



## Guidance for Mentors in Pediatric and Adult Rheumatology and Related APP Workforces

### Introduction

In an effort to promote racial and ethnic diversity in the pediatric and adult rheumatology and Advanced Practice Provider (APP) workforces, the mentoring pillar aims to develop a collection of mentorship resources for the identification, training and pairing of Underrepresented in Medicine (URiM) individuals at various professional stages within pediatric and adult rheumatology and related APP fields. In this pursuit, below is a guide constructed to serve prospective mentors for successful relationships with paired URiM mentees in the rheumatology field.

### Mentorship Goals and Expectations

The role of a mentor is facilitative in fostering the professional and personal development of the mentee. A mentor can function as a teacher, coach, counselor, and advocate. Examples of the roles of a mentor include helping with goal setting and self-reflection, providing an orientation to the complex world of academic and/or clinical medicine, helping to ensure that the mentee feels welcome in the community, making introductions and serving as a sponsor to expand the mentee's developmental network. It is important to set mutual expectations and responsibilities at the onset of a relationship. Make agreements on confidentiality and no-fault termination.

Through this process, the mentor creates a trusting environment for transparent bi-directional communication to share experiences and provide feedback and insight for continuous development.

**Background and Context:** URiM individuals face barriers to careers in medicine. These barriers can be categorized as academic, financial, social, or emotional.

- **Academic:** URiM students and trainees may come from backgrounds with fewer opportunities in academic preparation and success, or by linguistic or cultural norms different from those traditionally dominant in medicine and academia. These differences may translate fewer clinical and research preparatory opportunities.

URiM individuals also often face the minority tax – an implicit or

explicit expectation to participate in activities not expected for non-minorities, e.g. to serve on diversity committees that take time away from efforts required for academic and professional success.

- **Financial:** URiM individuals often face budgetary concerns including: (1) debt, which can be especially problematic in the context of reduced household wealth; (2) financial burdens due to family-cultural expectations and responsibilities; and (3) lower incomes if providing care to financially marginalized patients (poorer payor mix). Consequently, challenges emerge in affording medical studies, including supplemental costs not covered by financial aid, such as commercial test preparation materials.
- **Social:** Social barriers included lack of social capital (i.e. networks within a community that help individuals to success and advance), extended family-cultural expectations, navigating the rigorous institutional environment and culture (explicit and unwritten rules) and the sociopolitical navigation of perceived affirmative action.
- **Emotional:** Feelings of self-doubt and personal incompetence can be present despite one's education, experience, and accomplishments. Some URiM individuals may find it difficult to envision themselves in roles typically occupied by people from dominant backgrounds. Other important themes that emerge include emotional wellbeing, social isolation, ineffective self-reliance, and stress management.

## **Mentoring Across Differences**

- Cultural differences refer to the beliefs, values, standards of beauty, language patterns and styles of communication among various groups of people. Cultural differences also include factors such as race, ethnicity, gender, class, sexual orientation, and other aspects of our identities.
- In becoming an effective facilitative model between cultural differences, mentors must express authentic interest in the wellbeing of and compassion for the mentee. This process requires the mentor acknowledge unearned privileges and lack thereof among different populations. Mentors must reflect on how they have learned about cultural differences and commit to unlearning inaccurate information based in assumptions, bias, prejudice, and stereotypes.
- Trust is not an inherent feature of any relationship; it must be cultivated over time. In multicultural mentoring relationships, trust flourishes through consistency, alignment between words and actions, and mutual reciprocity. It is crucial for mentees to recognize that they do not need to tolerate ongoing displays of inherent or unconscious superiority from their mentors without improvement. We urge both mentors and mentees to embrace a commitment to understanding cultural differences while also seeking common ground. This

journey should be grounded in humility and openness, ensuring that the mentoring experience is equitable and respectful.

## **Mentorship Content Guide**

### Initial Meeting:

Your supreme goal is to ensure that the mentee feels warmly welcomed into the Rheumatology community.

Mentees are responsible for initiating contact with you, scheduling meetings and setting the agenda for these meetings. However, many may feel reluctant to impose upon your time, and for this reason, you may occasionally find it useful to take initiative.

### - Potential Topics of Discussion with Mentee:

- Career Goals
- Work/Life Balance
- Research Project
- Business Management
- Research Funding
- Financial Management/Literacy
- Community Service Opportunities
- Wellness check (potential burnout)

### - Potential Activities:

- Allow the mentee to tour the mentor's office or clinic and shadow regular operations. Additionally, guide the mentee through attendance in academic settings such as conferences, lectures, or meetings (see opportunity for RRF Preceptorship Award below).

## **Mentorship Resources**

### - **BWH Mentoring Curriculum & Toolkit**

- From the Center for Faculty Mentoring Leadership Program (FMLP) of the Brigham and Women's Hospital, the Mentoring Toolkit, provides an interactive resource for mentors and mentees in mentoring relationships.
  - <https://bwhmentoringtoolkit.partners.org/>
  - Permission Granted by: Elena Bertkau and Drs. Ellen Seely, and Frederick Schoen

### - **Financial Resources**

- NIH Loan Repayment Programs - Loan Repayment Programs (LRPs) are a set of programs established by Congress and designed to recruit and

retain highly qualified health professionals into biomedical or biobehavioral research careers. The escalating costs of advanced education and training in medicine and clinical specialties are forcing some scientists to abandon their research careers for higher-paying private industry or private practice careers. The LRPs counteract that financial pressure by repaying up to \$50,000 annually of a researcher's qualified educational debt in return for a commitment to engage in NIH mission-relevant research. <https://www.lrp.nih.gov>

- Rheumatology Research Foundation Preceptorship Awards - Preceptorships encourage students and residents to learn more about rheumatology and pursue careers in the field by supporting a one-on-one, real-world learning experience. Medical and Graduate Student Preceptorship - A full-time clinical or research mentorship with an established rheumatology professional; students can choose a four- or eight-week clinical preceptorship or an eight-week research preceptorship. Purpose: Encourage medical and graduate students to consider a career in rheumatology: <https://www.rheumresearch.org/preceptorships>
  - Award Amount \$2,000-\$4,000 plus \$1,000 for travel expenses and complimentary registration to ACR Convergence
  - Award Term 4 or 8 Weeks

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