

Recommendation 2.0 Evidence Profile: *Addressing Anti-Black Racism in Nursing*

Recommendation 2.0 Evidence Profile (Quantitative)

Recommendation question 2a: What are the components of mentorship programs for Black nurses, Black nursing students, as well as allies, that can help address anti-Black racism in nursing?

Population: Black nurses, Black nursing students, and allies

Intervention: Components of mentorship programs for Black nursing students, Black nurses, and allies that can help address anti-Black racism in nursing

Comparison: No mentorship programs

Outcomes: Psychological safety outcomes; human resource outcomes [not measured]; representation outcomes; education outcomes; escalation of grievances; patient outcomes [not measured]; Satisfaction with mentorship

Settings: Health-care organizations and academic institutions

Recommendation 2.0: The expert panel suggests that health and social service organizations and academic institutions establish formal mentorship programs to address anti-Black racism in nursing.

Note: Due to a paucity of literature available to directly answer this research question, a search for indirect evidence was conducted. The population was broadened to search for mentorship programs for all Black or racial minority health providers or health profession students (i.e., not just Black nurses or Black nursing students). The indirectness of this evidence (when compared to the original PICO question) was taken into consideration when grading the evidence (see footnotes). Studies were included if they reported on outcomes that reflected the broad outcome categories prioritized by the panel. Unless otherwise noted, all outcomes listed below are related to the experience of mentees, rather than mentors.

All studies examined the effect of formal mentorship programs compared to no formal mentorship program, or informal mentorship, on the outcomes of interest.

Quality assessment							No. of participants		Effect	Certainty	Reference
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Publication bias	Intervention	Control			
Psychological safety: Measured as self-confidence											
2	Non randomized single-arm studies	Serious ^a	Not serious ^b	Not serious ^c	Very serious ^d	Undetected	N= 90 mentees	N/A	Both studies showed an increase in mentee self- confidence after participation in a formal mentorship program.	⊕○○○ Very low	(1,2)
Psychological safety: Measured as feeling supported											
4	Non randomized single-arm studies	Very serious ^e	Not serious ^b	Not serious ^c	Serious ^f	Undetected	N= 194 mentees	N/A	In all four studies, mentees were more likely to report feeling supported after participating in the mentorship program compared to before the mentorship program. Support was defined as having someone available to discuss challenging situations with,	⊕○○○ Very low	(1-4)

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Quality assessment							No. of participants		Effect	Certainty	Reference
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Publication bias	Intervention	Control			
Representation outcome: Matching to residency											
1	Non-randomized study	Extremely serious ^g	Not serious	Not serious ^h	Serious ^f	Undetected	N= 208 mentees	N/A The match rate was compared to the American Urology Association match rate for all students that applied to urology.	Mentees in the mentorship program had a match rate higher than the national average (80.2% vs 71.4%).	⊕○○○ Very low	(5)
Representation outcome: Awareness of people in the field who look like me											
2	Non-randomized single arm studies	Serious ^a	Not serious ^b	Not serious ⁱ	Very serious ^d	Undetected	N=90 mentees	N/A	When measured pre- and post-mentorship program, both studies showed that mentees were more likely to agree that there are people in the field who look like them.	⊕○○○ Very low	(1,2)
Representation outcome: Readiness for career advancement (<i>Measured using a modified version of the Michigan Organizational Assessment Questionnaire (MOAQ)</i>)											

