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Mentoring Across Differences

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Abstract

Introduction: Effective mentoring can contribute to wellness and career growth and satisfaction. However, the same social forces and interpersonal dynamics affecting all relationships can compromise mentoring relationships. This is especially true when there are issues that are compounded by structural disadvantage due to racism, gender bias, social class, and other discriminatory factors. The Mentoring Across Differences (MAD) sessions are a workshop designed to develop and nurture skills, tools, self-awareness, and mindful practice in mentors and mentees. The workshop encourages participants to gain confidence in navigating differences across a variety of domains. **Methods:** We designed interactive sessions for faculty as part of a nine-part training series on mentoring in an academic setting. Teaching methods drew from adult learning theory. We used cases distilled from real teaching and mentoring experiences to trigger discussion and activate emotion and intrinsic motivation. Participants' prior knowledge and experience were drawn on to cocreate knowledge through small-group peer learning. **Results:** As part of a course, 167 participants completed the sessions; several hundred more people participated in them in faculty development venues. Participants highly rated the open discussions regarding differences and enhanced awareness of their assumptions, specifically highlighting knowledge and tools addressing bias in their roles as mentors and teachers. **Discussion:** The MAD sessions function both as an important module in a comprehensive mentoring curriculum and as stand-alone sessions. They fill a critical need of faculty and training institutions to explore difference in order to foster diversity and inclusion.

Appendices

All appendices are peer reviewed as integral parts of the Original Publication.

Educational Objectives

By the end of this activity, learners will be able to:
1. Appraise the benefits and challenges of cross-difference mentoring relationships.
2. Identify and correct for unconscious bias (including implicit and explicit assumptions about personal identity).
3. Recognize and describe ways to approach and implement cross-difference mentoring relationships.
4. Develop communication skills that sensitively and effectively traverse real or perceived cultural and generational boundaries.

Introduction

Mentoring is a well-recognized strategy for career development and satisfaction. Brigham and Women's Hospital's (BWH's) Faculty Mentoring Leadership Program (FMLP) was created in 2008 to enhance the quality of mentoring relationships, emphasize and encourage leadership in mentoring, and cultivate a vibrant, interdisciplinary community of faculty mentors at BWH. The program is designed for mid-career and senior faculty, although junior faculty participate and find it beneficial to their dual roles as mentees and mentors. The FMLP course directors coauthored a paper entitled "The Development, Implementation, and Assessment of an Innovative Faculty Mentoring Leadership Program," published in *Academic Medicine* in December 2012, which describes the rationale, design, and ongoing impact of this course.[1]

Mentoring trainings often provide a generic set of skills to enhance communication and collaboration between the mentor and mentee. However, without a critical awareness of differences that are socially

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meaningful and without a consciously developed and honed set of communication skills, mentoring relationships will fail to achieve their full potential to enhance the career opportunities of vulnerable and underrepresented groups within the medical field.[2,3]

The Mentoring Across Differences (MAD) sessions were designed to address challenges that arise in mentoring relationships due to differences in race, gender, age, career interest, and culture. Despite increases in the number of women and underrepresented minorities in medicine, faculty representation remains low.[4,5] The literature shows that this disparity is partly rooted in unconscious bias in education, hiring, and mentorship.[6,7] There is a paucity of well-described interventions in education and mentorship designed to address such challenges. A search of *MedEdPORTAL* using the search terms *mentor, mentoring, mentor difference, mentor bias,* and *mentor diversity* returned up to 97 entries, but none of them directly address the topic of mentoring across difference. We designed these mentoring sessions to address topics of differences that cross multiple domains and tap into implicit bias.[1] The sessions allowed participants to develop comfort in exploring these socially and emotionally charged topics in an atmosphere of mutual trust and safety. The MAD sessions can also fit within the larger institutional agenda of promoting diversity and inclusion by enhancing skills, knowledge, and understanding of differences.

We used case-based learning and small-group discussion and invited participants to share personal narratives of mentoring across differences in the role of mentor and mentee. In this way, we activated prior knowledge and experience, cocreated knowledge through facilitated group discussions, and engaged participants' passions, emotions, and internal motivation to address the challenges in communication and mutual understanding that can arise when the members of the mentoring dyad do not share formative life experiences, perspectives, and assumptions.

