Mentorship Program Resources: Success/Vulnerability in Medicine; Mentorship Relations

GENERAL RESOURCES {for both mentors and mentees}

BLOGS/JOURNAL ARTICLES:

In-Training: The Agora of the Medical Student Community

{Short; 5-10 minute read}
  o A first-year medical student at University of Arizona-Tucson discusses her “patient zero” and the importance of active instruction about the importance of vulnerability in medical school. Medical students learn about every vulnerable intricacy of the body and how to keep people alive, but receive little to no training about the humanity of death and loss on the job. Medical professionals must recognize the toll of carrying the responsibility for others’ lives on a daily basis.

https://in-training.org/empathy-or-compassion-which-is-better-for-patients-20971
{Short; 10-15 minute read}
  o A fourth-year medical student at University of South Florida Morsani College of Medicine explores the concepts of empathy and compassion, and makes an argument for more compassion and less “empathy fatigue” as a medical professional. Having compassion creates an emotional distance that allows one to help their patients effectively and still consider the emotional distress their patients face.

https://in-training.org/the-family-meeting-20300
{Short; 10-15 minute read}
  o A fourth-year medical student at Sidney Kimmel Medical College within Thomas Jefferson University recounts his first experience with the difficult conversation updating the family of a dying patient. As a medical student one must consistently adapt to the specific expectations of each new resident/attending they work with and the new environments they are placed in. There is no “perfect” version of quality care in medicine, and vulnerability is complex but necessary to feel connected to patients as human caretakers.

{Short; 10-15 minute read}
  o Tehreem Rehman and Jes Minor, both students the Yale School of Medicine, explore the concepts of microaggressions and institutional bias. They started a website called Systemic Disease, an anonymous community that uses storytelling to raise awareness about bias in medicine. Institutional bias in medicine affects medical students and professionals, and has real impacts on public health issues as well.

Narath.io


December 4, 20
Narah Carlile is a physician and curates articles on this blog that explore the importance of quality care for all. This post is about how to make the most of your experiences during the pandemic as a medical professional, and shows what you can control, what you can influence, and what you should let go of during this time as a health care provider.

**The ACP Internist**

This article shares ten strategies for monitoring your well being as medical professional during the pandemic. There are a few shifts you can make to your mindset that will allow you to focus on what really matters to you during this difficult time.

**Annals of Internal Medicine** (Journal published by Academic College of Physicians)
[https://www.acpjournals.org/doi/10.7326/M20-4113](https://www.acpjournals.org/doi/10.7326/M20-4113)

A fourth-year medical student at the Robert Larner College of Medicine recounts his experiences as a Black man in America as he returned to school in Vermont from Chicago during the pandemic and the height of the riots surrounding systemic racism in this country. The fear of being seen as someone who belongs in the hands of the police is a real, constant stressor for Black people in America, and the author explores the “intersecting crises in public health, the economy, and social justice.”

**American Medical Association**

A global pandemic brings public health realities to the forefront of medical education, which creates a new focus to the medical education curriculum on how to apply content to current challenges. The system of residency has had to adjust to the current challenges of the pandemic, and educators have a new understanding of the necessity to provide support for students beyond education as the result of social and political unrest in response to systemic racism.

**In-House: The Agora for Medical Residents and Fellows**

Chase Anderson, a child and adolescent psychiatry fellow at the University of California, San Francisco, discusses the biases that the medical community continues to impose on minorities. The silencing of underrepresented voices is normalized in academic medicine. Anderson writes that he had to fight back against racism and homophobia that resulted
from the bait and switch tactics that his place of residency used, giving him false hope for a diverse working atmosphere. Underrepresented medical professionals need to be treated as “more than a diversity statistic”.

SGU Pulse Medical School Blog

https://www.sgu.edu/blog/medical/pros-discuss-the-importance-of-diversity-in-health-care/ {Short; 5-10 minute read}

- St. George’s University Medical School Blog (SGU Pulse) discusses the real impact of demographics of medical professionals. Diversity in medicine has many facets–not just diversity in languages. It is necessary for medical students to be taught how to contextualize their patients according to their complex realities (cultural relativism/intersectionality). A homogenous system cannot provide quality care to a greatly diverse array of patients.

Advisory Board

https://www.advisory.com/daily-briefing/2017/02/28/med-school-application {Short; 5-10 minute read}

- Tour For Diversity in Medicine was started by Black and Latin medical professionals looking to increase representation of medical students. The goal is to connect students with professionals who have already navigated the medical system and the application process.

Stanford University: Tomorrow’s Professor Postings

https://tomprof.stanford.edu/posting/1824 {Short; 10-15 minute read}

- This discussion of the many factors that contribute to the student debt crisis for Black students is timely; it shows that there are real consequences to structural inequalities that are created by systemic racism. Black students are more likely to borrow money and the amount they need to borrow is much greater, which sets Black students up with less financial stability and the potential for serious negative financial outcomes.