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Quality assessment							No. of participants		Effect	Certainty	Reference
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Publication bias	Intervention	Control			
1	Non-randomized single arm study	Serious ^j	Not serious	Not serious	Very serious ^d	Undetected	N=16 mentees	N/A	After participating in a mentorship program, there was an increase in mentees' perceptions of readiness for advancement to an executive role, and half of participants had an increased desire to look for a vertical position, obtain a promotion, or move to another organization vertically.	⊕○○○ Very low	(6)
Representation outcome: Leadership efficacy (<i>Measured using the Leadership Efficacy Questionnaire [LEQ]</i>)											
1	Non-randomized single arm study	Serious ^j	Not serious	Not serious	Very serious ^d	Undetected	N=16 mentees	N/A	After participating in a mentorship program, there was an increase in mentees' leadership self-efficacy and confidence leading their teams.	⊕○○○ Very low	(6)
Education outcome: Understanding of career pathway											
1	Non-randomized single arm study	Serious ^k	Not serious	Not serious ^h	Very serious ^d	Undetected	N=30 mentees	N/A	After participating in the mentorship program, mentees were more comfortable identifying career pathways.	⊕○○○ Very low	(1)
Education outcome: Cross-cultural skills (faculty mentors) (<i>Measured using the Cross-Cultural Psychological Capital Survey [Cross-cultural PsyCap]</i>)											
1	Non-randomized study	Extremely serious ^l	Not serious	Not serious ^m	Very serious ^d	Undetected	N= 8 faculty mentors	N= 18 faculty in comparison group	Faculty mentors developed increased cross-cultural psychological capital compared to the comparison group. Cross-cultural psychological capital is defined as a positive psychological state characterized by self-efficacy, hope, optimism and resilience in	⊕○○○ Very low	(8)

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Quality assessment							No. of participants		Effect	Certainty	Reference
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Publication bias	Intervention	Control			
									cross-cultural interaction and work contexts.(7)		
Education outcome: Confidence being a peer mentor (<i>Measured used a modified item from the personality evaluation inventory</i>)											
1	Non-randomized single arm study	Serious ^j	Not serious	Not serious ⁿ	Very serious ^d	Undetected	N= 7 peer mentors	N/A	After participating in the mentorship program, peer mentors had increased confidence in mentoring their peers.	⊕○○○ Very low	(8)
Satisfaction with mentorship (mentor perspective)											
2	Non-randomized single arm studies	Serious ^o	Not serious	Not serious ^p	Very serious ^d	Undetected	N= 70	N/A	Both studies reported high satisfaction with the mentorship program among mentors.	⊕○○○ Very low	(4,9)
Satisfaction with mentorship (mentee perspective)											
2	Non-randomized single arm studies	Serious ^q	Not serious	Not serious ^r	Serious ^f	Undetected	N= 377	N/A	Both studies reported high satisfaction with the mentorship program among mentees.	⊕○○○ Very low	(4,5)

Additional Table – Individual Study Details

Reference	Study Design	Country	Intervention Group Details	Control Group Details	Reported Effects/Outcomes
Psychological safety: Self-confidence					
(1)	Non-randomized single-arm study	USA	<p>Multi-institutional West Coast Plastic Surgery Mentorship Program for 1st, 2nd or 3rd year medical students interested in plastic surgery. Mentors were encouraged to meet with their mentees at least once a quarter (for at least 3 meetings throughout the year). Meeting topics were suggested based on relevant topics for differing medical school classes. All students were invited to participate in the Mentor-Mentee Day at the end of the year.</p> <p>N= 30 resident/mentor pairs (1:1 match)</p> <p>21.1% of students identified as Black or African American.</p>	N/A	<p>Pre- and post-session comparisons demonstrated an increase in mentee confidence when the following questions were asked before and after participating in the mentorship program:</p> <p>"I can match into plastic surgery"</p> <p>Average Likert Score for Pre-Survey 3.68</p> <p>Average Likert Score Post-survey 3.74; p = 0.79</p> <p>"I can be a plastic surgeon"</p> <p>Average Likert Score for Pre-Survey 4.32</p> <p>Average Likert Score Post-survey 4.53; p = 0.33</p> <p>1=disagree, 5=agree</p>
(2)	Non-randomized single-arm study	USA	<p>University of California, San Francisco–University of California, Berkeley, White Coats for Black Lives Mentorship Program.</p> <p>Mentees were required to meet virtually with their mentors at least once per month from October 2020 through June 2021 and attend seminars based on an antiracism framework to broaden their perspective on the field of medicine and learn key skills and information to be successful premedical students. They also received support in preparing medical school applications. Incorporating antiracism into the mentorship program included matching mentees with racially concordant mentors, comprehensive discussions on how systemic racism affects health care, scholarships for premedical students, and tools on how to maintain well-being as racial and ethnic minority trainees in the medical field.</p> <p>N=65 premedical mentees and n=56 medical student mentors</p> <p>24 (40.0%) of mentees identified as Black</p>	N/A	<p>When measured pre and post program, the mentorship improved student confidence in their ability to identify their personal strengths and their confidence being accepted into medical school.</p> <p>"I am confident that I will gain acceptance into medical school"</p> <p>Preprogram 25% (n=60); Post program 45.8% (n=48)</p> <p>"I am confident that I can identify all my personal strengths"</p> <p>Preprogram 18.3% (n=60); Post program 45.8% (n=48)</p> <p>Answer options provided on a 5-point Likert scale ranging from "a great deal," "a lot," "a moderate amount," and "a little" to "none at all." Answer choices of "a great deal" and "a lot" were grouped together and calculated as percentages.</p>
Psychological safety: Feeling supported					

