Former Fellow Follow-up with Calvin Fang, MD-PhD Student

Calvin Fang is a fifth year MD-PhD student at Yale School of Medicine. He completed a two-year postbaccalaureate fellowship at NICHD with Dr. Chris McBain from 2015–2017. As a postbac fellow, Calvin learned slice electrophysiology to study inhibitory hippocampal interneurons, with a focus on a subclass of interneurons that express Vesicular Glutamate Transporter Type 3 (VgluT3) and release the neurotransmitter glutamate.

We caught up with Calvin to learn about his career choices, advice, and experience so far in Yale’s MD-PhD program.

What led you down this career path—why an MD-PhD versus an MD or PhD program?

I began undergraduate studies at Cornell knowing (as much a freshman can know about anything) that I wanted to pursue medicine. During a research opportunity my freshman year, I realized I enjoyed science. I later learned about MD-PhD programs from an advisor who knew two investigators on campus with dual degrees—one person who got his MD, practiced, and then pursued the PhD, and another person who pursued them simultaneously through an MD-PhD program. This second person, Dr. Jesse Goldberg, associate professor in the Department of Neurobiology and Behavior, also happens to be a neuroscientist. I was able to speak to him about his experiences.

I decided to pursue both an MD and a PhD as I am interested in continuing a scientific career and practicing medicine. Although the MD can be sufficient for a clinician to establish a research program, my sentiment was that a PhD would provide more rigorous research training, and the dedicated time would help me learn a lot of concepts and skills for systems neuroscience that would not be covered through medical training.

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Letter from the Editor

To our fellows who dream of a medical degree—this issue is for you. The process of selecting potential MD or MD-PhD programs and doing a little soul searching about why you want to be a doctor is a daunting process, no doubt. But we have two articles that aim to demystify physician-scientist training and help fellows feel more comfortable taking the next steps.

First, former postbac fellow Calvin Fang describes his experiences so far as a fifth year MD-PhD candidate at Yale School of Medicine. This is a great article to learn about what to expect in an MD-PhD program and how to apply and train successfully.

Second, we recap Dr. Triesta Fowler’s presentation on the medical school search and application process. During her talk, she offered practical tips that all fellows who plan to apply to medical school should know. We have provided a synopsis of key points, which are sure to help you tackle your medical school journey.

As we head into the medical school application season, there are several exciting opportunities available to fellows at all levels of training—check out the March Rep Report, announcements, and events to learn more.

Before I sign off, I want to draw your attention to our “Deconstructing Bias” column, which this month focuses on the term allyship. Please take the time to read about this important concept. Our institute, and science in general, will benefit greatly from our efforts to all become allies.

Your Editor in Chief,
Shana R. Spindler, PhD

This is a newsletter for NICHD fellows, by NICHD fellows. Please send your questions, comments, and ideas to our editor at shana.spindler@nih.gov.
Former Fellow Follow-up with Calvin Fang, MD-PhD Student
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Now that you’re several years in, what’s it like doing an MD-PhD program?
Like most other programs, Yale's MD-PhD program lasts eight years, on average. This includes one and a half years of pre-clerkship training, followed by half a year of clerkships, then the PhD, the rest of clerkships, and finally advanced clinical electives and sub-internships. Yale also provides a lot of flexibility for the first one and a half years, so I was able to split my time between coursework and participating in research.

Pre-clerkship training involved lectures and workshops about physiology/pathophysiology, clinical skills training and practice, and other topics like ethics and statistics. For clerkships, I did neurology, psychiatry, internal medicine, and primary care (outpatient medicine). After I finish my PhD, I will complete surgery, emergency medicine, pediatrics, and ob-gyn clerkships. Clerkships mostly entail spending all day at the hospital or clinic, applying what you learned during pre-clerkship and understanding the different specialties.

After my first set of clerkships, I dedicated time to study and take the Step 1, which is the first of three US Medical Licensure Exams (USMLE) referred to as the “Boards,” before entering graduate school. I was fortunate that the department for my PhD program only required two courses—one I had already taken for medical school and another that I was able to take in the first year. The main PhD milestones I've completed are the qualifying exam, a thesis prospectus exam, and one teaching assistant requirement. Other than that, I have mostly focused on my research, while pursuing a few other extracurriculars.