The educational approach was, by intention, primarily experiential rather than didactic, in order to increase the opportunity for learner-centered and peer learning. The cases, inspired by actual experiences, provided a basis for substantive discussion and served as triggers for participants to share personal experiences, ideas, and insights. The structure and content of the cases offered varied perspectives. This gave facilitators a range of choices for engaging participants from different backgrounds. For a full description of this educational approach, the reader may choose to refer to the BWH Mentoring Curriculum & Toolkit.[8]

Our approach sought to fully engage participants by creating an open learning environment for conversation where learners felt safe in expressing differing viewpoints and felt that their experiences were valued. Learners not only interacted with the curriculum but also participated in content creation by developing learning pearls to be added to the existing repertoire. In these ways, we deliberately and explicitly incorporated principles of adult learning: safe learning climate, learner-centeredness, triggering internal motivation of learners, activating prior knowledge and experience, and encouraging learners to develop individual learning agendas.

The MAD sessions began as parts of a comprehensive mentoring program. However, their positive reception and the growing demand for them as stand-alone sessions convinced us there was a clear need to provide opportunities for faculty to discuss and develop tools to address differences. Based on our experiences in multiple venues and across a broad swath of medical professionals, we believe that these sessions can contribute to individual and institutional capacity to foster diversity and inclusion along important and challenging domains of difference.

Methods

We designed two MAD sessions since a multitude of meaningful differences exist in everyday professional life and influence professional outcomes.[9] We found it useful and instructive to discuss several domains of difference in order to encounter at least one each participant identified with or found relevant to his or her own learning objectives. Certain topics—notably, difference across race—evoke deep and complex emotions that few professionals have an opportunity to discuss with candor. It is thus beneficial to have time to lay a foundation of trust to support these conversations.

If the MAD sessions are to be used in a larger mentoring curriculum, we recommend that they follow modules in which fundamental definitions and principles of mentoring are introduced and participants have a chance to meet and develop comfort with one another. Due to the complexity of issues related to diversity, it is valuable to have already developed a shared definition of mentoring, as well as an understanding of the trajectory and evolution of a mentoring relationship and the generic challenges involved in these (such as establishing boundaries and expectations). Moreover, having already undertaken several modules as a cohort encourages familiarity and trust that are critical for more controversial discussions. When we presented the MAD sessions as stand-alone sessions, we briefly introduced a definition of mentoring and generic challenges[10] and acknowledged that the work of the sessions was difficult and required courage. We began by inviting participants to engage with kindness and curiosity.

Although the two sessions can be compressed into one, our experience has taught us that participants benefit from breathing room between sessions because of the breadth, complexity, and emotional intricacy of the topic of diversity. We found that the topic of age/generational differences was less provocative than gender or race. However, because the latter topics were often the elephant in the room and participants were anxious to discuss them, we elected to focus on them first.

We typically presented the sessions with two cofacilitators, with attention to diversity along the lines of gender, race, ethnicity, age, academic or clinical department, and professional role (clinician/researcher/educator). We found that cofacilitation was ideal because of the high degree of interactivity and participation in the sessions and because cofacilitation modeled our core values and principles of diversity and collaboration. However, if necessary, a single experienced facilitator could lead the sessions.

Planning

Several weeks prior to the sessions, facilitators, course administrators, and course directors convened for a 30-minute meeting (either in person or via conference call) to review the agenda and assign facilitation tasks. Advance planning and clarity of responsibilities allowed the fast-paced and multimodality sessions to run smoothly. Each of the sessions lasted for 90 minutes. In the case of a series, the expectation should be clarified at the outset that all sessions will begin and end in a timely fashion (see Appendix A for a sample agenda and time line).

For stand-alone sessions with single-department or open-enrollment registration, communication announcing the seminar date and time began approximately 2 months in advance. We recommend that facilitators learn as much as possible about the participants, including demographics, academic rank, and career focus ahead of the session.

We also recommend that facilitators prepare by reading the cases (Appendix C) to be discussed in the sessions ahead of time and reflecting on their personal reactions to them, articulating their own questions, and becoming comfortable with the feelings that the cases may elicit. We do not provide specific responses to the questions listed with each case because we believe that would be contrary to the spirit of authenticity, curiosity, and openness that we have found leads to the richest discussion.