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(1)	Non-randomized single-arm study	USA	<p>Multi-institutional West Coast Plastic Surgery Mentorship Program for 1st, 2nd or 3rd year medical students interested in plastic surgery. Mentors were encouraged to meet with their mentees at least once a quarter (for at least 3 meetings throughout the year). Meeting topics were suggested based on relevant topics for differing medical school classes. All students were invited to participate in the Mentor-Mentee Day at the end of the year.</p> <p>N= 30 resident/mentor pairs (1:1 match)</p> <p>21.1% of students identified a Black or African American.</p>	N/A	<p>After completion of the mentorship program, mentees were significantly more likely to agree with the following statement: <i>"I feel comfortable identifying >=3 individuals in plastic surgery who are available as resources for advice and/or mentorship"</i> (P < 0.01).</p> <p>Average Likert score for pre-survey 2.68</p> <p>Average Likert score post-survey 4.32</p> <p>1=disagree, 5=agree</p>
(2)	Non-randomized single-arm study	USA	<p>University of California, San Francisco–University of California, Berkeley, White Coats for Black Lives Mentorship Program.</p> <p>Mentees were required to meet virtually with their mentors at least once per month from October 2020 through June 2021 and attend seminars based on an antiracism framework to broaden their perspective on the field of medicine and learn key skills and information to be successful premedical students. They also received support in preparing medical school applications. Incorporating antiracism into the mentorship program included matching mentees with racially concordant mentors, comprehensive discussions on how systemic racism affects health care, scholarships for premedical students, and tools on how to maintain well-being as racial and ethnic minority trainees in the medical field.</p> <p>N=65 premedical mentees and n=56 medical student mentors</p> <p>24 (40.0%) of mentees identified as Black</p>	N/A	<p>After completion of the mentorship program, mentees were significantly more likely to agree with the following statement:</p> <p><i>"I am confident that I can reach out to mentors throughout my journey"</i></p> <p>Preprogram 55% Post program 72.9% 28.3% improvement (p<0.01)</p> <p>Answer options provided on a 5-point Likert scale ranging from "a great deal," "a lot," "a moderate amount," and "a little" to "none at all." Answer choices of "a great deal" and "a lot" were grouped together and calculated as percentages.</p>
(3)	Non-randomized single-arm study	USA	<p>Virtual program focused on mentoring medical students who self-identified as being part of an underrepresented demographic on the basis of race, gender, and/or sexual orientation. Mentor/mentee pairs were expected to meet virtually at least once a month. Mentors were paired with mentees based on specialty of interest, gender, race, ethnicity and/or sexual orientation.</p> <p>N= 30 mentor-mentee pairs participated in the program. 15 (50%) identified as Black.</p>	N/A	<p>Mentees' pre- and post-program surveys differed with respect to <i>having access to an experienced surgeon with whom to discuss career challenges</i> (p < 0.001); a higher number of mentees responded with the highest Likert rating to these items on the post-program survey compared to the pre-program survey.</p>