It's great you have been able to find time for extracurricular activities. What kind of extracurricular activities do you enjoy?
I enjoy volunteering. Given my interest in pediatrics, I joined the Court Appointed Special Advocates (CASA) chapter in Connecticut. This involves volunteer work with a child who is under the custody or supervision of the state due to concerns of neglect and abuse.

I have also participated in vaccine preparations and administrations, initially with the hospital's mass vaccination sites and currently with Yale's Community Healthcare Van. This mobile medical clinic overcomes traditional medical care barriers by bridging the gap, literally, between patients and medical/social services.

I also enjoy participating in mentoring activities, including helping with workshops for a program at Yale called PATHS (Program to Advance Training in Health & Sciences). Finally, my various hobbies include paddling (I used to paddle with DC Dragon Boat as a postbac), playing the piano, tabletop gaming, reading, and, like many others, I've picked up cooking and baking during the pandemic.

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Former Fellow Follow-up with Calvin Fang, MD-PhD Student
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Any advice for fellows who are just starting out with their MD-PhD program application process?
Having talked to faculty, at least at Yale, the most important thing for the initial screening before interviews is a history of quality research experience and a clear, realistic plan for a future training path that relates to those research experiences.

Have lots of people go over your statements. Talk to people about the story you want to tell for why you want to pursue an MD-PhD program. Not everyone who will interview you or screen your application will be from the same field, school, background, etc. as you are, so it’s important that your message can get across to anyone.

I believe the number of schools people apply to has been increasing over the last few years, but consider that with limited time and energy, the more applications you put out, the lower the quality might be for the secondaries and later the interviews.

When it comes to making a decision, ask yourself if you can see yourself being a part of that community over the next eight years or so. You might have a sense of labs and research you’re interested in, or the type of educational curriculum you want. But pay attention to whether the student body seems to be happy, how you feel about the possible living arrangements, etc. It’s easier to find success somewhere you feel like you belong and are supported.

What advice do you have for MD-PhD applicants who have been accepted into a program and will begin training soon?
Mentorship is, in my opinion, the most important thing by far for a successful training career. Obviously, finding a good fit with a principal investigator is important for research. But there is not going to be one mentor who will be able to address all your training needs. You want to build a collection of people who you can go to for advice and training.

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There are many different flavors of mentorship. You want people who can teach you the actual skills you need, others who are great with networking and can help promote you, people who can guide you through the various institutional systems involved in medicine and science, etc.

Finally, mentoring is not a passive process; you cannot expect your mentors to know what you need. You must be introspective on what you may be lacking as a trainee and proactive about addressing such needs.

How did you find multiple mentors, and practically what does that look like?
In terms of finding mentors, it’s mostly a matter of reaching out. I generally keep an eye out for people who do what I want to do, at any stage. This could involve searching up faculty at my current institution, talking to my colleagues, and more. And if someone says they can’t help me, I always follow up by asking if they know someone who could.

I think more often than not, people are happy to help. When I first started medical school, I emailed a number of physician-neuroscientists to help me get a sense of how best to start my path, and most were willing to find time. Being open about what you’re looking for helps, such as managing work-life balance or how to write a successful grant. Once, during a local paddling event, I mentioned that I was trying to learn about what research and psychiatry could look like in residency, and it so happened a psych resident was there. She helped connect me to faculty leading an appropriate residency program. Also, mentorship doesn’t necessarily have to be one on one; I’ve received advice along with others who have had similar questions in a group setting.

Practically, it depends on what you need and what stage you are at. For myself, I had regular, scheduled meetings with a variety of people for things related to career development or preparing for medical school applications when I was an undergraduate student. Research generally involves meeting with the PI or a senior scientist, which has been true for me as an undergraduate, postbac, and as a current graduate student.
For some things, such as trying to figure out what my future could be, it has been more about hearing a variety of perspectives, as opposed to having continual feedback. I have learned a lot from informal conversations with various people, from more senior students, residents, postdocs, faculty, and people outside medicine and academia. Often, for me mentoring is less a formal process and more a matter of informal advice and information gathering. I generally do prefer face-to-face meetings—or in this day and age video chats—as I can get more from an organic conversation. But the most important factor is having some form of contact.