Implementation

Suggested prereadings were distributed in advance of each session (see the list in Appendix B). Although not mandatory, these readings were highly recommended. If facilitators choose to offer a stand-alone session without prior registration commitment (and thus without the strong recommendation for participants to read presession articles), it is recommended that participants be provided with a selected list of reference literature that they can choose to review after participating in the stand-alone session. Facilitators may choose to go a step further and provide a short, annotated bibliography of reference literature, taking advantage of the full annotated bibliography on mentoring[11] from the BWH Mentoring Curriculum & Toolkit.[8] The BWH Hospital Mentoring Curriculum & Toolkit was developed as a resource for mentor/mentee career development and for groups interested in creating mentor development programs. Cases and learning pearls developed during the course are included in the toolkit. The toolkit is iterative by design; it has therefore never been peer-reviewed.

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One of the facilitators began each session with a brief, didactic overview and description of the relevant literature and content prior to engaging participants in a case-based, experiential group discussion using the PowerPoint presentation (Appendix D) as a presentation guide.

We recommend that the overview of the topic of mentoring across differences should include an introduction to the following key takeaway points:

- This session is designed to address the reality that a mentoring relationship is subject to the same social forces and interpersonal dynamics that engender complexity in all human relationships. Differences arising from life experiences can challenge communication and mutual understanding. Many such differences—including gender, age (generation), class, race, and culture—also have social and historical implications, some of which are associated with disadvantages in professional and career opportunities and achievement. These differences mirror the health inequities and socially determined adverse health outcomes that are familiar, though often inexplicit, features of the clinical, teaching, and research landscape.
- Mentoring is a recognized strategy to provide emotional, social, and tangible support to individuals at critical points in their career development. As educators and mentors, it is our responsibility to develop a workforce—including medical researchers, educators, and leaders in academic medicine—who are sensitive to and knowledgeable about differences among individuals.
- The objective of this session is to provide mentors with the skills and tools to optimize communication, enhance professional outcomes for mentees across the full spectrum of diversity, and, ultimately, develop a flourishing workforce that is fully representative of the rich and vast diversity of our society.

Following the PowerPoint presentation, participants were subdivided into small groups to discuss the case(s) and case questions. These small groups were formed with as much variability as possible in order to encourage interactions with multiple colleagues. One individual in each group was assigned to the role of scribe and reporter for the larger cohort discussion.

Cases utilized in the MAD sessions included the following:

- Assumptions in Mentoring Faculty With Family Responsibilities: In this case, a division chief selects a new director for a subspecialty clinic. The case contrasts the relationships the division chief has with two junior faculty members—one male, one female—and presents the perspectives of each of these individuals. It provides an opportunity to discuss conscious and unconscious assumptions and gender bias. The case also offers an introduction to mentoring across differences (in this case, gender and generational differences) that is meaningful and yet potentially less threatening than differences based on race or ethnicity.
- Common Interest, Un-common Experience: This case describes the thoughts that a mentor and mentee have in anticipation of a new mentoring relationship. The mentee is an early career female Mexican American physician who is moving to Boston to begin an academic career. The mentor, a man of an unspecified ethnicity, was recently promoted to associate professor and has been assigned to mentor this recent recruit because of common research interests. Despite these common interests, he expresses concern about their differences in background and life experiences. While not providing a script for how to approach the mentor's concerns, the case offers a springboard for discussing assumptions about differences, as well as the relevance of these differences to a mentoring relationship, and an opportunity to brainstorm approaches to raising issues of difference in a mentoring relationship.
- Generational Sensitivity in Leadership Transitions: This case contrasts the life and career choices of a 55-year-old woman who has served as the residency program director in a surgical program for more than 20 years with a 40-year-old junior colleague, a man, who has served as assistant residency director for 3 years. At a time when there were few female surgeons, the woman chose not to have a partner or family and has devoted her life to her career. In particular, she has always made herself very available to residents. The man is married, with young children, and has drawn a line to protect his time with his family. The case raises questions about generational differences, assumptions, and work and family life choices that might figure into mentoring relationships and planning for leadership transitions.

