
- Fang D, Moy E, Colburn L, Hurley J. Racial and ethnic disparities in faculty promotion in academic medicine. JAMA. 2000; 284:1085–1092. [PubMed: 10974686]
- Ginther D, Schaffer W, Schnell J, Masimore B, Liu F, Haak L, Kington R. Race, ethnicity, and NIH research awards. Science. 2011; 333:1015–1019. [PubMed: 21852498]
- Hankivsky O, Reid C, Cormier R, Varcoe C, Clark N, Benoit C, Brotman S. Exploring the promises of intersectionality for advancing women's health research. International Journal for Health Equity. 2010; 9(1):5–18.
- Jagsi R, Griffith KA, Stewart A, Sambuco D, DeCastro R, Ubel PA. Gender differences in the salaries of physician researchers. Journal of the American Medical Association. 2012; 307(22):2410–2417. [PubMed: 22692173]
- Johnson MO, Subak LL, Brown JS, Lee KA, Feldman MD. An innovative program to train health sciences researchers to be effective clinical and translational research mentors. Academic Medicine. 2010; 85(3):484–489. [PubMed: 20182122]
- Komaromy M, Grumbach K, Drake M, Vranizan K, Lurie N, Keane D, Bindman A. The Role of Black and Hispanic Physicians in Providing Health Care for Underserved Populations. New England Journal of Medicine. 1996; 334:1305–1310. [PubMed: 8609949]
- Ku M, Li Y, Prober CVH, Girod S. Decisions, decisions: How program diversity influences residency program choice. Journal of the American College of Surgeons. 2011; 213(1):294–305. [PubMed: 21641834]
- Lopez Viets V, Baca C, Verney SP, Venner K, Parker T, Wallerstein N. Reducing Health Disparities Through a Culturally Centered Mentorship Program for Minority Faculty: The Southwest Addictions Research Group (SARG) Experience. Academic Medicine. 2009; 84(8):1118–1126. [PubMed: 19638783]
- Mahoney M, Wilson E, Odom K, Flowers L, Adler S. Minority faculty voices on diversity in academic medicine: perspectives from one school. Academic Medicine. 2008; 83(8):781–786. [PubMed: 18667896]
- National Science Foundation. Women, minorities, and persons with disabilities in science and engineering. Arlington: National Science Foundation, Division of Sicence and Resource Statistics; 2009.
- National Science Foundation, Division of Science Resources Statistics. Science and Engineering Degrees, by Race/Ethnicity of Recipients: 1997–2006. Arlington, VA: 2010a. Detailed Statistics Tables NSF 10-300
- National Science Foundation. Doctorate recipients from US Universities. 2010b. Retrieved from: http://www.nsf.gov/statistics/nsf11306
- Perna F, Lerner B. Mentoring and career development among university faculty. Journal of Education. 1995; 177:31–47.

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- Peterson N, Friedman R, Ash A, Franco S, Le Pew P, Carr P. Faculty self-reported experience with racial and ethnic discrimination in academic medicine. Journal of General Internal Medicine. 2004; 19:259–265. [PubMed: 15009781]
- Piercy F, Giddings V, Allen K, Dixon B, Meszaros P, Joest K. Improving campus climate to support faculty diversity and retention: A pilot proram for new faculty. Innovative Higher Education. 2005; 30(1):53–66.
- Price E, Gozu A, Kern D, Powe N, Wand G, Golden S, Cooper L. The role of cultural diversity climate in recruitment, promotion, and retention of faculty in academic medicine. Journal of General Internal Medicine. 2005; 20:565–571. [PubMed: 16050848]
- Sambunjak D, Straus S, Marusic A. Mentoring in academic medicine: A systematic review. Journal of the American Medical Association. 2006; 296(9):1103–1115. [PubMed: 16954490]
- Smedley, B.; Butler, A.; Bristow, L. In the Nation's Compelling Interest: Ensuring Diversity in the Health Care Workforce. Washington, D.C: The National Academies Press, Institute of Medicine; 2004.
- Smedley, B.; Stith, A.; Nelson, A., editors. Unequal treatment: Confronting racial and ethnic disparities in healthcare. Washington, DC: The National Academies Press; 2002.
- Smith J, Smith W, Markham S. Diversity issues in mentoring academic faculty. Journal of Career Development. 2000; 26:251–262.
- Thomas, G.; Asunka, K. Employment and quality of life of minority and women faculty in a predominantly White institution. In: Thomas, G., editor. Race and ethnicity in America: Meeting the challenge in the 21st century. Philadelphia: Taylor and Francis; 1995. p. 295-308.
- United States Department of Health and Human Services. Mental health: Culture, race, and ethnicity A supplement to Mental health: A report of the surgeon general. 2001. Retrieved from http://www.surgeongeneral.gov/library/mentalhealth/cre/execsummary-1.html
- Waitzkin H, Yager J, Parker T, Duran B. Mentoring partnerships for minority faculty and graduate students in mental health services research. Academic Psychiatry. 2006; 30:205–217. [PubMed: 16728767]
- Whitla DK, Orfield G, Silen W, Teperow C, Howard C, Reede J. Educational Benefits of Diversity in Medical School: A Survey of Students. Academic Medicine. 2003; 78(5):460–466. [PubMed: 12742780]
- Yager J, Waitzkin H, Parker T, Duran B. Educating, training, and mentoring minority faculty and other trainees in mental health services research. Academic Psychiatry. 2007; 31:146–151. [PubMed: 17344457]