**What has surprised you the most about your MD-PhD program experience?**
I’m someone who considers the brain to be the most interesting organ by far. It has been nice to have to learn in great detail about the other regions, especially since there is significant crosstalk between the nervous system and other systems, such as the immune system. There are a lot of interesting elements that go into health and disease.

**What has been the most challenging aspect of your MD-PhD program?**
Likely the same thing that’s been the most challenging for most people around the world across the last few years. Specifically, the pandemic occurred right when I was settling into my research and slowed things down quite a bit. Otherwise, I’m not quite a fan of standardized testing, so Step 1 was a chore.

**Were there any workshops or programs at the NIH that helped you prepare for this next step in your education and training?**
The [NIH Office of Intramural Training and Education](https://www.training.nih.gov) was helpful, with plenty of resources for the application process. And though I cannot recall anything specific now, there are plenty of helpful opportunities at the NIH for presenting your work and learning new skills.

**What do you want to do after your MD-PhD training?**
Honestly, I’m still figuring it out. I have always felt that a benefit of the long MD-PhD program is it gives plenty of time to try things and figure out what is best for me. I want to figure out whether to emphasize clinical practice

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or basic science research more. If I were to try to combine the two, I would likely pursue child psychiatry or neurology, with a research program focused on healthy and disordered neurodevelopment. However, I have plenty of other clinical interests, such as primary care, general pediatrics, and family medicine, and I’m interested in areas like policy and community engagement for addressing issues in health. For research, there’s so much to explore and understand about the brain that I can also see myself fully dedicating all my time to the lab.

*Do you have any final tips or thoughts for fellows who are thinking about applying to MD-PhD programs?*
MD-PhD programs require a great deal of time, so it is important to ask yourself if you think you have a strong enough motivation/drive/interest to see it through. That said, I don’t think it is important to feel like you know exactly what your future will look like. I have had colleagues change their research interests, and I’ve seen MD-PhD faculty working in fields that don’t necessarily relate directly to what they studied in school. The key is that programs are trying to build future physician-scientists and offer the required training, which can be used in many different ways. So, in case you think you don’t quite fit the image of a physician scientist, know that there isn’t really a single image of what a physician scientist has to be in the first place.

*Do you have additional questions for Calvin about an MD-PhD training experience? He welcomes your emails at calvin.fang@yale.edu or Tweets @cfang42.*
The Medical School Search and Application Process

By Shana R. Spindler, PhD

“Medicine is not just a career, it is a life choice,” said Triesta Fowler, MD, Director of Outreach and Communication in the NICHD Office of Education, at the beginning of her seminar on the medical school search and application process. During her presentation on February 2, 2022, Dr. Fowler encouraged fellows to approach medical school using a scientific thought process. “Discover the right formula to have the best results,” she said.

The seminar stepped through key variables of that formula. For the hour-long session, Dr. Fowler covered what to consider when choosing medical schools and practical matters to keep in mind when preparing an application.

CHOOSING MEDICAL SCHOOLS

Dr. Fowler emphasized two critical factors when selecting an MD program: desired career path and work-life integration.

There are many careers your degree can be used for, explained Dr. Fowler. She encouraged participants to think about desired experiences or to imagine something that hasn’t been done that you want to pioneer. “Like any good experiment…don’t think outside of the box; think like there is no box,” Dr. Fowler said.

Also important is to define what work-life integration looks like for you. Dr. Fowler reminded fellows to take into account family responsibilities, life goals, and self-care. In particular, she said it’s okay to have goals beyond medical school. It’s okay to say you want to be a doctor and something else, and then to find medical programs that match those desires.

PREPARING AN APPLICATION

For the bulk of her presentation, Dr. Fowler stepped through the practical matters of medical school applications, such as timing, testing, selecting schools, and completing the application process.

Dr. Fowler broke down the application timeline according to the following: January through March is a time to finalize medical school lists, identify your letter of recommendation writers, and prepare/register for a final MCAT attempt if you would like to improve your score. April through June is when you will take the final MCAT attempt and submit applications. By July through September, you will complete secondary applications and go on interviews. October through May is when medical school applications decisions are released, waitlist applicants are notified, and final decisions are made.