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- Isolation in the Lab: This case describes a relatively new mentoring relationship between a junior clinician-researcher, an African American man, and a senior MD-PhD, also a man, who emigrated from China and is a successful lab-based researcher. The mentee feels that his contributions are not recognized or respected. The senior faculty feels that the mentee sits in the back of the room and refrains from contributing. The case raises issues of cultural differences and assumptions. It also provides an opportunity to discuss the potential role of various stakeholders, including the mentor, mentee, departmental leadership, and institutional leadership, such as the ombudsperson, in addressing sensitive issues of cultural difference.
- Leadership and Environmental Changes: This case describes a situation in which a junior member is selected to replace a retiring chief of a small division. As one of his first actions, the new division chief creates a call schedule that evenly distributes call among faculty, without regard to seniority, and institutes a family-friendly program ensuring one 5:00 p.m. finish per week for each faculty. Senior faculty members resent having to follow the direction of a more junior member and having to bear the burden of extra call, as well as the lack of recognition of the seniority they have earned. The case provides an opportunity to discuss differences in perspective across generations and the challenges of balancing seemingly opposing interests.
- "More of Everything": Mentoring Around Identity Assumptions: This case describes the mentoring relationship between a female faculty member and an African American male medical student in his third-year clerkship. The student has received negative feedback about his performance and aloof behavior and attitude. The mentor's initial approach involved an attempt to help the student utilize the feedback constructively in order to improve. However, over time, it has become clear that some of the feedback reflects a thinly veiled implicit racial bias. The case provides an opportunity to discuss how racial bias can be expressed and identified, as well as how it can be raised in a mentoring relationship. The case also raises the idea that the role of the mentor may extend beyond coaching and providing guidance and tangible support to include advocacy on behalf of a mentee.

During the final part of the session, participants returned to the cohort, where the other facilitator guided learners in sharing observations and reflections, offering solutions, and raising questions. Finally, the facilitator summarized the large-group discussion and the common themes raised. The first session typically concluded with a brief preview of the next one, highlighting participants' responsibilities and deliverables. We distributed and discussed learning pearls at the end of the final session. Learning pearls are a compilation of lessons learned from previous cohorts of MAD session participants arranged thematically. Following the final session, we updated the learning pearl document to include learning pearls from the current group and distributed it to the participants.

Session One: Mentoring Across Differences in Race and Ethnicity

Preparation: Required readings introduced the topics (Appendix B), and cases (Appendix C) highlighted relevant issues from the standpoint of both mentor and mentee. We asked participants to formulate a list of issues they had faced, either as mentee or mentor, relative to mentoring across difference. These lists were submitted approximately 10 days ahead of the meeting so that facilitators could prioritize participants' concerns and experiences. Advance materials included additional optional resources. For example, we offered the online Implicit Association Test,[12] an exercise that many experience as a humbling introduction to personal biases and assumptions, as an optional exercise. These online assessments are based on the research of Dr. Mahzarin Banaji, which revealed that everyone carries implicit biases that change how they perceive or interact with others. The assessments demonstrated how implicit biases could lead people to inadvertently act in ways that might be discriminatory or influenced by stereotypes that they themselves actively reject.

Agenda overview: Facilitators provided a brief overview of the two sessions, focusing primarily on session one. We used a PowerPoint presentation (Appendix D) to provide a framework for the discussion, opening with slides 1-4. Slide 5 provided guiding questions for the case discussion. The large group then divided into small groups of four to five participants to discuss the cases. We asked that each small group designate a notetaker to summarize its discussion when the full group reconvened. After the case discussion, the large

group reassembled, and each small group reported back, inviting all participants to add to or embellish the reporter's summary. The facilitators highlighted key questions and themes, focusing on skills and strategies to promote transparency and communication related to race and ethnicity. We closed with PowerPoint slides 6-12.

At the end of the session, we asked participants to provide feedback and share questions and comments from this session that they would like to continue to discuss during session two. We also invited participants to communicate with facilitators if any questions or ideas arose between the sessions.