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(4)	Non-randomized single-arm study	USA	<p>EMPACT, a structured mentorship program, with a mission to Engage, Mentor, Prepare, Advocate for, Cultivate, and Teach underrepresented in medicine (URiM) medical students in a supportive and inclusive learning environment. The program goals for EMPACT were to address their unique needs, strengthen social support with structured mentoring relationships, cultivate a sense of community, help mitigate barriers adapting to the culture of medicine, and promote personal and professional growth for URiMs and peer-to-peer support. EMPACT mentorship groups were created, each consisting of two mentors (attending and resident/fellow physicians) and four medical student mentees. Additionally, four professional development workshops were held.</p> <p>N=69 medical students; N=38 mentors in inaugural program. 88.4% of medical students and 86.8% of mentors were Black.</p>	N/A	<p>There was an increase in participants' thinking that there is a good social support system and in feeling that they have a good sense of community at Emory school of medicine (79% to 94%, $p < 0.05$) after the EMPACT program.</p> <p>Pre-Survey: 31 'Agree' (*includes Strongly Agree and Agree Survey responses) and 8 'Not Agree' (*includes Neutral, Disagree and Strongly Disagree);</p> <p>Post Survey: 32 'Agree' and 2 'Not Agree'</p>
Representation outcome: Matching to residency					
(5)	Non-randomized study	USA	<p>Two-day virtual mentorship program which reviewed the "hidden curriculum" of the urology match, application logistics, and handling micro- and macro aggressions. Students were provided tailored information on the urology match and details surrounding residency applications. Several guest speakers, including those from underrepresented backgrounds across several specialties, were invited to share their experiences in medicine, and students were provided opportunities to meet potential residents and faculty in small group sessions.</p> <p>N=208 medical students</p>	The match rate was compared to the American Urology Association match rate for all students that applied to urology.	Over the 3-year period participants in MUA had a match rate that was statistically higher than the national average (80.2% vs 71.4%; $P = .0486$).
Representation outcome: Awareness of people in the field who look like me					
(1)	Non-randomized single-arm study	USA	<p>Multi-institutional West Coast Plastic Surgery Mentorship Program for 1st, 2nd or 3rd year medical students interested in plastic surgery. Mentors were encouraged to meet with their mentees at least once a quarter (for at least 3 meetings throughout the year). Meeting topics were suggested based on relevant topics for differing medical school classes. All students were invited to participate in the Mentor-Mentee Day at the end of the year.</p> <p>N= 30 resident/mentor pairs (1:1 match)</p>	N/A	<p>After completion of the mentorship program, mentees were more likely to agree with the following statement: "There are people in plastic surgery who look like me."</p> <p>Average Likert score for pre-survey: 3.00 Average Likert score post-survey: 3.84</p> <p>1=disagree, 5=agree</p>