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The Medical School Search and Application Process

Dr. Fowler offered a few words of insight to help fellows with the daunting process of finalizing medical school lists. In particular, she told fellows to consider a range of required test scores, financial burdens that you are willing to take on, fields of medicine graduates go into, and where you want to live. If you don’t do well in cold weather or being away from family, don’t apply to schools in cold climates far from home, she said. The US News and World Report Rankings and the Medical School Admissions Requirements (MSAR) database are two key sources for medical school profile information.

Taking the MCAT can be a very overwhelming process. Dr. Fowler emphasized the importance of preparing as early as possible each time you decide to take the test. Other MCAT tips she shared include finding practice platforms that match how you learn best and practicing under real test conditions (such as wearing a mask, if needed, and timing yourself).

Your MCAT score is important, but “more than ever the holistic version of a medical student is being considered,” Dr. Fowler said. In addition to test scores, programs look at preprofessional competencies, thinking and reasoning competencies, and science competencies. Dr. Fowler emphasized that the personal statement is one place where you can think about these core competencies and show admissions committees how your story sets you apart. She mentioned several times that you need to show and reflect. During an interactive portion of the seminar, participants reviewed example personal statements to better understand why showing and reflecting is important. Don’t just tell the committee you want to help people. Describe formative experiences that shaped your career goals and reflect, reflect, reflect.

Letters of recommendation should also be personalized and informative. Dr. Fowler urged fellows to send letter writers unique or specific points about you and your interests. If you want to do community medicine, ask your recommenders to highlight your community service activities. Inform them as much as possible so that they don’t end up sending a “form” letter, which Dr. Fowler said appears very obvious when received.

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The Medical School Search and Application Process
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Your secondary application is another place to elaborate on areas of your profile that you want to draw attention to. But be sure to answer what is asked in secondary applications, Dr. Fowler cautioned. If they ask about your research, don’t talk about community service projects.

Near the end of her seminar, Dr. Fowler reminded everyone that applying to a professional school is an important step in the development of a professional identity. She said that every student should assume that admissions committees will look them up online, which means you need to protect your digital identity. “Be very careful about what you post. Be careful what you link to, what you like, what conversations you get involved in. I cannot emphasize enough how important this is. Please be judicious about this,” Dr. Fowler stressed. Medical schools can, and do, rescind acceptance offers for failure to remain in good standing.

FINDING THE BEST FIT FOR YOU
“Just because it’s the number one medical school in the country doesn’t mean it’s the number one school for you,” Dr. Fowler emphasized at the end of her seminar. “Do your homework! There are many medical schools to choose from. The best thing is to find the best fit for you.”

If you have any questions about this seminar or the medical school application process, please contact Dr. Triesta Fowler at triesta.fowler-lee@nih.gov.
“Ally” in the Merriam-Webster Dictionary can be defined as a noun or a verb. As a noun it is defined as “one that is associated with another as a helper: a person or group that provides assistance and support in an ongoing effort, activity, or struggle.” The definition of ally as a verb is “to unite or form a connection or relation between.” Further, the NIH Chief Officer for Scientific Workforce Diversity (COSWD) site uses the lens of diversity, equity, inclusion, and accessibility (DEIA) to define an ally as “a person of one social identity group who stands up in support of members of another group; typically, a member of a dominant group standing beside member(s) of a targeted group.” It can be a difficult, but worthwhile, endeavor to understand the intersection between the two forms of the word “ally” and how they both play a part when applied to DEIA efforts.

A key component to allyship is first exploring your own identity that is shaped by your life experiences. Then, to determine how your identity is affected by DEIA issues such as power and privilege. This foundation is important to the next step, which is to begin to recognize oppression broadly. The acknowledgment must be accompanied by education and awareness about the effects on a targeted group. Gaining this perspective is essential because often there is a misconception about what it means to be an ally.

The NIH Office of Equity, Diversity, and Inclusion (EDI) featured an infographic (page 14) on its site within an article by Wells and White entitled “Why is Allyship Important?” It shows that while more than 80% of Caucasian employees view themselves as allies to women of color, only 10% of African American women and 15% of Latina women say they have Caucasian colleagues who are strong allies. This difference illustrates that it may be difficult to fully understand what it means to be an ally. People may view themselves as allies, but they may not be doing what is needed for the affected group to view them as allies.

