

Diversity, Equity, Inclusion, and Justice

It Takes a Village: Guidance on Mentoring Black Residents and Fellows

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The Accreditation Council for Graduate Medical Education (ACGME) focused on the value of elevating diversity at the institutional and program levels by including a diversity and inclusion policy in their common program requirements. This policy states that programs “must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents, fellows (if present), faculty members, senior administrative staff, members, and other relevant members of its academic community.”¹

A.S. is a 29-year-old Black male resident. He did well on all of his medical school courses, rotations, and USMLE examinations. He is excited and eager to start his training. A.S. has worked diligently and made personal sacrifices to advance to this point. He made the cut; he reached the milestone of starting residency—a pinnacle that some peers did not reach. What is the “hidden curriculum” of being a Black man in residency? What can his residency program implement to position him for successful matriculation?

Mentoring as a Strategy

Mentoring is one of the most valuable resources for supporting an academic career.² It is defined as a “steady, long-lasting relationship designed to promote the mentee’s overall development.”³ Mentoring creates a platform to build lasting professional and personal relationships, the opportunity to receive career guidance based on the experience of others, ready access to an objective opinion on various scenarios and dilemmas, and a relationship with a trusted person who can identify potential pitfalls.

Mentoring is particularly important when focusing on the career trajectories of historically underrepresented minority (Black, Hispanic, or Native

American) medical students, residents, and fellows.⁴ In academic year 2018–2019, 8% (1767) of medical students were Black, 4% (6184) of graduate medical education trainees were Black, and 5% (45 534) of practicing physicians were Black, whereas Black individuals comprised 13% of the US population.^{5–10} This article focuses on the mentoring of Black residents and fellows, specifically.

Lessons From the Village

We have a combined 12 years of experience in leading different mentor programs for underrepresented minority (URM) pre-medical students, medical students, and residents. We have experienced the successes and learned from missteps while forging a path for these programs. As Black women, co-directors of diversity and inclusion in our respective departments, and recipients of multiple mentoring relationships, we have mentoring experience and add unique perspectives and insights into how to mentor Black residents and fellows, specifically. We offer the following advice to organizations or institutions that are considering initiating a mentor program for Black residents or fellows:

1. *Buy-In.* It is key to have buy-in at multiple levels of an organization—senior administrative, management, and staff levels. Securing buy-in is critical to the efficient operation and sustainability of any organizational program.
2. *Collaborate.* Collaborative efforts can reduce workload and facilitate camaraderie. As an African proverb states, “If you want to go fast, go alone. If you want to go far, go with others.”
3. *Build.* Build a network of mentors. Rely on the expertise of this network when needed. For example, if you are a non-URM mentor and do not feel comfortable addressing certain topics because you have not experienced them, you can reach out to your network and facilitate

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connections between your mentee and your networked mentor.

4. *SMART goals.* To maximize the mentoring relationship, faculty mentors should assist mentees with identifying SMART (Specific, Measurable, Attainable, Relevant and Time-bound) professional, personal, and/or career goals.¹¹
5. *Match.* In addition to encouraging residents or fellows to cultivate mentoring relationships, *facilitate* the matching process. Residents may feel that they are being a burden when they ask for a mentor; lack of facilitation may leave URM residents unmatched. Base the match on a mentee's needs assessment survey and delineated goals. To ensure that the relationship operates at its maximum effectiveness, allow opportunities for reassessment of needs—and rematch if needed. URM residents may prefer to be matched with race concordant mentors, as these mentors can provide valuable insight and coaching based on similar experiences. However, if matching with a URM faculty member is not possible or does not meet the mentee's needs assessment, the mentor should be aware of the nuances of mentoring a URM resident.
6. *Training.* Offer training to *all* faculty on how to effectively mentor Black residents. This instruction should include training on how to minimize implicit bias, information on challenges that are specific to Black residents, and information on cultural awareness. Mentoring underrepresented minorities requires unique strategies given the barriers that they face—including imposter syndrome, pressure to perform due to being the “face” of diversity, dealing with microaggressions and macroaggressions, paying a minority tax, and lack of representation.^{12,13}
7. *Candid feedback.* The program lead should meet with the mentees in the program individually to discuss their experiences and provide any support that may be needed. The program lead should listen with an open mind. There should also be a confidential survey given to mentees so that they may provide anonymous feedback.
8. *Difficult topics: Create opportunities for open conversations around difficult topics.* This can be done in an informal group setting. The lead's role is to create and maintain a safe and

respectful space, model active listening, and learn.

9. *Faculty promotion:* Programs and institutions should recognize the diversity work that URM faculty accomplish by including it in promotion criteria. Not doing so leads to the minority tax, which is the burden of extra responsibilities placed on URM faculty in the name of diversity.¹³ Diversity work may take such forms as formal or informal mentoring of URM residents; representing their departments in internal and external meetings; creating departmental strategic plans, initiatives, and curricula; and initiating or participating in recruitment and retention efforts—in addition to primary job responsibilities. URM faculty often operate willingly and tirelessly in these various capacities to help URM residents navigate through potential pitfalls. We suggest that these diversity efforts be included in faculty promotion plans. This inclusion would help to decrease burnout of URM faculty mentors who may be singled out for multiple diversity efforts and would ensure that they are compensated and recognized for time and expertise expended to guide these young, talented physicians.
10. *Elephant in the room.* If you are serving as a mentor to a URM resident or fellow and are not a minority, be open about your own position and identity, and be aware of your privilege and how you navigate it. Be vulnerable. Do not pretend your struggles are the same as your URM mentee or that you know what it is like to grow up as a minority in a society of structural inequality and institutionalized racism.

A Great Example

An example of a formal mentoring program is the Kennedy-Hopkins Scholars Mentor program at Wake Forest Baptist Health. The program is available for residents and fellows at any postgraduate year level, and the mentoring relationship can continue for as long as desired. This program was designed to close the professional and personal support gap for URM mentees. Faculty in the program volunteer to mentor these young clinicians. Mentor/mentee matches are facilitated by program administration based on mentor/mentee professional or personal interests. Training materials for mentors are currently provided via institutional resources and scholarly articles.

At the beginning of his intern year, A.S. was automatically matched into the Kennedy-Hopkins Scholars Mentor Program. He was paired with a mentor who answered questions, offered advice and guidance, and helped him navigate life at the institution. When asked about the mentoring experience, A.S. responded that having a mentor “creates a buffer between the errors I could make and the resulting consequences.” He further explained that having a mentor “helps flatten the learning curve; the learning curve is steep.” Because A.S. had a mentor, he was able to match into a competitive fellowship and later returned to his residency site to become faculty—all while maintaining communication with his mentor. His decision to return to where he completed residency was based largely on the relationship that A.S. had with his mentor. As faculty, A.S. provides mentorship to other residents in turn.

Conclusion

We strongly encourage institutions and residencies to develop formal mentoring programs for Black and other URM trainees, as well as to support the faculty engaged in this mentoring. Doing so will empower residents such as A.S. and will likely augment recruitment and retention.

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