



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

GENERAL SUPPORT/OPPORTUNITY RESOURCES {for mentees}

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.

Documentary Opportunity-“The Role of Social Capital and Social Networks that Support Black Male Matriculation Into Medical School”

<https://drive.google.com/file/d/1v3091m7tmLYvfmQwVroZLGd0wgNJDgTp/view?usp=sharing>

- This documentary led by Doctor Donovan Roy of Western Michigan University Homer Stryker M.D. School of Medicine seeks to share the experiences of Black males in K-12 and Pre-Med education, Medical School, and Residency, in order to learn what still needs to be done to encourage more Black males to pursue medicine and to know medicine is an option. The link above is to the trailer of the documentary. To support/contribute your experience to the documentary and receive a \$50 Amazon gift card, email Donovan.Roy@med.wmich.edu.

GENERAL EDUCATIONAL RESOURCES {for both mentors and mentees}

SUPPORT DURING THE PANDEMIC:

Narath.io

<https://www.narath.io/2020/04/08/what-can-i-control-as-a-physician-during-covid/>

{Short; 5-10 minute read}

- Narath 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](#)

<https://acpinternist.org/archives/2020/07/10-tips-for-well-being-amid-covid-19.htm>

{Short; 10-15 minute read}

- 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.

[NEJM Catalyst Innovations in Care Delivery](#)

<https://catalyst.nejm.org/doi/full/10.1056/cat.20.0268> {Short; 10-15 minute read}

- *{Unique Risks and Solutions for Equitable Advancement during the Covid-19 Pandemic: Early Experience from Frontline Physicians in Academic Medicine}* Nine physicians from a variety of backgrounds in academic medicine comment on the realities of gender inequity in academic medicine, and strategies to help frontline women physicians during the pandemic. Women physicians that are expected to be primary caregivers at home are experiencing barriers to being able to balance maintaining academic productivity and providing quality care while keeping their families afloat during the pandemic. Women are already paid less and are less likely to hold leadership positions in academic medicine than men, and now pandemic pressures compound these issues. This article ends with suggested measures institutions can take to support all physicians who are facing higher health risks, and to help support women physicians in the negatively impacted areas of academic productivity and caregiving at home.

[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.

[AAMC](#)

<https://www.aamc.org/news-insights/words-wisdom-new-residents> {Short; 15 minute read}

- In this article seventeen physicians share words of advice about how to embrace growth as all health professionals adjust to the new landscape of healthcare. Many of the

interviewees share the importance of making time to take care of your mental and physical health in order to show up with empathy, ready to advocate for your patients. Residency in particular is a difficult transition to make during a pandemic, and will require an open mind to adapt to the evolving healthcare sphere.

https://www.aacom.org/docs/default-source/default-document-library/recommendations-for-ume-to-gme-transition-3-24-2021-final.pdf?sfvrsn=7fb0997_0

- This transition toolkit created by the AAMC is a great resource for incoming residents during the pandemic. It provides an overview of ways that medical professionals can help medical students adjust to the realities of the pandemic while also learning new responsibilities for the first time, as well as resources for medical residents during this time.

<https://frahme-aamc.org/the-good-listening-project/>

- As part of the AAMC's Fundamental Role of Arts and Humanities in Medical Education Initiative, The Good Listening Project is a collection of poems that tell stories about a variety of experiences of medical students and professionals. The writers turn phone calls about these experiences into poetry. Some of these poems are about the difficulties during the pandemic, and there are poems that speak to the world of academic medicine in general through many perspectives.

[University of Michigan Psychiatry](#)

<https://medicine.umich.edu/dept/psychiatry/michigan-psychiatry-resources-covid-19/adults-specific-resources/coping-covid-19-pandemic-medical-student> {Short; 15 minute read}

University of Michigan's Department of Psychiatry addresses how to cope with being a medical student during the pandemic in this article that explores how to make the most of your medical school experience when beginning or returning to an evolving medical system. From virtual learning to vaccine hesitancy, learning about the realities of the pandemic in real time will impact the learning of all medical students in this time. Finding new ways to reach out and learn from your professors and fellow students creates the community support that is necessary in times of transition and uncertainty.