Knowing what to do to ally yourself with a marginalized group can be overwhelming. It requires lifelong commitment and courage, but anyone can be an ally and leverage their privilege. All actions do not have to be on a grand scale but can begin with small deliberate steps that are done with DEIA goals in mind. A good start is to begin building relationships based on trust and accountability with individuals from marginalized groups or with people with a different identity.

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Deconstructing Bias: Allyship
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The journey to becoming an ally is a unique process for each person. Allyship requires intentionally supporting others, holding yourself accountable and remaining flexible when your approach needs to change. Do not forget to be inclusive and mindful that not all groups or even individuals within the same group require the same things to feel included. A quote by Gwenyth R. Wallen, PhD, Chief Nurse Officer and Senior Investigator in the NIH Clinical Center described an insightful way to think about allyship in the NIH EDI article “What is Allyship?” by Samantha-Rae Dickenson. She said, “It is not about ‘paving the way’ for new investigators with common goals but rather to walk the walk with them.”

As you begin your own allyship journey, consider the tips referenced below from Bali White, Principal Strategist, Portfolio for Sexual and Gender Minorities, in the NIH EDI Office on how to get started. Also, noted below are the best practices for allyship recommended by Ashley Wells, Principal Strategist, Portfolio for Native Americans, in an article entitled “A Conversation on Allyship.” Allyship is a worthwhile lifelong practice and is a good first step in determining your role in DEIA efforts.

Tips from Bali:
» Explore your own prejudices
» Promote leadership opportunities to groups who don’t typically occupy those positions
» Encourage others to be allies
» Build alliances among different groups
» Help increase visibility for underrepresented communities to avoid isolation
» Educate yourself about different histories and cultures
» Be a voice for others when groups are targeted and treated unfairly
» Promote leadership among different groups

Best Practices from Wells:
» Listen to others
» Be aware of your implicit biases
» Research and understand groups before building an alliance
» Use your privilege to amplify suppressed voices in society
» Accept criticism with grace
» Be dedicated every day to allyship

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Deconstructing Bias: Allyship

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REFERENCES/RESOURCES/ADDITIONAL READING


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Allyship is a lifelong process of building meaningful relationships based on trust and accountability with marginalized individuals and/or groups of people.

Why is **ALLYSHIP** Important?

### Manager Positions

- **Men**: 62%
- **Women**: 38%

### Entry Level Positions

- **Women**: 48%

We observe a significant difference between the number of women hired and the number of women who make it to the highest levels in the organization.

If men are made aware of their behavior, they are more likely to support **diversity**.

It is important for men to speak up if they notice female colleagues being judged differently from their male colleagues.

### White Employees

- View themselves as allies to women of color: >80%

### Women of Color

- **Black Women**: 10%
- **Latinas**: 19%

Say they have White colleagues who are strong allies.

### Believe Race/Ethnicity Effects Raises & Promotions

- **Black Women**: 49%
- **White Women**: 38%
- **Women overall**: 11%


The Rep Report

By Lauren Walling, PhD

As the current NICHD Basic Sciences Institutes and Centers (IC) Representative, I represent NICHD postdoctoral fellows at the NIH Fellows Committee (FelCom) meeting every month and share the latest news with you here. Do you have a concern or question that you want brought up at the next meeting? Contact me at lauren.walling@nih.gov!

FelCom is looking for new members! FelCom has subcommittees that promote and support postdocs and our NIH community, such as Service and Outreach, Career Development, Social, Health and Recreation, and more. If you are interested in getting involved, please come to our next FelCom meeting (the first Thursday of the month at 4 p.m.) or reach out to me (lauren.walling@nih.gov) for more information.

Did you know that there are several ways to stay informed on postdoc activities and events? You can sign up for the FelCom listserv (Fellow-L) and the Visiting Fellows listserv. There is also an NIH postdoc Slack channel to connect with other postdocs and join social events (sign up with a non-NIH email).