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			21.1% of students identified a Black or African American.		
(2)	Non-randomized single-arm study	USA	<p>University of California, San Francisco–University of California, Berkeley, White Coats for Black Lives Mentorship Program</p> <p>Mentees were required to meet virtually with their mentors at least once per month from October 2020 through June 2021 and attend seminars based on an antiracism framework to broaden their perspective on the field of medicine and learn key skills and information to be successful premedical students. They also received support in preparing medical school applications. Incorporating antiracism into the mentorship program included matching mentees with racially concordant mentors, comprehensive discussions on how systemic racism affects health care, scholarships for premedical students, and tools on how to maintain well-being as racial and ethnic minority trainees in the medical field.</p> <p>N=65 premedical mentees and n=56 medical student mentors</p> <p>24 (40.0%) of mentees identified as Black</p>	N/A	<p>After the mentorship program, there was a reduction in the extent that the following served as a barrier for medical school application: 'Awareness of medical school professors that look like me'</p> <p>Preprogram 68.3% Post program 45.8% 22.5%-point improvement, P = .02</p> <p>Answers were provided on a 5-point Likert scale ranging from “a great deal,” “a lot,” “a moderate amount,” and “a little” to “none at all.” Answer choices of “a great deal” and “a lot” were grouped together and calculated as percentages.</p>
Representation outcome: Readiness for career advancement					
(6)	Non-randomized single-arm study	USA	<p>Structured mentorship program that aimed to prepare minority nurse leaders seeking career advancement in executive leadership roles. The program consisted of 4 monthly 4-hour educational and group mentoring workshops: 1) self-efficacy and self-confidence; 2) negotiation, collaboration, and networking; 3) the paradigms of leadership; and 4) quality of life and success, as well as one-to-one mentoring.</p> <p>N= 16 mentees (75% were African American, n= 12)</p>	N/A	<p>There was an increase in participant's perceptions of readiness for advancement to an executive role after the mentorship program; 50% of participants had an increased desire to look for a vertical position, obtain a promotion, or move to another organization vertically.</p> <p>On the preassessment, “Intent to seek a vertical position within a year,” 50% (n = 8) of participants agreed/strongly agreed, whereas 31% (n = 5) neither agreed nor disagreed. Post assessment, 60% (n = 9) of participants agreed or strongly agreed.</p> <p>On the preassessment, “Thinking about obtaining a promotion,” 56% (n = 9) of participants agreed or strongly agreed, whereas 73% (n = 11) of participants agreed or strongly agreed in the post assessment.</p> <p>*Measured using a modified version of the 7-point Michigan Organizational Assessment Questionnaire (MOAQ); higher scores indicating greater intention to seek promotion.</p>
Representation outcome: Leadership efficacy					
(6)	Non-randomized single-arm study	USA	<p>Structured mentorship program that aimed to prepare minority nurse leaders seeking career advancement in</p>	N/A	<p>After the mentorship program, there was an increase in participants' self-efficacy to lead their team.</p>

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			<p>executive leadership roles. The program consisted of 4 monthly 4-hour educational and group mentoring workshops: 1) self-efficacy and self-confidence; 2) negotiation, collaboration, and networking; 3) the paradigms of leadership; and 4) quality of life and success, as well as one-to-one mentoring.</p> <p>N= 16 mentees (75% were African American, n= 12)</p>		<p>Before the program, most participants (n = 9 [56%]) reported moderate confidence as a leader, and 44% (n = 7) reported total confidence.</p> <p>Upon completion of the 4-month program, 13% (n = 2) were moderately confident and 87% (n = 13) were totally confident as a leader.</p> <p>*Measured using the Leadership Efficacy Questionnaire (LEQ); higher scores indicate higher levels of leader self-efficacy</p>
Education outcome: Understanding of career pathway					
(1)	Non-randomized single-arm study	USA	<p>Multi-institutional West Coast Plastic Surgery Mentorship Program for 1st, 2nd or 3rd year medical students interested in plastic surgery. Mentors were encouraged to meet with their mentees at least once a quarter (for at least 3 meetings throughout the year). Meeting topics were suggested based on relevant topics for differing medical school classes. All students were invited to participate in the Mentor-Mentee Day at the end of the year.</p> <p>N= 30 resident/mentor pairs (1:1 match)</p> <p>21.1% of students identified a Black or African American.</p>	N/A	<p>After completion of the mentorship program, mentees were more likely to agree with the following statement: "<i>I feel comfortable identifying the pathways to a career in plastic surgery</i>"</p> <p>Average Likert score for pre-survey: 3.58 Average Likert score post-survey: 4.21 P= 0.02</p> <p>1=disagree, 5=agree</p>
Education outcome: Cross-cultural skills (faculty mentors)					
(8)	Non-randomized study		<p>E-mentoring program that matched Doctor of Physical Therapy students and nursing students with a faculty mentor and a peer mentor from a minoritized background. Mentoring teams met virtually either as faculty-mentee or peer mentor-mentee dyads or as a group of three approximately once a month for six months.</p> <p>N= 8 mentees, 8 faculty and 7 peer mentors</p> <p>Most faculty members were white (one was African American).</p>	<p>Faculty (n=18) from across the institution were recruited to participate in a comparison group. They did not participate in the intervention.</p>	<p>Faculty mentors who participated in the program developed increased cross-cultural psychological capital compared to the comparison group.</p> <p>Before participating in the program (T1), the mean score for the intervention group was 3.86. At the end of the study period (T2), the mean score for the intervention group was 4.04.</p> <p>At T1, the mean item score for the comparison group was 3.54. At T2, the comparison group mean item score was 3.68.</p> <p>*Measured using the Cross-Cultural Psychological Capital Survey (Cross-cultural PsyCap), a 20-item, five-point Likert scale measuring positive psychological capital, including four cross-cultural subscales: cross-cultural hope, self-efficacy, optimism and resilience.</p>
Education outcome: Confidence being a peer mentor					
(8)	Non-randomized single arm study	USA	<p>E-mentoring program that matched Doctor of Physical Therapy students and nursing students with a faculty mentor and a peer mentor from a minoritized background. Mentoring teams met virtually either as faculty-mentee or peer mentor-mentee</p>		<p>After completion of the mentorship program, peer mentors were more likely to agree with the following statement: "<i>I feel confident in my ability to serve as a peer mentor.</i>"</p> <p>Average score pre-survey: 3.42</p>