BOOKS:

Black and Blue: The Origins and Consequences of Medical Racism by John Hoberman

<https://www.goodreads.com/book/show/13504484-black-and-blue>

- This academic text provides a comprehensive overview of racism in the American healthcare system. Hoberman lays out the multifaceted experience of racism in medicine throughout history. This text is more focused on researching the realities of racism in medicine in the United States, but does not attempt to explore possible solutions in the past or present.

BLOGS/JOURNAL ARTICLES:

[Medium](#)

November 13, 21

<https://medium.com/@aikobethea/an-open-letter-to-corporate-america-philanthropy-academia-etc-what-now-8b2d3a310f22> {Short; 5-10 minute read}

- [*An Open Letter to Corporate America, Philanthropy, Academia, etc.: What Now?*] In this post, DEI expert Aiko Bethea discusses the work that is still left to do in institutions now that the systemic racism that persists in this country is center stage in the media. She makes a compelling case for action, with a list of next steps to take in order to make changes within institutions that last. This list demands institutions to take a close look at how they are impacting systems in place, and in the world of academia we are just getting started with this work.

<https://medium.com/age-of-awareness/leading-in-the-post-floyd-era-322d73469c12>

{Short; 5-10 minute read}

- Deborah Plummer, an author, speaker, and psychologist who focuses on DEI work, discusses leadership in the “Post-Floyd” era, an era that exposed the realities of systemic racism in all aspects of American culture and society. Plummer argues that the “transactional measures” meant to create “strong institutional messages” of antiracism are not enough: transformative social change results from relational work. The life of organizational cultures comes from the relational dimensions of our lives, and the strategies organizations are currently using are not moving toward a working environment open to growth.

[In-Training: The Agora of the Medical Student Community](#)

<https://in-training.org/why-medical-students-need-to-be-trained-in-vulnerability-20949>

{Short; 5-10 minute read}

- 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}

- 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}

- 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.

<https://in-training.org/student-protests-reveal-systemic-disease-11042>

{Short; 10-15 minute read}

- 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.

[Healthforce Center at UCSF](#)

<https://healthforce.ucsf.edu/publications/practicing-holistic-review-medical-education>

{Short; 15-20 minute read}

- This article explores the practice of holistic review in medical education, in the interest of furthering DEI work for medical schools. This kind of work demands that institutions look at all aspects of education, including who is considered for admission. This kind of proactive effort is the first step to creating a more diverse *and* inclusive education, and supports a range of forms of diversity.

[Academic Medicine](#) (Journal of the Association of American Medical Colleges)

https://journals.lww.com/academicmedicine/Fulltext/2020/12001/Addressing_Harmful_Bias_and_Eliminating_1.aspx {Short; 10-15 minute read}

- This article makes the case for mitigating harmful biases within the health care field to create a more equitable health care system for both those who provide care and those who receive care. This article is a helpful overview of the ways that harmful biases persist through “systems of reward, promotion, and assessment in health professions education”. The persistence of inequities in academic health care institutions harms everyone and prevents patients from receiving high quality and meaningful care.

https://journals.lww.com/academicmedicine/Fulltext/2021/05000/We_Burn_Out,_We_Break,_We_Die_Medical_Schools.25.aspx {Short; 15-20 minute read}

- A fourth-year medical student at the Robert Larner College of Medicine shares his experience of depression and suicide, and the barriers that prevent medical students and professionals from seeking help and feeling supported. Medical school culture must change and allow for the necessary support and openness for sharing lived experience.

https://journals.lww.com/academicmedicine/fulltext/2019/12000/addressing_the_minority_tax_perspectives_from_two.13.aspx {Short; 15-20 minute read}

- This article shows the reality of underrepresented minorities in medicine through the paths of two men in leadership positions in academic medicine. The discussion begins with an overview of the “minority tax” as it played out in the contexts of their lives,

defined as “disparities in the areas of isolation, mentorship, diversity efforts, and clinical assignments.” The article also explores the “gratitude tax”, which refers to the feeling of obligation to go above and beyond that underrepresented minorities in medicine face for their own accomplishments in the field of academic medicine. To help overcome these taxes, the article suggests the importance of taking care to seriously consider opportunities for growth, and positioning oneself “where you can do the most good.” The “mentorship tax” is proof of both the need for mentorship in academic medicine and the need for non-underrepresented minority allies.