The Visiting Fellows Committee (VFC) announced that the Division of International Services (DIS)/VFC Immigration Symposium will be held on Wednesday, March 9, at 9 a.m. It will include topics such as change of status from J to H visas, the NIH G-7 Program, and COVID impacted travel guidance. Please contact the VFC co-chairs Harrison Daly (harrison.daly@nih.gov) or Aditi Chaurasia (aditi.chaurasia@nih.gov) for additional information about the symposium.

SAVE THE DATE: The 2022 OITE Career Symposium will take place from May 11 to May 13, from 11 a.m. to 5 p.m. each day. It will be held virtually, with over 300 speakers expected to attend. There will be Q&A panels, as well as opportunities to network one-on-one with speakers. Keep an eye on your email; registration will likely open in April!
March Announcements

SHARE YOUR GOOD NEWS HERE!

Have you won an award recently? Or maybe you just accepted a new job offer? We’d love to share your achievements with other NICHD fellows! Please send your good news information to our editor, Dr. Shana Spindler, at shana.spindler@nih.gov. Let’s celebrate together—we could all use a little good news in our lives.

CONGRATS TO NICHD GRADUATE PARTNERSHIP PROGRAM (GPP) GRADUATES

Every year, GPP graduates are recognized at the annual NIH-wide Graduate Student Research Symposium. At this year’s Graduate Ceremony event on February 17, 2022, NICHD graduate student Joshua Randall Freeman, PhD, MPH, received his certificate for the successful completion of his dissertation research.

Dr. Freeman studied under the mentorship of Dr. Sunni L. Mumford, Epidemiology Branch, NICHD, and Dr. Brian W. Whitcomb, Department of Biostatistics and Epidemiology, University of Massachusetts, Amherst. His dissertation research, entitled “Sleep, reproduction, and pregnancy,” focused on the role of sleep characteristics during the preconception period in reproductive health outcomes among women. These outcomes included reproductive hormone levels and anovulation, time-to-pregnancy, live births, pregnancy loss, and adverse pregnancy outcomes.

Dr. Freeman continues his work as a postdoctoral fellow at the National Cancer Institute, evaluating the role of self-reported and accelerometry-measured sleep in cancer outcomes.

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March Announcements
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INTRODUCTION TO THE PRINCIPLES AND PRACTICE OF CLINICAL RESEARCH (IPPCR) COURSE
Interested in expanding your clinical research knowledge base in 2022? Registration for the 2021–2022 NIH Introduction to the Principles and Practice of Clinical Research (IPPCR) course has open enrollment.

This free, self-paced, online course (40 lectures, ranging from 15 to 90 minutes each) is open for registration until July 1, 2022 (final exam completion by July 28, 2022). Graduate students, clinical fellows and post-doctoral fellows are encouraged to enroll now.

The IPPCR course is a lecture series from thought-leaders around the world covering:
» Study designs, measurement, and statistics
» Ethical, legal, monitoring, and regulatory considerations
» Preparation and implementation of clinical studies
» Communication of research findings and other topics

To register, please visit the IPPCR website at https://ocr.od.nih.gov/courses/ippcr.html. If you have any questions, please contact ippcr2@mail.nih.gov.

PRINCIPLES OF CLINICAL PHARMACOLOGY (PCP) COURSE
The PCP course is a free online lecture series covering the fundamentals of clinical pharmacology as a translational scientific discipline focused on rational drug development and utilization in therapeutics. Topics covered in the course include pharmacokinetics, drug therapy in special populations, drug discovery and development, and pharmacogenomics.

The course is free, self-paced, and entirely online through the PCP website.

The course will be of interest to graduate students, postdoctoral fellows, and clinical fellows interested in expanding their pharmacology knowledge base. For additional information on the course, please visit the website above or contact odpcp@mail.nih.gov.

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CLINICAL RESEARCH CURRICULUM CERTIFICATE (CRCC)
Are you interested in a career in clinical or translational research? Do the “Introduction to the Principles and Practice of Clinical Research” and “Principals of Clinical Pharmacology” courses sound intriguing to you? If you answered yes, consider the NIH Clinical Research Curriculum Certificate (CRCC) program.

Certificate program participants will acquire in-depth knowledge of:
» Clinical trial design
» Ethical concerns and human subject protections
» Regulatory aspects of clinical research
» Responsibilities of the clinical investigator

The NIH Office of Clinical Research will issue a formal certificate to those who successfully complete the required components of the Clinical Research Curriculum.

