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ON MY MIND

Broadening the Pool of Mentors for Historically Underrepresented Trainees and Faculty in Cardiology

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The enthusiasm to diversify academic medicine has led to institutional hiring campaigns and funding support provided by the National Institutes of Health. Cardiology can benefit from these efforts given our field's historical lack of diversity as measured by the characteristics that are a source of disparities in cardiovascular outcomes: race, ethnicity, sex, disability status, nativity and immigration status, gender, and sexual orientation. Greater institutional diversity can catalyze culture change by expanding the suite of strategies to promote cardiovascular health equity. However, we can only succeed in achieving those goals if the trainees and faculty who have earned their places in the academy persist in their careers and so reach their full potential. Effective and culturally competent mentoring is crucial for achieving this goal.

Early career faculty and trainees who have mentors experience greater professional success, are more likely to be promoted, and report greater career satisfaction.[1] For fellows and faculty from groups that are traditionally underrepresented in medicine, mentoring can additionally teach the unspoken cultural nuances of academic medicine. Best practices for mentoring individuals who are "minoritized" in academic settings have been summarized.[2,3] Less discussion, however, has focused on who is best suited to mentoring these individuals. Based on our experience, the important roles of mentor, teacher, sponsor, and ally can—and should—be mastered by the broader cardiology community.

Whereas aligning the social and demographic identities for mentor–mentee pairings can promote comfort and provide familiarity,[3] such alignment is not always realistic. The historical absence of underrepresented individuals within our institutions leaves a dearth of senior mentors who reflect the diversity we strive to achieve. Given the ubiquity of this challenge, we propose that empowering all mentors to implement the core competencies of effective mentoring can help any mentee flourish across the critical domains of clinical skills development, research, effective teaching, and professionalism.[1]

When a mentor and mentee share the same cultural and social background, these shared identities can facilitate communication when challenges arise. However, effective communication strategies, including verbal and nonverbal-style reflective listening, can be used by any mentor to facilitate solutions to challenging situations. Demonstrating empathy without judgement or blame serves to validate the mentee's feelings and is arguably more important than a shared experience or background. Such an expression of humanity prevails even when one of the many harmful "-isms" (eg, sexism, racism, classism) is suspected at the root of the conflict. The added input from the mentor allows the mentee to consider the situation from multiple perspectives before choosing how to move forward.

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Although there are some adverse circumstances in the workplace that are egregious and widely witnessed, in our experience, those cases are rare. Rather, discriminatory actions are often subtle and manifest as microaggressions that create a hostile workspace or as "glass ceilings" that prohibit advancement. These gray areas are difficult to navigate, but a mentor should acknowledge the problem and its impact on the mentee, then work alongside the mentee to generate a solution.

The mentor is in the strongest position to lead an inquiry into challenging situations by shifting into the role of ally and sponsor; however, when a mentor speaks out against an alleged wrongdoing, it is not without consequence. A mentor risks placing themselves in an adversarial relationship with their colleagues or institution. Framing their subsequent actions as steps required to promote the values of the institution around diversity and inclusion can diffuse risk. Personal integrity and courage are required when mentoring any trainee; these traits may be more frequently required when mentoring historically underrepresented trainees and faculty.

Whereas we maintain that best mentoring practices can be applied to most common professional scenarios, at times, the insights from a colleague who has a shared experience with that of the mentee are invaluable. With small numbers of senior faculty who reflect diversity at any one institution, one option is to call on senior investigators identified through a broader network. Many senior clinicians and faculty share a commitment to supporting trainees and early career faculty who have been underrepresented. Consequently, senior investigators from other institutions may be willing to engage in short-term consultations or long-term distance mentoring. Care should be taken, however, to recognize the added burden that such service places on these senior leaders who often hold similar formal and informal roles within their own institutions while having to maintain the scholarly excellence commensurate with their rank. Thus, this option should be used sparingly and in accordance with the gravity of the concern.

Another excellent alternative is to adopt team-based mentoring comprising both senior and near-peer mentors within the institution. Near-peer mentors can be a step ahead of the mentee (eg, a fellow as a mentor to a resident) or their peer (eg, fellow assistant professors). If these peer mentors are selected because of a shared identity with the mentee, the senior mentor could solicit their input to assess the situation and to propose a path forward. Discussions directly with the mentee remain essential; however, incorporating the perspectives of other individuals can provide added context and objectivity. Solutions that may escape the mentor may arise organically from the peer who has a shared or similar background. Team-based mentoring that includes diversity across multiple domains (eg, rank, similar and dissimilar experiences) becomes a learning opportunity for all parties.[4]

Our suggestions are not meant to bypass the urgency of identifying and developing senior mentors from backgrounds that are historically underrepresented in cardiology and medicine. There are countless benefits for all early career trainees and peer colleagues who engage with senior mentors from traditionally underrepresented backgrounds. However, we cannot wait for that workforce to emerge; rather, we must build that workforce by nurturing our early career trainees right now using the strategies we propose.

Everyone who shares the value and commitment to diversity in cardiology and academic medicine must become active mentors. Without widespread ownership of this responsibility, we will face a bottleneck in our progress toward promoting inclusion and equity. Aside from the desire and commitment, the only "umbrella" competency required for diversity mentoring is cultural awareness and a growth mindset.[5] Institutions and our professional organizations can support these efforts by offering education on mentoring best practices and by creating a safe space for senior mentors to ask questions and grow. The downstream benefits of these efforts will replicate and magnify across subsequent generations of trainees and faculty who experience cross-cultural mentoring as the norm.

ARTICLE INFORMATION

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Disclosures

None.

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