[Annals of Internal Medicine](#) (Journal published by Academic College of Physicians)

<https://www.acpjournals.org/doi/10.7326/M20-4113> {Short; 10-15 minute read}

- 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](#)

<https://www.ama-assn.org/residents-students/medical-school-life/5-ways-pandemic-may-transform-medical-education>

{Short; 5-10 minute read}

- 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](#)

<https://in-housestaff.org/my-black-mind-is-not-yours-the-minority-trap-during-interviews-and-how-to-avoid-it-1857>

{Short; 5-10 minute read}

- 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.

[Medical Xpress](#)

<https://medicalxpress.com/news/2020-11-minorities-professionalism-differently-peers.html>

{Short; 5-10 minute read}

- This article discusses the lower retention rates of minorities at medical institutions that do not take the time to update their values and efforts surrounding inclusion. Professionalism includes making the academic medical field more purposefully inclusive, and according to the research at University of Pennsylvania, professionalism in the medical community needs a new, sincere working definition of what this anti-racist professionalism looks like. Marginalized medical professionals reported more instances of “infringement on their professional boundaries” and placed higher value on professionalism at work than white, heterosexual male medical professionals.

[Journal of Racial and Ethnic Health Disparities](#)

<https://rdcu.be/cdoQY> {Short; 15-20 minute read}

- This piece covers the racial and ethnic differences in burnout, by comparing the data from sixteen different studies related to burnout for minorities in medicine. In one study of medical students in the United States, 64 percent of medical students reported a

negative racial climate at their respective institutions. It is clear that the experiences of burnout vary according to race and ethnicity, as minorities experience more barriers to success in academic medicine such as racial stereotyping and discrimination. Those populations considered underrepresented in medicine experience lower rates of retention.

[AAAS Science Magazine](#)

<https://science.sciencemag.org/content/372/6540/348> {Short; 10 minute read}

- Malika Fair, MD, the senior director of AAMC, and Sherese Johnson, MPH, the AAMC director of public health initiatives, discuss the urgent need to combat racial and ethnic inequities as the result of structural racism. These inequities are the result of the increased risk of exposure and inadequate access to health care for marginalized groups, rather than any innate vulnerability or susceptibility to COVID-19. The authors also argue that a “broad, multisector community-engaged response is required to address the social determinants of health and achieve health equity with COVID-19 and other diseases.”

[AAMC](#)

<https://www.aamc.org/news-insights/terrible-toll-covid-19-people-intellectual-disabilities>

{Short; 5-10 minute read}

- Patients with intellectual disabilities are six times more likely to die from COVID-19. An expert explores how we must improve the quality of care for patients with intellectual disabilities both during the pandemic and in general. Other than increasing vaccination efforts, there is a need for more education surrounding biases about patients with disability status, particularly intellectual disability status. The article cites a recent survey that determined “only 41 percent of physicians felt very confident about their ability to provide the same quality of care to patients with disabilities.” Physicians need a better understanding of what quality care looks like for patients with disabilities, so they can be allies rather than perpetuate biases further.

[Journal of General Internal Medicine](#)

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7531609/> {Short; 10 minute read}

This article, *Asian-Americans and Pacific Islanders in COVID-19: Emerging Disparities Amid Discrimination*, calls for more accurate data to be shared so that public health initiatives can help the 43 distinct ethnic groups within the APPI community through health disparities that are specific to these groups’ different cultural realities. These ethnic groups within the APPI community are also facing the increased racism and Asian hate in the U.S. since the start of the pandemic.

