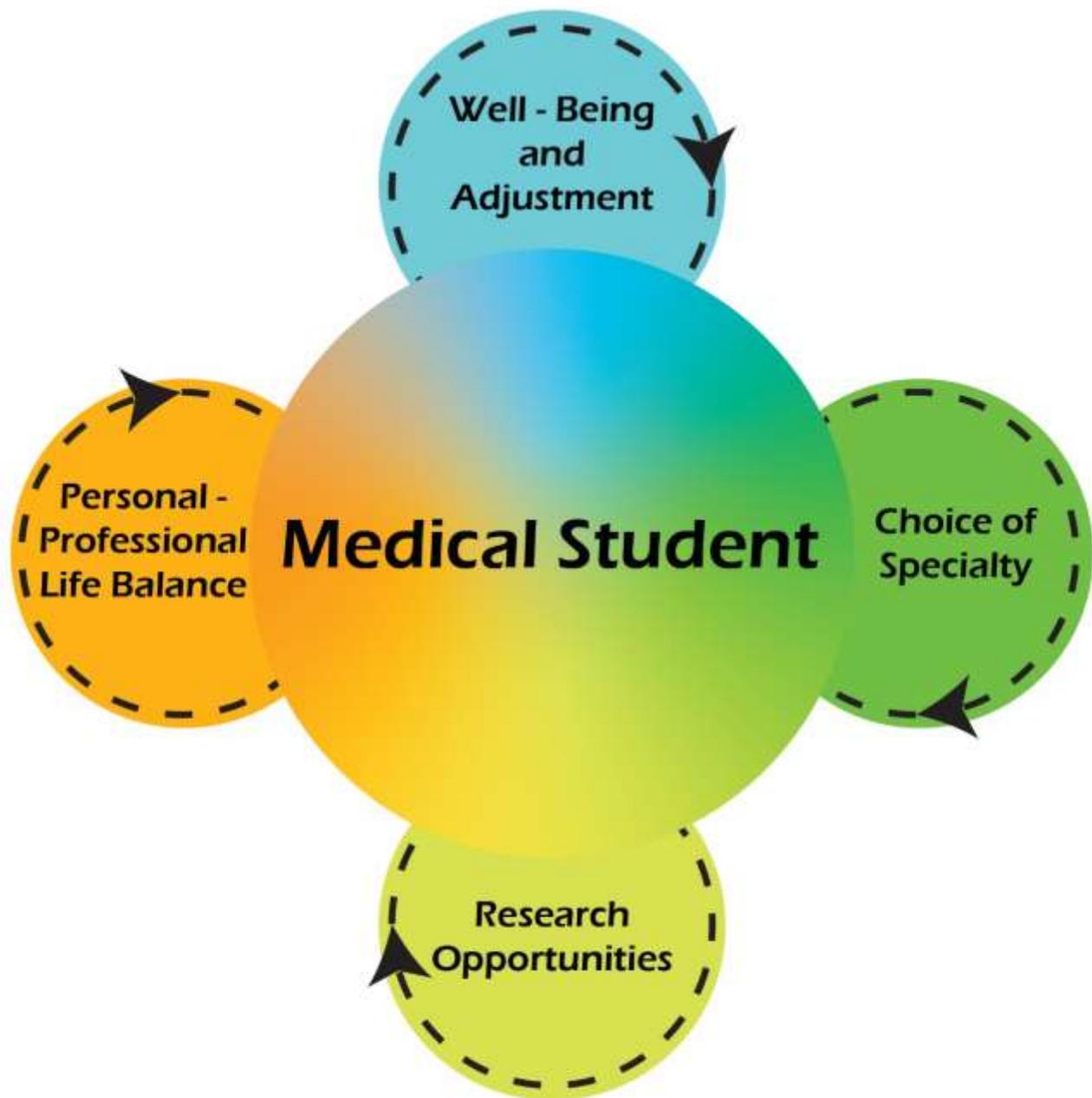




Diversity Mentorship Program

Mentor Manual



I. Overview of Diversity Mentorship Program

The Diversity Mentorship Program in the Paul L. Foster School of Medicine (PLFSOM) was launched in July 2014 by the Office of Diversity, Inclusion, and Global Health (ODIGH), with the support of the Office of Student Affairs. The program was launched during academic year (AY) 2014-15 for first-year medical students only. The program now includes first-, second-, third-, and fourth-year medical students.