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			dyads or as a group of three approximately once a month for six months. N= 8 mentees, 8 faculty and 7 peer mentors Most faculty members were white (one was African American).		Average score post-survey: 3.57 *Measured using a modified item of the personality evaluation inventory; 4-point Likert scale (1= strongly agree, 4 = strongly disagree). The personality evaluation inventory is used to assess perceived competence in one's abilities, particularly the skills required by students in higher education.
Satisfaction with mentorship (mentor perspective)					
(4)	Non-randomized single arm study (post-test only)	USA	EMPACT, a structured mentorship program, with a mission to Engage, Mentor, Prepare, Advocate for, Cultivate, and Teach underrepresented in medicine (URiM) medical students in a supportive and inclusive learning environment. The program goals for EMPACT were to address their unique needs, strengthen social support with structured mentoring relationships, cultivate a sense of community, help mitigate barriers adapting to the culture of medicine, and promote personal and professional growth for URiMs and peer-to-peer support. EMPACT mentorship groups were created, each consisting of two mentors (attending and resident/fellow physicians) and four medical student mentees. Additionally, four professional development workshops were held. N=38 mentors in inaugural program. 86.8% of mentors were Black.	N/A	Of mentors who were randomly selected to participate in a phone interview regarding their satisfaction with the mentorship program, the majority were satisfied or very satisfied with the program overall (87%) .
(9)	Non-randomized single arm study (post-test only)	USA	The Student to Resident Institutional Vehicle for Excellence (STRIVE) near-peer mentorship program was created to provide academic, social, and professional support for underrepresented minority medical students by equipping students with examples of resilience, a community to discuss implicit bias, and strategies to address the burdens of medical training. STRIVE mentorship program consisted of 3 pillars of programming: medical school curriculum review sessions, panel discussions, and 25 social events for medical students. N= 32 of 35 resident mentors (91%) self-identified as Black/African American.	N/A	URM residents reported high satisfaction with their role as a near-peer mentor. Specifically, 95% of respondents agreed that STRIVE made them a better mentor; 75% agreed that the program helped them deal with challenges of underrepresentation in medicine; and 90% reported that STRIVE positively affected their overall wellness as a trainee.
Satisfaction with mentorship (mentee perspective)					