[Best Colleges](#)

<https://www.bestcolleges.com/blog/model-minority-myth/> {Short; 10 minute read}

- In this interview with DEI specialist Farzana Nayani, the model minority myth as it relates to Asian Americans is interrogated. The tendency to see Asian Americans through the single story of successfully achieving the “American Dream” is not fully

representative of the variety of experiences that Asian Americans have, in academic medicine and beyond.

PODCASTS:

[Pediatric Meltdown](#)

<https://podcasts.apple.com/us/podcast/we-burnout-we-break-we-die-author-christopher-veal/id1529656785?i=1000521436976> {Long; 1 hour}

- Christopher Veal, a fourth-year medical student at the Robert Lerner College of Medicine, shares his story with surviving depression and suicidal thoughts. His advocacy about mental health and suicide prevention, particularly within the medical student experience, is necessary awareness for the medical community. Veal's experience inspired him to create a platform for more conversations about mental health in the medical sphere, the Lerner Stories Project. Sharing lived experiences can allow medical students and professionals to start necessary conversations about vulnerability in medicine, and the intersectional humanity of medical professionals.

Academic Medicine

<https://academicmedicineblog.org/novel-approaches-to-addressing-gender-bias-and-structural-racism-in-medicine/> {Medium; 30 minutes}

- Toni Gallo and Monica Lypson discuss new ways to address structural racism and gender biases in medicine with Pamela Chen, Jyothi Marbin, and Leanna Lewis. Marbin and Lewis discuss their article about travel in the American South and the structural racism that creates health disparities in the U.S., while Chen describes writing about her experience painting honor wall portraits of women physicians. Chen explains how her project created space for women of color alumni; Marbin and Lewis tell how studying history of structural racism and seeing the history with their own eyes through travel allowed them to understand the issues we face today.

[Dare to Lead](#)

<https://brenebrown.com/podcast/brene-with-aiko-bethea-on-inclusivity-at-work-the-heart-of-hard-conversations/> {Medium; 45 minutes}

- Brené Brown interviews Aiko Bethea, an expert in the study and application of diversity and inclusion work. Bethea defines diversity, inclusion, and equity, and explains the difference between transactional change and transitional change in an institution. It is necessary to have both quantitative and qualitative data to humanize issues of systemic inequity and bias holistically—you need both numbers and stories to find people-centered solutions, which must be made together with members of the previously marginalized groups of people within an institution. Bethea also explores the grief that comes along with positive change, and how to create a safe space at work where conversations about DEI work can happen without causing more harm to those who are already carrying pain from the past. Brené defines horizon conflict and the importance of introspection when asking yourself how you address the systems in place. This conversation is an incredibly informative overview and a great place to start with the podcasts on this list.

<https://brenebrown.com/podcast/brene-with-aiko-bethea-on-creating-transformative-cultures/>
{Long; 1 hour and 15 minutes}

- This is part two of the conversation with Brené Brown and Aiko Bethea, where both women break down the ideas Bethea covers in her Medium article, also linked in this resource guide under Blogs/Journal Articles. The main idea they focus on is the importance of transparency and accountability in DEI work, and how it is possible to hold people accountable in an empathetic and generous way. Bethea also explains why we need to prioritize honest data and assess who is policing in our institutions, and how to get DEI work to expand to all aspects of the systems we have in place. This is the kind of resource to point people toward when they say they have educated themselves on antiracism and DEI work—it helps answer the “now what”.

[The Praxis](#)

- The first season of this podcast by UW School of Medicine and the Center for Leadership and Innovation in Medical Education focuses on racism in medicine. It’s goal is to educate those who are learning everyday what it means to provide inclusive care and to foster an inclusive work environment in medicine, and those who seek theory and history as a way to supplement what they are learning everyday as medical professionals and medical students. Historically medicine has been used to perpetuate the flawed ideas that inform the taxonomy of race that is used to keep flawed systems in place. Edwin Lindo, a faculty member of the Family Medicine Department at UW School of Medicine, seeks to “connect theory and practice to achieve health justice.” Standout episodes are episodes 4 and 5, which feature meaningful conversations about structural racism and health injustice with Doctor Rachel Hardeman and Doctor Eduardo Medina.