The Diversity Mentorship Program provides an opportunity for medical students and faculty members to develop a mentoring relationship in an informal environment. Mentors help their mentees adjust to medical school, serve as a resource for campus information and services, and provide guidance on specialty decisions and research. The primary objective is to create collaborative relationships with medical students and faculty members that will foster an atmosphere of connection, inclusivity, support, and guidance.

Guidelines for the Diversity Mentorship Program are based on the Association of American Medical Colleges (AAMC) Careers in Medicine® (CiM) program, which is designed to assist medical students to:

- Identify career goals
- Explore specialty and practice options
- Choose a specialty
- Select and apply to residency programs
- Make solid career decisions

In addition to the above, mentors are good resources for academic advising and research development. By developing a rapport and engaging in productive conversations with students, mentors will be able to identify issues that medical students are facing and maximize resources that are available.

II. Diversity Mentorship Program: Eligibility Criteria and Participation

Medical students invited to participate as mentees are those who: 1) self-identify as underrepresented in medicine (URM) (e.g. Hispanic/Latino, African-American/Black, Native American/American Indian), 2) are socioeconomically disadvantaged, as determined by two categories on the medical school application, and/or 3) are educationally disadvantaged, which is defined as those students who are the first in their family in higher education or graduate school. ***Please note, however, that we do not exclude any student who expresses interest in participating in the program.***

Students who are underrepresented in medicine or disadvantaged socioeconomically — especially first generation medical students — are typically not exposed to medical culture from a young age. Therefore, when these students enter medical school, they are at a disadvantage with regards to acculturation and assimilation to the medical culture that the traditional medical school curriculum does not build for these students.

It should be noted that a more formal mentoring and advising program is provided through the Department of Student Affairs. The Diversity Mentorship Program is unique in that it is more informal in nature and it targets particular groups. ***Participation in the Diversity Mentorship Program is not mandatory.***

III. Significance of Targeted Groups

Over our first couple of years, questions have arisen as to why ODIGH focuses on these underrepresented groups. Below are several reasons, which focus on the disparities that we still see across groups when looking at medical school applicants, faculty in academic medicine, and leadership positions:

Applicants and Matriculants

- In AY 2018-2019, 6.2 percent of medical school applicants were Hispanic/Latino, about 8.3 percent were Black or African-American, and only 0.2 percent were American Indian (*Source: AAMC Data Warehouse: Applicants, First-Time Applicants, Acceptees, and Matriculants to U.S. Medical Schools by Race/Ethnicity, 2015-2016 through 2018-2019*).
- In AY 2018-2019, American Indians only represented 0.1 percent of U.S. medical school matriculants, African-Americans represented 7.1 percent, and Hispanics represented 6.2 percent (*Source: AAMC Data Warehouse: Applicants, First-Time Applicants, Acceptees, and Matriculants to U.S. Medical Schools by Race/Ethnicity, 2015-2016 through 2018-2019*).
- Fifteen percent of matriculants are from a low socioeconomic status (SES) (defined, in part, as no parent with a college degree). Although the rate of attrition is 2.1 percent or less for all SES groups, low SES students are about 1.4 times more likely to leave medical school in their first two year compared to their counterparts from the middle SES group (*Source: AAMC, 2008, 2010*).
- As of 2012, 18 percent of medical school applicants began their college education at a community college (*Source: National Center for Education Statistics, First postsecondary institution sector. QuickStats*).
- Twenty percent of medical school applicants are first generation college students (*Source: National Center for Education Statistics, First postsecondary institution sector. QuickStats*).