For CRCC requirements, please visit: https://ocr.od.nih.gov/crcc.html.

SAVE THE DATE: POSTBAC POSTER DAYS (ALL VIRTUAL)
Tuesday–Thursday, April 26–28; Register by March 31

Postbac Poster Days provides an opportunity for NIH postbacs to discuss their research projects and at the same time develop their communication and networking skills. For more information, please visit https://www.training.nih.gov/virtual_postbac_poster_day.

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THIS MONTH! SEEKING YOUR INPUT ON BIOMEDICAL WORKFORCE DIVERSITY

The Scientific Workforce Diversity (SWD) Committee, part of NICHD’s StRategies to enRich Inclusion and achieVe Equity (STRIVE) Initiative, is hosting a series of listening sessions with external stakeholders who are committed to the recruitment and retention of diverse individuals as trainees or investigators in medicine or biomedical research. **We need your insights, expertise, and ideas!**

» Our aim is to better understand how we can improve the diversity of the investigators and trainees who conduct NICHD-supported research.
» Each session will be an interactive exchange focused on how NICHD can support the career development and trajectory of individuals who are underrepresented in the biomedical and public health research workforce.
» During the sessions, participants will have the ability to discuss issues and challenges facing institutions, researchers, and trainees in creating a diverse scientific workforce and enhancing inclusion in the research community.

The sessions will inform an upcoming workshop hosted by the STRIVE SWD Committee, “A Pathway to Enhancing Workforce Diversity,” to be held later this Spring. Additional details for this workshop will be sent in the coming weeks.

Please find the schedule of listening sessions below. All NICHD staff and trainees are welcome to attend, and we encourage you to pass the invitation along to your community and external partners.

» **Listening Session 1**
  Trainees (Undergraduates, Graduate Students, Postdocs) and Early-Stage Investigators
  Tuesday, March 22, 1–3 p.m. ET

» **Listening Session 2**
  Established Research Investigators and Program Directors, Academic and Research Program Leaders, Professional and Scientific Organizations
  Thursday, March 24, 1–3 p.m. ET

Register now to attend these sessions. If you have any questions or are unable to attend the listening sessions but want to provide input or a question to be considered, email the STRIVE inbox.

If you are interested in writing an article about the STRIVE listening session series for *The NICHD Connection*, please contact our newsletter editor Dr. Shana Spindler at shana.spindler@nih.gov.
March Events

TUESDAY, MARCH 22, 1–3 PM
STRIVE Listening Session 1: Trainees and Early-Stage Investigators

During this session, participants will have the ability to discuss issues and challenges facing trainees and early-stage investigators in creating a diverse scientific workforce and enhancing inclusion in the research community.

See March announcements for a full description of STRIVE listening session events. Register now to attend. If you have any questions or are unable to attend a listening session but want to provide input or a question to be considered, email the STRIVE inbox.

THURSDAY, MARCH 24, 1–3 PM
STRIVE Listening Session 2: Established Research Investigators and Program Directors, Academic and Research Program Leaders, Professional and Scientific Organizations

During this session, participants will have the ability to discuss issues and challenges facing institutions and established researchers in creating a diverse scientific workforce and enhancing inclusion in the research community.

See March announcements for a full description of STRIVE listening session events. Register now to attend. If you have any questions or are unable to attend a listening session but want to provide input or a question to be considered, email the STRIVE inbox.

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March Events

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MARCH AND APRIL

Three-Minute Talks (TmT) Individual Coaching/Practice Sessions with Scott Morgan

Practice your talk and obtain feedback on oral presentation skills and speech development.

This event requires registration. For more information, please contact Katherine Lamb at katherine.lamb@nih.gov.

The NICHD and NIH TmT competitions will be held in early June and during the last week of June, respectively. Dates to be announced in the coming weeks.

ONGOING EVENTS AROUND CAMPUS

NIH-Wide Office of Intramural Training and Education (OITE) Events

For more information and registration, please visit Upcoming OITE Events.

NIH Library Training and Events

For more information and registration, please visit the NIH Library Calendar.