[The Nocturnists](#)

<https://thenocturnists.com/special-episodes/2019/6/13/special-episode-1-lucy-kalanithi>
{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](#)

<https://podcasts.apple.com/us/podcast/women-in-medicine-covid-edition/id1198732014?i=1000485158306> {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.

<https://thecurbsiders.com/show-notes/107-women-in-medicine-be-bold> {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.

<https://podcasts.apple.com/us/podcast/episode-11-stress-the-system-and-self-reflection/id1013473660?i=1000374492573> more {Short; 15 minutes}

- 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](#)

<https://www.drniidarko.com/2020/07/20/173-topics-outside-the-box-the-burden-of-being-a-black-doctor/> {Long; 1 hour}

- 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-yael-schenker> {Short; 20 minutes}

- Practical advice and personal experience of the 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://themedicinementors.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.

[Commonwealth Club of California Podcast](#)

<https://podcasts.apple.com/us/podcast/dr-ibram-x-kendi-alexis-madrigal-racial-disparities/id976334034?i=1000474107747> {Long; 1 hour}

- Alexis Madrigal, the COVID tracking project co-founder, interviews Doctor Ibram X. Kendi in a conversation that focuses on the hope for more recognition of racial health disparities in America and the realization that in order to begin to address the systemic nature of these health disparities, it is necessary to have more specific and accurate data collected, analyzed, and shared with the public. Data collection and analysis are critical to addressing the global pandemic more broadly, as well as the health disparities that are exacerbated by the pandemic. Madrigal explores how stories are easier to ignore without data to back them up, so both aspects are vital to educating the public and beginning to dismantle systemic disparities. People benefit from both data and narrative examples of racial realities in order to understand how these systems work and how to change them. The data needs to be comprehensive and include the incarcerated population and the assisted living communities. Data gives advocates direction and provides a place to start.

[AAMC](#)

<https://storycorps.org/on-the-front-lines-stories-recorded-with-the-association-of-american-medical-colleges/>

- The AAMC partnered with StoryCorps in 2020 to create recordings that highlight the experiences of seventeen health care professionals and their personal successes and struggles working in the medical field. Colleagues, family members, friends, and mentors contribute together to this storytelling collection that celebrates and challenges a variety of truths about real health care providers' experiences.

https://aamc.elevate.commpartners.com/p/210526_leadership?utm_source=sfmc&utm_medium=email&utm_campaign=gel&utm_content=announcement#tab-product_tab_overview

- In this webinar, five women leaders in academic medicine discuss the need for more representation of women in leadership positions, particularly women of color. The outcomes of academic medicine are limited when leadership does not reflect the reality. The Women of Color and Intersectionality Initiative webinar series encourages mentorship and support for women of color in academic medicine, from recruitment to leadership opportunities. Within this initiative, there are also [Women Faculty of Color Toolkits](#) and an interactive [Women of Color Data Site](#) to provide a more inclusive picture of women of color in academic medicine.

[Vital Voices Podcast](#)

https://macyfoundation.org/news-and-commentary/vital-voices-episode-1?utm_source=Podcast&utm_medium=Email&utm_campaign=Episode+1 {Short; 40 minutes}

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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}

<https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.21.5.90>

- 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](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:

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.

Council on Graduate Medical Education Resource Paper-May 2016

<http://www.rootcausecoalition.org/wp-content/uploads/2017/11/Supporting-Diversity-in-the-Health-Professions.pdf>

- Starting on Page 11 of this document on supporting diversity in health professions is an Executive Summary of the recommendations discussed when the Council on Graduate Medical Education met May 21, 2016. It calls for a more evidenced-based approach to comparing and contrasting the diversity efforts at medical institutions to measure the effectiveness of diversity programs across the country. It also calls for funding to allow diversity efforts to have long-term impacts for health professionals. The background and research that follows support the need for these initiatives, to allow the healthcare workforce to become more representative of racial and ethnic diversity present in the US.