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(4)	Non-randomized single arm study (post-test only)	USA	<p>EMPACT, a structured mentorship program, with a mission to Engage, Mentor, Prepare, Advocate for, Cultivate, and Teach underrepresented in medicine (URiM) medical students in a supportive and inclusive learning environment. The program goals for EMPACT were to address their unique needs, strengthen social support with structured mentoring relationships, cultivate a sense of community, help mitigate barriers adapting to the culture of medicine, and promote personal and professional growth for URiMs and peer-to-peer support. EMPACT mentorship groups were created, each consisting of two mentors (attending and resident/fellow physicians) and four medical student mentees. Additionally, four professional development workshops were held.</p> <p>N=69 medical students; 88.4% of medical students were Black.</p>	N/A	<p>Of mentors who were randomly selected to participate in a phone interview regarding their satisfaction with the mentorship program, the majority were satisfied or very satisfied with the program overall (85%)</p>
(5)	Non-randomized single arm study (post-test only)	USA	<p>Two-day virtual mentorship program which reviewed the "hidden curriculum" of the urology match, application logistics, and handling micro- and macro aggressions. Students were provided tailored information on the urology match and details surrounding residency applications. Several guest speakers, including those from underrepresented backgrounds across several specialties, were invited to share their experiences in medicine, and students were provided opportunities to meet potential residents and faculty in small group sessions.</p> <p>N=208 medical students</p>		<p>Post mentorship program, survey results suggest that 100% of participants would recommend the program to a peer.</p> <p>When rating their overall experience on a scale of 0-5, participants reported an average of 4.85, indicating high satisfaction with the program.</p>

References

1. Reghunathan M, Llaneras J, Segal R, Gosman A. The West Coast Plastic Surgery Mentorship Program: Successes, Failures, and Future Growth. *Ann Plast Surg.* 2023 May 1;90(5S Suppl 3):S274–80.
2. Rinderknecht FAB, Kouyate A, Teklu S, Hahn M. Antiracism in Action: Development and Outcomes of a Mentorship Program for Premedical Students Who Are Underrepresented or Historically Excluded in Medicine. *Prev Chronic Dis.* 2023 Jun 15;20:220362.
3. Jadi J, Shaughnessy E, Barry L, Reyna C, Tsai S, Downs-Canner SM, et al. Outcomes of a pilot virtual mentorship program for medical students interested in surgery. *Am J Surg.* 2023 Feb;225(2):229–33.
4. Henry TL, Freeman CD, Sheth A, Jenkins L, Olakunle OE, Adeagbo S, et al. Making an Impact with E.M.P.A.C.T. Engage, Mentor Prepare, Advocate, Cultivate, and Teach: An Innovative Pilot Mentoring Program Evaluation for Students Underrepresented in Medicine. *Adv Med Educ Pract.* 2023;14:803–13.
5. Zebib L, Irani S, Salami SS, Kraft K, Palapattu G, Goh KM. Michigan urology academy—our role in diversifying the urology workforce. *Urology.* 2023 Nov 1;181:18–23.
6. Brown-DeVeaux D, Jean-Louis K, Glassman K, Kunisch J. Using a mentorship approach to address the underrepresentation of ethnic minorities in senior nursing leadership. *J Nurs Adm.* 2021 Mar 1;51(3):149–55.
7. Dollwet M, and Reichard R. Assessing cross-cultural skills: validation of a new measure of cross-cultural psychological capital. *The International Journal of Human Resource Management.* 2014 Jul 4;25(12):1669–96.
8. Naidoo K, Gore S, McKean M, Mullins M, Bowdle G, Mack A, et al. Shared learning spaces: peer and faculty mentors develop skills while supporting minoritized health sciences students. *Health Professions Education [Internet].* 2023 Jan 17;9(1). Available from: <https://hpe.researchcommons.org/journal/vol9/iss1/5>
9. Youmans QR, Adrissi JA, Akhetuamhen A, Gates KL, Didwania AK, Wayne DB, et al. The STRIVE Initiative: A Resident-Led Mentorship Framework for Underrepresented Minority Medical Students. *J Grad Med Educ.* 2020 Feb;12(1):74–9.