Faculty

- Hispanics/Latinos only comprise 3.2 percent of medical school faculty across the nation, African-Americans comprise 3 percent, and American Indians comprise 0.1 percent (*Source: AAMC Distribution of U.S. Medical School Faculty by Rank and Race/Ethnicity, 2018*).
- In regards to rank, of the 35,932 associate professors and professors at U.S. medical schools, only 59 are American Indian, 1,184 are African-American, and 1,210 are Hispanic (*Source: AAMC Distribution of U.S. Medical School Faculty by Rank and Race/Ethnicity, 2018*).
- When it comes to leadership, about 3 percent of department chairs are African-American and 5 percent are Hispanic/Latino; there are no American Indian chairs (*Source: AAMC Faculty Roster, May 2014*).

IV. Structure and Requirements of Program

The program offers a networking reception in early fall each academic year, as well as several mixers throughout the year for networking and mingling.

Mentees

A list of medical students who fit the above criteria is sent to ODIGH by the Office of Student Affairs. ODIGH staff then send out calendar invites for a networking reception in early fall. During the networking reception, medical students mingle and learn about potential faculty mentors — either in-person or by perusing faculty profiles on a PowerPoint presentation. Medical students who choose to participate in the program are given several weeks to reach out to potential mentors and submit a Mentor Selection Form.

Requirements of Mentees for the Diversity Mentorship Program:

- 1) Mentees are asked to meet with their mentor in-person a minimum of once per semester.**
- 2) Mentees will be required to complete two evaluation forms for the year – one in December and one in April.**
- 3) Mentees are required to serve in this role for a minimum of one year.**

Mentors

Once you complete the Diversity Mentorship Program Mentor Application and submit your curriculum vitae (CV), a profile will be created for you and presented during the networking reception in late summer. ODIGH staff will send out calendar invites for the networking reception; it is imperative that you attend at least a portion of this event, as this is the best time for medical students to get to know you. Once you have been selected by a medical student's mentor, ODIGH staff will contact you with the mentee's information.

Requirements of Mentors for the Diversity Mentorship Program:

- 1) Mentors are expected to provide guidance to mentees regarding specialty decisions.** There is no formal standard by which you are to do this and it should be based on your knowledge and experience. Please note that you are free to enlist the aid of other faculty members in other specialties, if you feel this is helpful.
- 2) Mentors are expected to provide guidance to mentees regarding CV development.**
- 3) It is highly recommended that mentors provide guidance in research development.** In the past, many of our mentors have allowed their mentee to assist in research; this has often turned into a Scholarly Activity and Research Program (SARP).
- 4) Mentors are required to have contact with their mentee at least once per month, either by phone or e-mail.**
- 5) Mentors are asked to meet their mentee in-person a minimum of once per semester.**
- 6) Mentors are required to complete two evaluation forms for the year – one in December and one in April.**
- 7) Mentors are required to serve in this role for a minimum of one year.**

V. Selection of Mentors

Please note that mentees are able to select their faculty member; this is not done through a matching process. Although several mentorship programs at other medical schools utilize an application matching process for their mentoring programs, ODIGH decided against this because we thought it would be best for a mentee to select someone with whom they connect and feel comfortable.

VI. Why Do You Need a Mentor?

While it may seem like medical school is straightforward – work hard and you’ll do well – it is actually an experience that you will want to maximize. Students have the opportunity to get to know a number of faculty in a variety of roles: professors, researchers, administrators, and clinicians, which can enhance the medical school experience. In addition, students will be faced with decisions regarding research opportunities, balancing professional and personal life, and choosing a specialty.

A mentor who knows you can provide guidance on these issues and serves as resource for additional opportunities. This includes learning more about a particular field of medicine or assisting you with research opportunities.

Although you may think that you do not need a mentor now, you may realize that this will be beneficial later. This is a person that you can turn to for advice as you go through medical school. It’s best to establish this relationship early on so that you will feel comfortable reaching out to your mentor when you have tough questions.

(Source: Adapted from Virginia Commonwealth University (VCU) School of Medicine Mentorship Manual for Medical Students)

VII. What is Mentoring?

- Sharing professional experiences and resources
- Building a relationship that is encouraging and supportive
- Focusing on goals and finding answers
- Introducing new areas of knowledge
- A mentor can play many roles including coach, teacher, advocate, friend, cheerleader and opener of doors.