AAMC Diversity and Inclusion Toolkit Resources

<https://www.aamc.org/professional-development/affinity-groups/cfas/diversity-inclusion-toolkit/resources>

- This toolkit begins with a list of workshops and educational guides about power and privilege, and microaggressions and identity politics. The rest of the list of AAMC resources are incredibly useful for those who are just diving into GDI work, as well as those who are looking for specific resources on topics like racial justice in radiation oncology. There are also great examples of the diversity and inclusion policies of other academic medical institutions in the US. At the end of the list there are helpful websites that were created with underrepresented in medicine groups in mind to increase success with job searches.

APHA Advancing Racial Equity Webinar Series/Discussion Guide

<https://apha.org/racial-equity>

<https://www.apha.org/->

[/media/files/pdf/webinars/2020/advancing_racial_equity_discussion_guide_part_i.ashx?la=en&hash=826C2700FFDD1B00E117B9F98C1105E38A32A4F6](https://www.apha.org/-/media/files/pdf/webinars/2020/advancing_racial_equity_discussion_guide_part_i.ashx?la=en&hash=826C2700FFDD1B00E117B9F98C1105E38A32A4F6)

- The webinar series created by the American Public Health Association is a great resource to use to start meaningful conversations about what it means to be antiracist, and how structural racism affects one's quality of life and quality of healthcare. The webinar series discusses issues of social determinants of health, and raises important questions about the future of racial equity for everyone. Each webinar is accompanied by a discussion guide with an outline of concepts and questions to encourage more in-depth learning.

SOCIAL MEDIA:

TWITTER:

<https://twitter.com/lashnolen?lang=en>

- LaShyra “Lash” Nolen (@LashNolen) is a first-generation medical student serving as the class president of Harvard Medical School for the class of 2023. Her twitter bio says it all: “A jubilant young woman on a mission to fight injustice through healing and education.” Follow along as she breaks down the realities of how the pandemic disproportionately affects minorities, and amplifies diverse voices while discussing health equity in her community.

<https://twitter.com/AntiracismCtr>

- The account for the Center for Antiracist Research (@AntiracismCtr), run by Ibram X. Kendi, author of *How To Be An Antiracist*, is a great resource for data showing the racial disparities in the experience of COVID-19. Follow along to stay updated on the COVID-19 Tracking Project in the United States, and to be introduced to various writers and colleagues of Kendi that are contributing to antiracism work.

MEDICAL STUDENT ORGANIZATIONS:

[White Coats for Black Lives](#)

<https://whitecoats4blacklives.org/rjrc/>

- The Racial Justice Report Card of 2019 is an invaluable resource for academic medical institutions, which uses 14 aspects of curriculum, culture, and research protocol to evaluate the effectiveness of current strategies to implement DEI efforts. This kind of introspection is key to creating a space that allows medical students and faculty to actively stand up for racial justice and to feel included. The more intentional institutions become, the more likely cultural changes will stick.

GENERAL EDUCATIONAL RESOURCES {for mentors}

Twelve Tips for Interfacing With the New Generation of Medical Students

<https://www.tandfonline.com/doi/full/10.1080/0142159X.2020.1845305>

- 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.

Equal Access for Students with Disabilities: The Guide for Health Science and Professional Education, edited by Lisa M. Meeks, Neera R. Jain, and Elisa P. Laird

<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.

The Journal of Teaching and Learning Resources Anti-racism in Medicine Collection

<https://www.mededportal.org/anti-racism>

- This list of resources is a great tool for educators and mentors that are looking for new ways to be proactive with antiracism in their everyday lives as educators and as people. There are resources that focus on changes in language and behavior that educators can make to prevent microaggressions and to help combat biases, as well as supplementary curriculum resources related to structural social determinants of health and healthcare disparities.

Antiracism and Race Literacy: A Primer and Toolkit for Medical Educators

<https://ucsf.app.box.com/s/27h19kd597ii66473parki15u0cgochd>

- This toolkit from UCSF provides intentional practices for medical educators to improve their antiracist principles in teaching, and to prevent mixed messaging about the real outcomes of racism in academic medicine. This is a great resource for new and existing faculty to compare the actions of one's institution with the goals of antiracist teaching.