PODCASTS:

The Nocturnists

https://thenocturnists.com/the-nocturnists-black-voices-in-healthcare

- A podcast series by The Nocturnists that amplifies Black voices and stories in healthcare in 2020. The pandemic disproportionately affects minorities, and this series focuses on stories that empower listeners to have honest conversations about race and racism in medicine. Stories create connection and this series has created a community for Black healthcare voices. There are nine episodes, all about 30-40 minutes each, and the tenth episode is an hour-long conversation between the podcast creators as they reflect on the stories shared. There are stories of Black joy and pain, and stories of home and hope, as
well as the realities of systemic racism in the everyday aggressions that Black medical professionals experience.

{Short; 40 minutes}

This special episode of the Nocturnists features Dr. Lucy Kalanithi, an internist at the Stanford School of Medicine and an advocate for the need for cultural change surrounding end of life care. Lucy Kalanithi wrote the epilogue for her late husband Paul Kalanithi’s book *When Breath Becomes Air*. This interview covers diagnosis and identity, mortality, suffering, and connection. She explores the importance of the relationship between a physician and a patient, and how doctors themselves as people are the medicine, yet often there is barely enough time for a consultation, let alone consistent check-ins for the patient to feel known/seen. Human connection matters and as the interviewee states, it is necessary for physicians to have professional social bonds that allow them to be vulnerable.

The Curbsiders Internal Medicine Podcast with Matthew Watto MD, Stuart Brigham MD, and Paul Williams MD

{Long; 1 hour and 15 minutes}

This episode is a discussion about the ways the pandemic affects gender and equity in medicine. The guests include Dr. Kelly Graham, an academic general internist, and Dr. Lekshmi Santhosh, who specializes in pulmonary and critical care medicine with a focus on medical education. Both guests explore personal and professional challenges that women in medicine face during the pandemic. Both women are working mothers and explore the microaggressions they have faced as female medical professionals, and how they have had to forge their own paths. They both share advice they would give their younger selves about multi-hyphenate identities and dealing with failure and unexpected challenges.

https://thecurbsiders.com/podcast/196-refugee
{Medium; 50 minutes}

Dr. Tanuja Devaraj discusses refugee health in the primary care setting. She covers topics like how to take a migration history, barriers to refugee health, and mental health in the refugee population. Finding common ground and listening to your patients is key to providing quality care for refugees that may not have a full understanding of the health care system. The terminology for mental health conditions may not exist in refugee patients’ understanding of wellness.

{Long; 1 hour}

This interview with Dr. Vineet Arora focuses on women in medicine and the need for more representation of women in academic medicine leadership positions. Dr. Arora is a Professor of Medicine at University of Chicago and the Assistant Dean for Scholarship and Discovery. She gives advice about how to self-advocate in a meaningful way and the importance of mentorship and sponsorship. The discussion also covers how promotional schedules often take place during prime childbearing years, which is a barrier for most
women that choose to be mothers. Implicit bias has real consequences for representation and the first step toward change is being open to conversations about gender inequities.

American Medical Student Association Ad Lib

https://podcasts.apple.com/us/podcast/70-balancing-med-school-with-advocacy/id1013473660?i=1000384322361 {Medium; 30 minutes}

- Prioritizing medical school and advocacy simultaneously is possible. You can incorporate your passion for social justice into your passion for medicine. So many social issues have consequences for individual health. The president of AMSA explains how she became involved and how she made time for both medical school and advocacy. She shares how her advocacy helped her to remember why she wanted to be in medical school and kept her going.


- Dr. Aliye Runyan talks about challenges within the health care system that are not conducive to reflection and provides some strategies for how to improve this and have good habits that allow you to make time for reflection. Yoga and meditation are often used as tools for escape, but in order for these practices to make a difference in your life they must influence your daily mindset. Medical professionals are not often encouraged to get in touch with their spirituality and the feeling of having a calling to serve in medicine.

https://podcasts.apple.com/us/podcast/episode-10-turning-passion-into-motivation/id1013473660?i=1000374492560 {Short; 10 minutes}

- Medical students should be encouraged to pursue their interests within the field in order to continue to feel connected to their practice and push through adversity. There is a need for a larger focus on the humanity of the medical profession and the ways that medical professionals help as many people as they can through policy and practicing medicine.

Docs Outside the Box


- Often the responsibility to advocate for culturally competent care for minority patients falls on the shoulders of minority doctors. In order to find a way to address health disparities, there must be changes made in all aspects of life (systemic racism, inequities between communities, etc.) The episode discusses how racism affects doctors personally and professionally, and growing health disparities. Emergency Medicine/Internal Medicine/Family Medicine.

The Undifferentiated Medical Student
Ian Drummond, a fourth-year medical student, explores the life histories and the real examples of what a typical day looks like for experts within various specialties as he begins to decide his own path in medicine. Episodes range from 1-2 hour interviews.

