

Mentoring Underrepresented Minority in Medicine (URMM) Students Across Racial, Ethnic and Institutional Differences

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Abstract: Cross cultural mentoring for underrepresented minority in medicine (URMM) students has increased significance. It is especially important for non-URMM faculty and others from different backgrounds, ethnicities and cultures to know how to provide mentorship for URMM student success. This article provides approaches to mentorship for URMM students. Recommendations include mentoring around scholarly projects, identifying mentorship role, acknowledging personal attributes for mentoring, addressing racism, stereotypes and bias, collaborating with Historically Black Colleges and Universities and being attentive to the unique needs of URMM students.

Keywords: Underrepresented minority in medicine students ■ mentorship ■ academic medicine

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Black, Latino and Native American physicians continue to be underrepresented in academic centers. As we grapple as academics to find ways of increasing the numbers of underrepresented minorities in medicine (URMM), better ways of addressing the problem of individual mentorship for this group are needed. Literature has shown that URMM faculty members suffer from misalignment of professional goals with institutional mission,¹ barriers to career advancement^{2,3} and limited mentorship.⁴ The challenge for mentorship of URMM students exists as well. While there is literature on mentorship and personal connections from other disciplines^{5–7} there is little in the medical literature about cross-cultural mentoring of URMM medical students. Due to lower numbers of existing URMM faculty members,⁸ cross cultural mentoring for URMM medical students has increased significance.

How does a non-URMM faculty member mentor a learner who may be culturally different and have different views of the world? Not only that, how does a non-URMM faculty member relate to a student who may feel isolated and invisible by academic medicine; or relate to racism/sexism/homophobia as experienced by the learner? Understanding different roles of mentorship may help us

figure out how to increase URMM learner academic success. In this commentary strategies are discussed that may be useful for cross-racial mentoring of URMM students in medical education.

Kathy Kram's career mentoring work⁹ provides insight to help us understand what can help URMM success in academic medicine. As part of her broad portfolio of work, she and her team have defined career-mentoring roles as a way of organizing the work of a mentor. This construct has particular usefulness for non-URMM to URMM mentoring relationships and can be applied to cross-racial mentoring of URMM students.

The mentorship roles described in her model are Sponsorship (opening doors, providing resources and opportunities), increasing Exposure & Visibility, Coaching, Protecting from Adverse Forces and providing Challenging Assignments.¹⁰ This approach gives very defined roles to the mentoring relationship and can create tangible goals and for the mentee. Underrepresented minority in medicine faculty members are tenured and in tenure earning tracks less often and are less likely to hold leadership positions in academic medicine.¹¹ Thus, their reach in mentorship roles may be limited. Limited reach for URMM faculty members indicates that ongoing faculty equity work is needed to increase mentorship capacity of this group. However, even when sponsorship from URMM faculty members is not readily available, virtually any faculty member, including non-URMM faculty members, can sponsor URMM students, open doors for them, and provide them with resources and opportunities.

Also helpful in the quest to inform cross-racial and cross-cultural mentoring, are data from URMM faculty mentoring programs. These data can help us draw views about URMM student mentoring. In a systematic review of mentoring programs for underrepresented minority faculty members in academic medical centers,¹² Beech and colleagues noted scholarship as a measure of program effectiveness. Also mentioned was limited time for the mentee-mentor relationship, limited time restricted funding, challenges in addressing mentoring needs unique to minority faculty members and insufficient assessments due to limited involvement. Findings from this study are helpful in that they give voice to needs of the mentoring-

mentee relationship that have importance for non-URMM faculty members mentoring URMM students. There is a need for a scholarly approach that is based on a deliverable that may lead to national presentation or publication, or at minimum a student role on a specified project. Simply stated, one kind of mentoring involves Non-URMM faculty members mentoring URMM students around scholarly projects when time and resources permit. Some scholarly projects don't require extramural funding and can be done on small budgets at the institutional level. Funding for larger projects could be driven by faculty incentives, grants or foundational monies. Having adequate time for interaction needs to be carefully considered as well as ensuring that a critical mass of URMM students are supported.

