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Contributors: Chad Vercio MD, Janice Tsai MD, Helen Wang MD, Krishelle Marc-Aurelle MD, Caroline Paul MD

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## **A Fly in Buttermilk: Utilizing Narrative stories to Foster cross-cultural and racial connections in mentoring relationships Facilitators Guide**

### **1. What is this guide for?**

- a. Faculty or employees who interact with URiM students and residents or Individuals who train faculty who fit the criteria.

### **2. Why was it developed?**

Underrepresented in Medicine (URiM) is defined as those racial and ethnic populations that are underrepresented in the medical profession relative to their number in the general population. URiM individuals face distinct challenges before and during their medical education and training. They also experience imposter syndrome to a higher degree than their colleagues, which can affect their professional identity formation throughout their training. Evidence has shown that universities that adopt an equity-minded framework are more apt to the existing structural inequities in the larger society and consider how these inequities disenfranchise certain students. One study evaluated the trend of URiM pediatric trainees from 2007-2019 and showed that they were unchanged in residents from 16% to 16.5%.

Institutions attempt to pair URiM trainees with a faculty mentor or coach from a similar background to address some of these challenges. However, there are several challenges this poses to the institution; first, they don't have enough faculty to pair with the URiM in training, second it can affect the academic and income potential of the faculty mentors/coaches involved as they often trade time that they could spend on other activities for this type of mentoring which has been coined the "minority tax." Finally, this also maintains cultural structures within the education environment and misses the possibility of cross-cultural relationships and building understanding.

To address the challenges of limited faculty and avoid a disproportionate "minority tax," we propose developing a curriculum to prepare a URiM learner and faculty without a URiM background for a mentoring relationship that supports the personal and professional identity formation that will aid in the growth of both individuals.

### **3. Purpose of the workshop**

- a. This facilitator's guide was developed to equip non-URiM faculty or employees to be aware of the specific needs of URiM learners during professional identity development and to prepare trainees for this type of relationship. This has the potential to be transformative for both individuals. The goal is to have a curriculum for faculty or employees and learners that prepares both parties for a mentoring relationship for individuals with different backgrounds.

### **4. Preparing for your workshop**

- a. Reviewing the PowerPoint
- b. Creation of a team to support the workshop.
  - i. This workshop is more impactful when multiple people believe in the premise and are willing to be vulnerable and share their stories.

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- ii. Our team includes 4-5 presenters but can be done with only one if your resources allow only 1.
- c. Resident/ faculty demographics: variable
  - 1. We spoke to our HR department. Most Residency demographic is made public as a recruitment tool for GME, but faculty demographics are usually obtained from HR.
- d. Pre- Presentation Data collection
  - i. Reflecting on the theme that resonates most with you
  - ii. Write your own narrative story
  - iii. Email [gapina@llu.edu](mailto:gapina@llu.edu) with your scheduled date to give this workshop.

#### **5. Time requirements for the workshop**

- a. Review of materials: 1-2 hours
- b. Creation of a team to support the workshop: variable.
- c. Writing your own narrative story: 30 minutes
- d. **Optional:** 1:1 meeting with Gabrielle Pina to review PowerPoint and go over/ ask questions
- e. Workshop: 90 minutes
- f. Data Collection:
  - i. Post Survey Data:
    - 1. See below for the QR code for the functioning Qualtrics survey to distribute.
    - 2. We will email you when it is life for utilization.

#### **6. Possible consequences of this workshop**

- a. Emotional vulnerability/ trauma
  - i. Have physician vitality, counseling, or other resources available.
  - ii. Have tissues available
  - iii. Keep time after to allow for continued vulnerability if possible
  - iv. I will need to be prepared to continue the conversation outside of the workshop.

#### **7. Follow-up**

- a. Quarterly check-ins via email with affiliated institutions regarding the reception of subject material, workshop implementation, and follow-up feedback or questions.
- b. Annual report with a summary of data collected.
- c. Email correspondence once more content is developed

References for the rationale:

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PowerPoint Placeholder:

This PowerPoint will be a shell of our PowerPoint with the ability to input personal narrative stories and other demographics important to your institution

Questions for the Survey (Please use this QR code for your survey)

Strongly disagree, disagree, agree, Strongly agree)

1. The goals/ objectives of this workshop were met.
2. I know the five narrative themes identified in Cecil Reed's autobiography "The Fly in the Buttermilk."
3. This session helped me understand these themes. will likely
4. I am likely to utilize these themes.
5. I will likely utilize the facilitator guide to plan a workshop at my institution.
6. I feel more equipped than when this session started in cross-cultural coaching/mentorship helped me understand individuals in medicine.
7. Comments, feedback, room for improvement?

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My narrative story: Gabrielle Pina

Theme Most identified with: They are the same; I'm the different one.

As the half-black, half-Portuguese daughter raised in a predominantly black culture, I was called many things- "lite bright, high yellow, whitewashed." My peers and my extended family called me these things. Sometimes they were said with love and humor, and sometimes they were told with derision and judgment. I grew up in a very stable, albeit "I love Lucy" like, active household. I was well provided for and involved in extracurricular activities, including dance, math club, and Saturday academy. My parents exposed me to a love of travel early in life, and we explored the world together and apart. As I got older, I realized that the life I was afforded was much different than most of my neighbors. The city I have always called home has an average SES considered low, with many of my peers qualifying and needing free lunch. In groups where I was mostly with my Black peers, I was told "I talked white" and called "Uncle Tom" when I dated anyone that wasn't Black. Among my White peers, I was asked about rap music and how to make homemade mac n cheese and often told how educated I was compared to others. This internal conflict of not being "Black enough" and always being the token made me question

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the foundation of who I was in a society where color was all people saw. This affected what groups I chose to join, and how I presented myself varied depending on the ethnic demographic of the group. Over time, these statements and questions did not diminish in quantity, but their impact did. I developed a sense of self that intertwined my ethnic and cultural background with all the unique properties that make me: my love of sparkles, unicorns, all things rainbow, and the ability to continually strive for a better tomorrow for everyone, especially the marginalized. I now know that I can still be Black and love-hate artificial grape flavoring, I can still be Black and prefer Hamilton to Drake, and I can still be Black and love anyone I choose to love.

Titles: Director of QI, Advocacy, and Residency Track for the Primary Care track of Loma Linda pediatric residency program, Director of DIME (Diversify, Include, Mentor, Educate) for LLUCH, Educational Scholars Program Scholar Cohort 10, Chair of Child, Adolescent and Maternal Health Committee and Board member for Riverside California Medical Association, Pediatric Hospitalist, and Single Mother of 2 (one adoptive and one biologic).