The Medicine Mentors Podcast

https://themedicinementors.libsyn.com/thinking-strategically-about-mentorship-with-dr-vael-schenker {Short; 20 minutes}

- Practical advice and personal experience of current Director of the Palliative Research Center at University of Pittsburgh. Medicine is not an independent journey— you learn through practice and consistent feedback. Figure out what motivates you and find ways to re-energize yourself in your work. The discussion also explores how you can get the most value out of your mentorship experience.

https://themedicementeors.libsyn.com/being-ready-when-the-door-opens-with-dr-robert-bacallao {Short; 20 minutes}

- Robert Bacallao, MD, is a Professor of Medicine and an Adjunct Professor of Anatomy, Cell Biology & Physiology at the Indiana University School of Medicine. He shares the importance of being open to and prepared for new opportunities and to see the value of interdisciplinary medicine. Sometimes the new perspective you need comes from another field, and being able to embrace this is key. Friendships bring you closer to finding out where you want to be.

RESEARCH ARTICLES:

Racial and Ethnic Minority Medical Students’ Perceptions of and Interest in Careers in Academic Medicine (same author as book provided to all participants) {Medium; 8 pages}
https://journals.lww.com/academicmedicine/Fulltext/2013/09000/Racial_and_Ethnic_Minority_Medical_Students_.35.aspx

- A study in 2010 surveyed medical students at three national medical student conferences about their career paths and found that the majority of Black and Hispanic students felt individual and institutional challenges were preventing them from finding success in academic medicine specifically. There is a need for inclusive strategies and mentorship in medicine for the underserved.

Race/Ethnicity and Success in Academic Medicine: Findings From a Longitudinal Multi-Institutional Study {Short; 6 pages}
https://journals.lww.com/academicmedicine/fulltext/2018/04000/race_ethnicity_and_success_in_academic_medicine_.43.aspx

- The survey conducted as a follow up to the National Faculty Survey showed that the underrepresented groups in medicine report lower numbers of peer reviewed publications and promotions, and lower rates of satisfaction and retention in academic medicine.

The Case For Diversity In The Health Care Workforce {Medium; 12 pages}

December 4, 2020
The institutional changes necessary for more success in medicine for the underserved can and should be present in early education before medical school. Despite improvements, health disparities persist. Reform is necessary to provide quality care for all patients, as it would increase access to underserved populations and create more culturally competent medical professionals. The article also presents an argument for the importance of affirmative action.

Educational Benefits of Diversity in Medical School: A Survey of Students {Short; 7 pages}
file:///Users/Mandy/Downloads/Educational_Benefits_of_Diversity_in_Medical.7%20(1).pdf

This study researched students’ perceptions of the value of diversity in medical school and among medical professionals at two medical schools (Harvard and University of California, San Francisco). The majority of students supported affirmative action and recognized the importance of representation in the medical sphere.

OTHER GUIDES:

AAMC Guides-Tools and Resources for First-Generation Medical Students and Advisors of First-Generation Medical Students
https://www.aamc.org/professional-development/affinity-groups/gea/first-generation-students
https://www.aamc.org/professional-development/affinity-groups/gea/advisors-first-generation-medical-school-students

These guides created by the AAMC provide resources for academic support, professional development and career mentorship, and emotional and financial support available for first-generation medical students, and advisors working with first-generation medical students. They cover mentorship in medicine, places to go with questions and ideas, and ways that your academic medical community can create workshops/safe spaces for first-generation medical students, with examples of what other schools are doing.

Together We Learn: Resources for our Journeys in Justice and Inclusion
https://researchguides.uvm.edu/c.php?g=1083620&p=7898908&preview=c2282f44db630788f4a793e31de71795

This University of Vermont Research Guide is an invaluable curated collection of resources similar to this list, which features blogs, articles, books, videos, podcasts, and other resources about anti-racism efforts, in the world of academic medicine and beyond.

GENERAL RESOURCES {for mentors}

Twelve Tips for Interfacing With the New Generation of Medical Students

Technology impacts the ways that incoming medical students learn and interact with the world. These strategies are ways for professors and mentors to modify learning environments/the vehicles for learning that benefit the new technological generation of medical students. This article empowers the positive sides to increased use of technology.
and encourages educators to find new ways to make learning content meaningful moving forward.


https://www.amazon.com/Equal-Access-Student-Disabilities-Professional/dp/0826182224

https://store.aamc.org/downloadable/download/sample/sample_id/249

○ This guide is a valuable resource for educators working to serve students with disabilities within the medical field. It discusses disability as an accepted form of diversity, and various changes to the ways that academic medicine understands, discusses, and caters education to medical students with disabilities. It includes the most up-to-date practices for faculty. The AAMC addresses the lack of focus on disability as a form of diversity in the medical field in Accessibility, Inclusion, and Action in Medical Education: Lived Experiences of Learners and Physicians with Disabilities. It calls for disability to be addressed in diversity and inclusion efforts, and shares real experiences of members of the medical community with disabilities. It provides a personal and vulnerable look at the work that is still needed to make medical students and professionals feel valued and seen.