We asked that participants reflect on the readings and discussions and contribute key learning pearls to the course website (Appendix E). These learning pearls became part of the permanent online curriculum and resources available to participants and, via open access, to the public. Learning pearls are appropriate tools when the MAD sessions are part of a larger curriculum in that they provide a forum for participants to share ideas. For stand-alone sessions, an ongoing forum is not feasible.

Session Two
The second session focused on mentoring across differences in gender, age, and generational experiences and expectations.
Preparation: In advance of the session, we provided copies of the cases to be discussed. Participants were asked to read required prereadings that introduced the topics and highlighted relevant issues.

Agenda overview: Facilitators invited participants to provide feedback or raise questions and comments from the previous session that they wanted to incorporate into the discussion during session two. Facilitators briefly introduced the topic of the session. The large group broke into small groups to discuss the cases. Once again, we asked that each small group designate a notetaker to summarize the group's discussion. When the large group reassembled, each small group reported back, allowing all group members to contribute to the reporter's summary. The facilitators highlighted key questions and themes. In closing, the facilitators again invited participants to reflect on the readings, discussions, and new ideas and to contribute their own key learning pearls to the course website.

Resource Materials
Included in this publication are resources that can be adapted for either a single, stand-alone seminar or a series of integrated educational modules, as we have implemented for our institution's FMLP:

- Agenda and time line for the sessions (Appendix A).
- Bibliographies of required and suggested prereading on the topic of mentoring across differences (Appendices B & F).
    - The required readings incorporate perspectives from health professions and business, offering a broad overview of the domains of difference that arise in mentoring relationships. These readings provide historical context and discussion of disparities in career opportunities and outcomes related to diversity, as well as tools and strategies that have been effective in enhancing communication and understanding across identity differences. (Appendix B provides a bibliography of these readings.)
    - Recommended additional readings are also drawn from multiple professional perspectives. We recommend an extensive bibliography of suggested readings developed by the Consortium of Harvard Affiliated Offices for Faculty Development and Diversity,[13] which has been drawn primarily from experiences in academic medicine (undergraduate and graduate medical education, promotion, and tenure). (A short selection of items from this bibliography is provided in Appendix F.)
- Materials distributed/displayed during the sessions.
    - Cases (Appendix C): Each of the six cases (typically, one or two are used during each session) consists of a scenario based on an actual experience, described in several paragraphs and followed by recommended discussion questions.
    - Optional exercises: Implicit Association Tests can be completed on the Project Implicit website.[12]
    - Learning pearls (Appendix E): Contributed by facilitators and program participants, learning pearls

are reflections, insights, and lessons learned reflecting issues and topics that arise in everyday mentoring situations but are often not brought to light. Learning pearls are typically handed out at the end of the final session. We send an updated document including learning pearls from the current group to participants following the second session. We have organized the learning pearls into the following themes and categories:

- Recognize and identify assumptions (about ethnicity, race, gender, age, etc.).
- Learn to create an environment that invites and promotes open discussion about difference.
- Mentors should take an active approach to creating new opportunities for mentees to explore a wide variety of roles, educational experiences, and experiments.
- Develop a comprehensive definition of the roles and responsibilities of mentor to mentee, including providing psychosocial support, coaching, advocacy, and exposure to opportunities and networks.
- Understand the pros and cons of same-identity mentoring relationships.
- Cultivate developmental networks.
- Seek to understand and appreciate generational differences.
- Recognize and identify assumptions (about ethnicity, race, gender, age, etc.).

- PowerPoint presentation (Appendix D).
- Customizable evaluation form template (Appendix G).

Results

At the time of writing (June 2018), single sessions have been presented to audiences of 10-150 at faculty development sessions and national and international education meetings. Participants have included physicians across all departments and divisions, all academic ranks, department and division chairs, senior academic and administrative leadership, faculty, and trainees. Some sessions have included PhD scientists, public health students, and nursing and pharmacy participants. Gender representation has been approximately equal, and participants identifying as underrepresented in medicine have been highly represented, particularly at the fellow and resident levels.

We have led the sessions, collaborating with other facilitators when presenting in larger venues. We recommend pairing a more experienced facilitator with a junior facilitator, paying attention to diversity of gender, age, academic rank, and career track.