(Source: University of Minnesota Mentor Program)

VIII. Characteristics and Expectations of an Effective Mentor

A good mentor is someone who is:

- Has a real interest in their mentee's education and is approachable, accessible, and dependable.
- Makes times to meet with their mentee(s) on a regular basis and keeps up with the mentee's progress and interests.
- Offers assistance with career and professional development.
- Makes opportunities known to the mentee(s) and provides support when they are struggling or are stressed.
- Provides words of encouragement, as well as constructive criticism.
- If the mentor is unable to help the mentee(s) directly, they can refer them to others who can help.
- Most importantly, an effective mentor makes the medical school experience more rewarding through the knowledge that s/he shares.

Below are some additional characteristics of a mentor:

- **Be open:** Be willing to share your own personal experiences with your mentee.
- **Provide appropriate feedback:** You should serve as a guide to your mentee, not a decision maker. Be honest and open and give guidance through active listening and constructive criticism.
- **Help your mentee decide on a health care specialty:** Help your mentee identify areas of interest and areas to further explore. Be respectful of your mentee's decisions.
- **Be professional:** Maintain professionalism, regular contact and stay consistent.
- **Avoid being judgmental or biased:** Allow your mentee(s) to feel comfortable in sharing their opinions or concerns.
- **Be OK with not having all the answers:** Don't be the only resource for your mentee(s); rather, help them network with colleagues.
- **Send encouraging e-mails throughout the year:** Check on your mentee(s) during exam time and send a word of encouragement during stressful times.

The Three Cs of a mentor:

- **Competent:** Has professional experience, is respectful, and has good interpersonal skills
- **Confident:** Shares their network of contacts and resources and allows their mentee(s) to develop his/her own terms
- **Committed:** Invests the time, energy, and effort to mentoring

(Source: Adapted from VCU School of Medicine Mentorship Manual for Medical Students, University of California, San Francisco Faculty Mentoring Program Guidelines, and University of Washington Department of Family Medicine UP Mentor Manual)

IX. Characteristics and Expectations of an Effective Mentee

Mentees should be assertive and willing to initiate the relationship with their mentor. Once you have found a faculty member to approach, based on their profile or CV, call or e-mail them and tell them that you are interested in having them serve as your mentor for the Diversity Mentorship Program; ask to meet with them to get to learn more about them. When you meet with the faculty member, it is important that you arrive prepared with questions, research interests, or other projects that interest you. During this meeting, try to gauge their interest in working with you and see if you feel comfortable with them and if they are a good fit.

It is important to remember that if you do not feel comfortable with the potential mentor, or if their interests are not aligned with yours, contact another faculty member. It may take some searching to find a mentor and you may have to speak with several faculty members before finding the right fit. This is why ODIGH provides an additional two weeks after the networking reception to select a mentor — so that you are confident with your selection.

As a mentee, you should:

- Be enthusiastic and curious when you talk about your interests and when your mentor is sharing their experiences and advice.
- Arrive at all meetings on time and let your mentor know in advance if you need to re-schedule your in-person meetings.
- Find out the preferred method of contacting your mentor, whether it is by e-mail, phone, or text.
- Make sure to keep your mentor informed of your progress. We know medical students are busy, but it is important that you stay connected between in-person meetings.
- Remember that information your mentor shares with you is confidential.
- Remember to be patient – your mentoring relationship will take time to build.
- Be open to suggestions and feedback. Of course, if you feel you are receiving destructive rather than constructive criticism, you are more than welcome to notify ODIGH staff to assist in mediating.
- Make sure to complete all tasks in a timely manner, if you are engaging in a research project with your mentor. Use this experience to also network with other faculty members with whom your mentor works or collaborates with.
- Provide feedback to your mentor. Remember that mentoring may be new to some of the mentors, so provide on-going feedback in a respectful manner so that they can learn to refine their mentoring skills.

Below are some additional characteristics of a mentee:

- **Mentors are volunteers:** It is important to value the commitment of your mentor and make sure you are committed as an active partner.
- **Be professional:** It is key to be genuine and prove that you are interested, motivated, and mature by maintaining professionalism.
- **Work to establish a good rapport with your mentor:** Two in-person meetings per year is not a lot. If possible, take a little time to get to know your mentor in the beginning. A trusting rapport will allow you and your mentor to gain more from the mentoring relationship.