Addressing the challenge of critical mass may involve looking at cross-institutional mentoring for URMM students as well as other non-traditional methods or frameworks. Institutional differences affect resource availability for URMM students. To promote mentorship of URMM students, non-URMM faculty members, especially those at Predominantly White Institutions (PWIs), should collaborate with Historically Black Colleges and Universities (HBCUs). There is evidence that minorities who train at HBCU undergraduate institutions can perform as well as non-minorities in medical school when it comes to graduating and matching in residency programs¹³ and HBCU's can be rich in educational and mentorship resources. Historically Black Colleges and Universities that train medical students have a history of increased representation of URMM, especially among faculty members and department chairs.^{14,15} Increased presence of URMM faculty members means that more can be learned about race concordant relationships that can be applied to race discordant relationships and faculty members at HBCUs may be willing to help provide cross-institutional mentorship as well.

In a systematic review of qualitative research on characteristics of mentoring in academic medicine, Sambunjak and colleagues explored the mentoring relationship.¹⁶ Their work was not specific to URMM students and as such has limited applicability. Of the papers that they found, most discussed the initiation and cultivation of the mentorship relationship. The authors used thematic and grounded theory approaches to their work from which several themes emerged relevant to cross cultural and cross-racial mentoring. Appreciating that differences in gender and race/ethnicity can enhance the mentoring relationship was mentioned. These differences need to be explored and appreciated at the initiation of the mentorship relationship and not ignored or dismissed. In order for the mentoring relationship between non-URMM faculty members and

URMM students to thrive, individuality must be appreciated. Historical injustices, institutional racism and privilege must be talked about in a very open and honest way, with the intent of building from hurts and mistrust that commonly accompanies race discordant relationships.

Cultivating the mentoring relationship also requires dedication to the mentee beyond the mentor's personal agenda. The authors go on to say that mentors should know what kind of mentor they want to be and acknowledge personal strengths and limitations brought to the mentoring relationship. Similarly, the mentee and mentor should agree on strengths and weaknesses of both parties, with the non-URMM faculty member being keenly aware of his or her potential weaknesses when it comes to issues of racism, stereotype threat or privilege.

Attentive listening, determination of needs and a sincere commitment to personal and academic growth were noted in this study. These traits are needed for any mentoring relationship. Because many URMM students have social stressors in addition to academics, it is important that the non-URMM faculty member be even more supportive, and have access to resources that can be helpful.

In conclusion, helpful advice for non-URMM faculty mentoring URMM students includes mentoring around scholarly projects when possible, identifying which mentorship role best fits the relationship, acknowledging personal strengths and weaknesses for mentoring, addressing racism, stereotypes and bias, collaborating with HBCUs around cross institutional mentorship and being attentive to the unique needs of URMM students. More research needs to be done to help provide guidance in this area for medical schools. A systematic review of the literature concerning cross-cultural mentorship of URMM students would prove useful. Until then, tools currently available should be used to provide the best advice and guidance.

REFERENCES

1. Pololi, L., Kern, D. E., Carr, P., Conrad, P., & Knight, S. (2009). The culture of academic medicine: faculty perceptions of the lack of alignment between individual and institutional values. *J Gen Intern Med*, 24(12), 1289–1295.
2. Cora-Bramble, D., Zhang, K., & Castillo-Page, L. (2010). Minority faculty members' resilience and academic productivity: are they related? *Acad Med*, 85(9), 1492–1498.
3. Pololi, L., Cooper, L. A., & Carr, P. (2010). Race, disadvantage and faculty experiences in academic medicine. *J Gen Intern Med*, 25(12), 1363–1369.
4. Pololi, L. H., Evans, A. T., Civian, J. T., et al. (2015). Mentoring faculty: a US national survey of its adequacy and linkage to culture in academic health centers. *J Contin Educ Health Prof*, 35(3), 176–184.

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