Evaluation
Participants completed a brief narrative evaluation (Appendix G) at the end of the session. This evaluation assessed the teaching abilities of the facilitators and/or presenters, the relevance of the material, the achievement of the session's stated objectives, and the overall quality of the session.

Each evaluation also asked for comments on the most and least valuable elements of that session, as well as a personal commitment to changes in participants' professional work as a result of the session.

In response to the question about what participants liked best, many cited the safe and supportive learning environment and the stimulating cases. Participants noted enhanced confidence in carrying out difficult conversations and greater awareness of their own assumptions and biases.

Sample quotes from faculty included the following:

- "Why aren't we having more discussions like this at our institutions?"
- "To be honest, I didn't really know what I didn't know, and now I feel much more comfortable just allowing myself to be curious and to reflect on difference and how it comes up all the time.
- "I'm just so glad to be able to think out loud about some of these things."

Discussion

The MAD sessions have been successfully presented as a module within a larger mentoring course and as stand-alone sessions. Discussions have been lively, indicating that the sessions provide an accessible format

to engage with ideas that can be challenging and threatening. Each session has led to a series of invitations to present to additional audiences, which suggests that the sessions fill a gap in catalyzing valuable discussions that may otherwise be difficult to initiate.

We have conducted the MAD sessions with members of single departments at required departmental meetings, with multidisciplinary self-selected audiences, and at a variety of national and international educational and professional venues, with numbers ranging from 10-150 participants. We have found that the MAD sessions are equally effective if participants are recruited from a single discipline or department or multiple ones, and if entry is selective or open. We recommend that facilitators be prepared and cognizant of potentially relevant differences among participants, including race, ethnicity, age, gender, and academic rank.

Although the MAD sessions were designed as part of a nine-part series, they may be presented in stand-alone format. Depending on the choice made, implementation can be modified to fit time constraints. However, the overall format, objectives, framework, and pedagogical principles apply. We have found that one case per session allows in-depth exploration of the issues raised. Facilitators may choose to discuss two cases, which adds breadth to the discussion.

Although we feel the sessions achieve their stated objectives, there are educational strategies that might improve the delivery, at the same time expanding and deepening the content, as the sessions are adapted to new settings. Such strategies include the following:

- Role-plays and simulation: Role-plays can simulate hands-on opportunities to practice new skills and strategies in a safe and supportive environment. We have not employed this method in the MAD sessions. Opportunities to practice with peer observation, coaching, and feedback would add an important dimension to the experiential learning approach and could foster the development of confidence and efficacy.
- Scripts: In our own presentations, we have offered and discussed sample scripts for initiating difficult conversations, which provided concrete tools to apply to real mentoring and teaching sessions.
- Reflection and spaced learning: While the cases, readings, and discussions are designed to add to participants' knowledge and sensitivity, the discussions raise sensitive topics, and participants may feel left with more questions than answers. Greater opportunities for reflection, as well as opportunities to discuss the issues raised over time, would add to the depth and durability of the knowledge, skills, and insight these sessions provide.
- Implicit Association Tests: For those who are interested, we provide a link in the References list to these assessments, which can be completed on the Project Implicit website.[12]

To the extent that discussions of difference introduce new ideas and new experiences to participants, it would be useful to introduce a common language in the form of a glossary of terms relevant to the discussion. This glossary might include constructs such as social determinants, race, and racism, as well as terminology for processes and experiences common to underrepresented and disempowered groups in professional settings, such as tokenism and stereotype threat.

There are important areas of difference that are not fully addressed in the sessions, such as gender identity, class, and learning style. There is little time to discuss the range of outcomes that are associated with the domains of difference that we address, including disparities in career opportunities and outcomes, health disparities and inequities, and broader topics of social justice. Although these topics arise in the discussions and are certainly present in the background of the discussions, there is insufficient time to develop them fully, including the role that mentoring can play in ameliorating these broader societal problems. Additional time in each session and/or additional sessions could allow in-depth consideration of some of these topics.

We evaluated the sessions by asking participants to fill out evaluation forms immediately afterward. While this approach captures participants' perceptions in the moment, we have not yet studied outcomes in the mentoring relationship prospectively. This is an area of active ongoing collaboration.

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