(Source: Adapted from VCU School of Medicine Mentorship Manual for Medical Students, UCSF Faculty Mentoring Program Guidelines, and U of Washington Department of Family Medicine UP Mentor Manual)

X. Expected Outcomes for Mentors

- Expand your professional network
- Refine your coaching and mentoring skills
- Support the development of future physicians
- Provide guidance on specialty options and research opportunities

(Source: Adapted from U of Minnesota Mentor Program)

XI. Expected Outcomes for Mentees

- Build your professional network
- Refine your professional and interpersonal skills
- Explore new ideas and areas of interest
- Gain exposure to specialty options and research opportunities
- Gain skills in CV development

(Source: Adapted from U of Minnesota Mentor Program)

XII. What You Should Accomplish Together Through This Program

- Share your goals for the mentoring relationship.
- Mentees should let their mentor know what kinds of things they would like to discuss, see, or do.
- Share information about your personal backgrounds, significant others, family, etc.
- Mentees should receive guidance regarding CV development.
- Mentees should receive guidance regarding specialty options and decisions.
- Mentees should receive either research opportunities or networking resources related to research projects. This can potentially turn into a SARP project.

(Source: Adapted from VCU School of Medicine Mentorship Manual for Medical Students)

XIII. Now Let's Discuss...Boundaries

a. What are Boundaries?

These are the spoken and unspoken rules for the mentor-mentee relationship that each person should identify as important.

Here are some examples of boundary issues:

- **Personal space** – How close is acceptable?
- **Behavior** – What is acceptable? (e.g., if a session has to be cancelled, how much notice would you expect and how should this be given?)
- **Sharing personal information and giving personal details** – Decide what you both feel comfortable with.
- **When, and when not, to contact** – Is 24/7 OK? If not, give clear guidelines on when you can be contacted.
- **What you can and cannot do as a mentor** – Make it clear to the mentee that, for example, you are not a counselor.
- **Accepting a small gift** – Say at Christmas time, is this OK?
- **Physical contact** – When is this appropriate?
- **Meeting places** – Quiet and free from distractions, but also safe for the mentor and mentee.
- **Age and gender differences between mentor/mentee** – What feels comfortable?

b. Why are Boundaries Important?

Poor boundaries in a mentoring relationship can result in:

- The mentor or mentee feeling that he or she cannot say 'no' or disagree with the other
- Anxiety and discomfort on both sides
- A mentor or mentee having overly dependent and unclear expectations
- A mentee who feels like a victim
- The development of one-sided relationships – with no give and take
- Feelings of over-responsibility

(Source: Adapted from South West Postgraduate Medical Education)

XIV. Thanking Your Mentor

- It is important to thank your mentor periodically for the time that s/he has spent working with you.
- Remember s/he is taking time out of a busy schedule to help you. Write a thank you note if an interaction particularly helps or inspires you.
- Make sure to note particularly good or bad experiences on your evaluation form.

(Source: Adapted from VCU School of Medicine Mentorship Manual for Medical Students)

XV. Checklists for Meetings

Prior to initial meeting

- **Mentee:** Contact your mentor to schedule the first in-person meeting
- **Mentee:** Send a short paragraph about yourself to the mentor
- **Mentor:** Review mentee's bio paragraph
- Share CVs, background and needs
- Schedule a time and location:
 - Be there
 - Be on time
 - Be responsive to e-mail/phone correspondence
 - Be respectful of each other's time
- Prepare questions and other topics to address

During initial meeting

- Get to know the each other:
 - **Questions for Mentee to ask Mentor:**
 - Why do you want to be a mentor?
 - How did you choose your specialty?
 - What are the benefits and challenges of your specialty?
 - What research are you currently conducting?
 - **Questions for Mentor to ask Mentee:**
 - Where do you see yourself in the future?
 - What specialty are you considering? Why?
 - What does a mentoring relationship look like to you?
 - How do you like to receive feedback?
- Share expectations of mentoring relationship
- Discuss boundaries
- Make plans for future meetings/interactions
- **Mentors:**
 - Discuss the use of a CV *and* review your CV with your mentee(s).