Explanations of GRADE ratings

- ^a The studies were assessed using the case series critical appraisal tool by Murad et al. We had concerns related to the selection method and concerns that alternative causes that may have explained the observation were not ruled out. We downgraded by 1.0.
- ^b All studies showed a positive direction of effect, however there were some differences in the way the outcome was measured. We downgraded by 0.5.
- ^c Although mentees were medical students, we would not expect substantial differences if the studies were conducted with nursing students. A significant portion of participants in each study were Black with other participants being from racialized communities. In one study, an antiracism framework was used to deliver the mentorship program however the other study/studies did not specifically speak about racism or antiracism. We downgraded by 0.5.
- ^d The total number of participants was far less than the optimal number of 800. We downgraded by 2.
- ^e The studies were assessed using the case series critical appraisal tool by Murad et al. We had concerns related to the selection method (four studies), concerns that the exposure was not adequately ascertained (one study) concerns that alternative causes that may have explained the observation were not ruled out (two studies), and in one study, the case was not described in sufficient detail. We downgraded by 1.5.
- ^f The total number of participants was less than the optimal number of 800. We downgraded by 1.5.
- ^g The study was assessed using the ROBINS-I tool. There was critical risk of bias due to lack of control for confounding variables, moderate concerns about measurement of outcomes and insufficient information about missing data. We downgraded by 3.
- ^h Although mentees were medical students, we would not expect substantial differences if the studies were conducted with nursing students. A significant portion of mentees in the study were Black, however the study did not specifically speak about antiracism or the impacts of racism. We downgraded by 0.5.
- ⁱ Although participants were medical students and residents, we would not expect substantial difference if the studies were conducted with nursing students. A significant portion of the mentees in the studies were Black, and in one study, the mentorship program was developed based on an anti-racism framework. We downgraded by 0.5.
- ^j The study was assessed using the case series critical appraisal tool by Murad et al. We had concerns that alternative causes that may have explained the observation were not ruled out. We downgraded by 1.
- ^k The study was assessed using the case series critical appraisal tool by Murad et al. We had concerns about the selection method and concerns that alternative causes that may have explained the observation were not ruled out. We downgraded by 1.5.
- ^l The study was assessed using the ROBINS-I tool. There was critical risk of bias due to lack of control for confounding variables and moderate concerns about measurement of outcomes and missing data. We downgraded by 3.
- ^m Mentors were physiotherapy and nursing faculty and they were mentoring health science students from minority backgrounds. One (of eight) faculty in the intervention group was Black. While the mentorship program was not explicitly designed to promote anti-racism, the authors note that it was informed by the racial/cultural identity development model. We downgraded by 0.5.
- ⁿ Peer mentors from minoritized backgrounds were physiotherapy and nursing students. Two (of seven) peer mentors were Black. While the mentorship program was not explicitly designed to promote anti-racism, the authors note that it was informed by the racial/cultural identity development model. We downgraded by 0.5.
- ^o The studies were assessed using the case series critical appraisal tool by Murad et al. In both studies, we had concerns related to the selection method, in one study there were concerns that the exposure was not adequately ascertained, and in one study there were concerns that alternative causes that may have explained the observation were not ruled out (two studies). We downgraded by 1.
- ^p Although participants were residents and medical fellows, we would not expect substantial difference if the studies were conducted with nurses. A significant portion of the mentors in the studies were Black. Racism is explicitly mentioned in one study, but not in the other. We downgraded by 0.5.
- ^q The studies were assessed using the case series critical appraisal tool by Murad et al. We had concerns related to the selection method (both studies), concerns that the exposure was not adequately ascertained (one study) and in one study, the case was not described in sufficient detail. We downgraded by 1.
- ^r Although participants were medical students in both studies, we would not expect substantial difference if the studies were conducted with nursing students. A significant portion of mentees in the studies were Black, and in one study. Racism is explicitly mentioned in one study, but not in the other. We downgraded by 0.5.