

**1. Name your mentoring and/or advising role(s) or activity(ies):**

1. American Academy on Communication in Healthcare (AACH) longitudinal (3.5 years) mentor for a doctoral level health educator (recently emeritus) from the Mayo Clinic
2. Mentor to inter-professional faculty leadership team in the Center of Excellence in Primary Care Education (COEPCE)
3. "Coffee Connection" (inter-professional brief mentoring and team building program) creator with brief mentoring of clinic administrative personnel
4. Mentor, advisor and sponsor to Longitudinal Clinical Experience medical students
5. Remediation mentor for third year medical students failing the Clinical Exam (CX)
6. Creator and facilitator of peer mentoring group for physicians and nurse practitioners with large patient panels in the ambulatory setting.
7. Specialist for under-represented in medicine students, UCSF School of Medicine with longitudinal mentoring of under-represented minority students years 1-4.
8. Faculty Developer and in house expert in communication training, mentoring mid-level to senior mentors in skills need to improve the climate for under-represented minority learners and junior faculty

**2. Your role(s)**

I mentor a doctoral level health educator, eliciting her professional goals, advising her on potential partners for her projects, editing her writing, interpreting the standards of the AACH program and supporting her progress within the training program, coaching her to capitalize on her strengths in education and use of media resources in education. I also help translate the culture of medicine for her, which impacts how she is seen and evaluated by faculty physicians.

**3. Mentees and amount of contact:**

1. I meet monthly for 60 minutes with my AACH mentee. I meet with her daily for 1 hour during the required semi-annual faculty training courses. She is in the second level of a three level training in health care communication and teaching.
2. I meet with leadership team members monthly and additionally at their request.
3. I meet weekly with admin staff for brief mentoring (20-30 min)
4. I meet LCE students weekly for 22 sessions with additional sessions as needed for support
5. I meet students for remediation for 90 minutes for initial meeting then multiple 60 minute sessions tailored to the goals and needs of the student
6. I meet monthly in a group setting with faculty who teach and have large patient panels
7. I meet with SNMA and LMSA weekly for leadership training and mentoring and to plan interventions to improve the learning and social environments for minority students
8. The mentoring the mentor session are 2 hours, followed 6-8 weeks later by a 60 minute booster session. Informal consultation with facilitators is encouraged.

**4. Builds on best practice/evidence**

I've built an extensive library of the literature on feedback, team building, best mentoring practices, small group facilitation and the experiences of minorities in medicine. I have conducted focus groups of African American adults and learned a great deal from those narratives. I rely on my network of educator and research colleagues in the American Academy on Communication in Healthcare for peer consultation and additional resources.

**5. Goals and learning objectives**

1. My AACH mentee learning objectives include small group facilitation
- 2, 3. Leadership and admin mentoring is learner centered
4. LCE students are expected to learn to take careful histories, perform physical exams, make diagnoses, educate patients, and learn to develop a program of professional improvement.
5. Remediation students must pass the clinical exam. Other issues often arise in the remediation process,

as overcoming test anxiety is a common barrier to address in coaching.

6. Faculty goals range from efficient teaching and time management to reducing burnout

7. Students goals are to understand how the academy functions and how they can best function in an academic setting, how to effect social and cultural change while simultaneously attaining professional competence, and improving the social and learning environments for their peers.

8. Acquire skills in building relationships with minority learners and junior faculty, co-creating a climate conducive to the academic promotion and retention of minority faculty

## **6. Methods**

My methods include direct observation with timely dialogic feedback, tying the learner's goals to the mentoring and coaching. The literature indicates teachers and mentors often neglect follow up and my mentoring always includes a plan to check in on progress at a specified time, which encourages accountability and aids progress. These are evidence based mentoring behaviors and quite effective.

## **7. Results and impact**

My director nominated me for a VA Superstar Award in 2013 I felt very proud when I received the award and the Academy of Medical Educators Excellence in Teaching Award the same year. My director noted my mentoring of nurses, nurse practitioners, trainees and physicians in her recommendation. Similarly I feel proud that the evaluation for the innovative mentoring the mentor program averaged 4.8/5. After a great deal of coaching and mentoring, one of the LCE student I mentored for two years applied for and matched with the residency program that is her first choice.

## **8. Dissemination**

In addition to co-authoring a chapter on feedback in remediation, I co-authored a letter to the editor with a mentee on a women's health topic: Consider the Personhood of Women Who Experienced Genital Cutting published in Mayo Clinic Proceedings. I've written and distributed Developing Skills in Mentoring Minority Learners and Faculty at UCSF and A Guide to Discussing Difference to AACH faculty. These guides are based in part on focus groups I've conducted with African American adults in a health care setting. No guides addressing race and healthy relationships in health care previously existed in either organization.

## **9. Reflective critique**

I've arrived at a point in my career when helping others succeed is extremely satisfying. I've had the privilege of coaching learners who initially thought I do not think that anyone can help me. Skillful teaching and mentoring often changes the perspectives of both the learner and the coach and I am eager to develop additional skills in helping learners and faculty with significant cultural and linguistic differences become highly productive, respected and satisfied with their careers. Next steps in my development include spending more time collaborating with educational researchers about the data I have already collected from my teaching of residents, faculty, patient experience improvement coaches and other health care professionals. My recent admission to the Teaching Scholars Program at UCSF will also expose me to new theoretical and experiential models in education with expert teaching and mentoring. The journey continues.