- Assign work on CV so that mentee(s) can begin developing their own (J. Manuel de la Rosa, M.D., can provide info on what goes in a CV).
- Discuss possible research opportunities.
- Discuss time management, setting priorities, and balancing medical school with a social life.
- Ask what other areas or topics the mentee(s) would like to discuss.
- Ask the mentee(s) about their short-term and long-term goals.

Post meeting wrap-up

- Follow-up with any action items in a timely manner.
- Send a thank you note and make sure to thank each other after every time you meet.

(Source: Adapted from Purdue University Mentoring Checklist and U of Washington Department of Family Medicine UP Mentor Manual)

XVI. Timeline

Friday, August 28, 2020 from 3:30 PM – 5:00 PM: Virtual Networking Reception (WebEx)

Friday, September 11, 2020: Deadline to submit Mentor Selection

Form **Mid-December 2020:** Deadline to have had first in-person

meeting **Mid-December 2020:** First evaluation form due

Mid-April 2021: Deadline to have had second in-person meeting

Mid-April 2021: Final evaluation form due; discuss continuing the mentoring relationship or matching with a new mentor

XVII. Additional Mentoring Resources

a. Online Resources

- Dunnington GL. (1996) The art of mentoring
(<http://depts.washington.edu/fammed/files/Art%20of%20Mentoring.pdf>) *The American Journal of Surgery* 171:604-607
- Jucovy L. (2001) Building Relationships; A Guide for New Mentors
(<https://depts.washington.edu/fammed/system/files/Building%20Relationships.pdf>) *The Northwest Regional Educational Laboratory and Public/Private Ventures.*
- Manning KD. (2004) A Piece of My Mind - The Nod
(<https://depts.washington.edu/fammed/system/files/The%20Nod.pdf>) *JAMA* 312(2):133-134.
- Paice E, Heard S, Moss F. (2002) How important are role models in making good doctors?
(<http://depts.washington.edu/fammed/files/Role%20Models.pdf>) *British Medical Journal* 325:707-710
- Rose GL, Rukstalis MR, Schuckit MA. (2005) Informal mentoring between faculty and medical students.
(http://journals.lww.com/academicmedicine/Fulltext/2005/04000/Informal_Mentoring_Between_Faculty_and_Medical.7.aspx) *Academic Medicine: Journal of the Association of American Medical Colleges* 80(4):344-348.
- Selwa LM. (2003) Lessons in mentoring
(<http://depts.washington.edu/fammed/files/Lessons%20in%20Mentoring.pdf>) *Experimental Neurology* 184:S42-S47
- Tekian A, Jalovecky MJ, Hruska L. (2001) The impact of mentoring and advising at-risk underrepresented minority students on medical school performance.
(<https://www.ncbi.nlm.nih.gov/pubmed/11739056>) *Academic Medicine* 76(12):1264.
- Wright S, Wong A, Newill C. (1997) The impact of role models on medical students
(<http://depts.washington.edu/fammed/files/Role%20Model%20Impact.pdf>) *Journal of General Internal Medicine* 12:53-56

b. Useful Books

- Bailey-McHale J, Hart D. (2013). Mastering mentorship: A practical guide for mentors of nursing, health and social care students. *Los Angeles: Sage.*
- Huang AC, Lynch J. (1995) Mentoring: The tao of giving and receiving wisdom. *San Francisco, CA: Harper San Francisco.*
- Nakamura J, Shernoff DJ, Hooker CH. (2009) Good mentoring: Fostering excellent practice in higher education. *San Francisco, Calif.: Jossey-Bass/John Wiley.*

XVIII. ODIGH Staff Information

Contact ODIGH staff anytime; our doors are always open!

You can find us in the Facilities Services Building (FSB) located at 5310 El Paso Drive., 79905

Please remember that we have a student lounge in our building, as well as free coffee available at all times!

Diversity Mentorship Program: Contacts

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If you have any questions regarding resources available through Student Services, please contact:

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