



## Perspective/Opinion

# Mentoring and Professionalism in Training for Practical Wisdom in Anti-racism and Allyship

By R. Ellen Pearlman, MD, FACH

*Dr. Pearlman, one of the speakers at the KNN Conference, shares her first-hand experience with Anti-racism and allyship development in faculty and staff at the Zucker School of Medicine...*

I am a white, cis-gendered, able-bodied woman physician. I grew up as the daughter of a physician father and a mom who could afford not to work to raise me and my two older sisters. We lived in a white suburb and went to a private school, shopped at stores where we only saw white people and watched Disney on TV on Sunday nights, which only featured white characters. My parents were progressive liberals who were proud of teaching us to be “colorblind.”

My first experience of racial difference is a memory I am not proud of. I was standing with a group of girls on the playground in first grade when the only black girl in our elementary school came to join us. One of the girls told her she was dirty and needed to bathe. We all watched, and some of the girls even laughed, as she ran away. I did nothing.

It has taken me five decades to appreciate my privilege for what it is. I see now how it disadvantages others and keeps me from living my best life.

I experienced “waking up to privilege” as a series of moments like having cold water thrown in my face. There was the time that my black medical school classmate was late to a review session because he had been pulled over by a cop. Then I repeatedly witnessed my black intern’s ID being scrutinized every time she tried to access the employee elevator bank. Again, I did nothing. Finally, in a mixed small group that I facilitated; I focused the group’s attention on the two black participants to share their responses to the murder of George Floyd. My black colleague aptly called me out for expecting the black participants to carry the burden of educating everyone else. That was a good dose of cold water! I had to do more.

**Anti-racism and allyship development in faculty and staff at the Zucker School of Medicine.**

Pre-pandemic, we had been poised to create a faculty development on anti-racism & allyship in response to evidence of rampant microaggressions and even overt sexism and racism reported by our learners through the AAMC graduate questionnaire and the C Change Survey on the learning environment. We were facing a bit of an uphill battle. True to the norms of “white fragility,” the data we received was questioned for its validity.

Enter COVID-19 and suddenly everyone was looking for ways to educate faculty and staff about health equity. Dr. Rob Roswell, our associate dean for diversity, Alice Fornari, EdD, our vice president for faculty development and I got to work. We wanted to focus our efforts not just on knowledge acquisition and attitude adjustment but on concrete skill development, particularly for faculty and staff working with diverse groups and advising learners one-on-one across difference.

Consulting DEI experts across the nation, we vetted twelve skills we wanted our faculty and staff to emerge with. We want our faculty and staff to be able to:

- Use location of self and knowledge of their own privileged and minoritized identities to acknowledge & explore difference
- Use ground rules and principles of psychological safety in groups to promote brave spaces
- Recognize and prevent the minority tax in group discussions
- Use inclusive language
- Call attention to historical racism and its impact on trust
- Acknowledge the sociopolitical construct of race
- Recognize and mitigate stereotype threat and imposter syndrome
- Manage guilt and shame in cross-racial conversation
- Compare and contrast the intent versus the impact of one’s actions and words on others
- Validate, respond with curiosity and empathy, and apologize for impact of actions and words that have caused harm to others
- Interrupt microaggressions
- Overcome the bystander effect when witnessing harassment, and
- Leverage privilege as an ally

We then turned to pedagogy. Building on Dr. Bill Branch’s beautiful work in humanism, Alice had launched a highly successful, entirely volunteer-run program called Mentoring & Professionalism in Training (MAP-IT) with interprofessional communities of practice. We decided to use this as a model and call it MAP-IT 2.0. Branch’s theoretical framework includes four teaching methods:

- (1) experiential learning of skills,
- (2) critical reflection,
- (3) a supportive group process, and
- (4) a sufficiently longitudinal curriculum to allow for a transformative humanistic learning process.

The major focus is social constructivism to enable learners to co-construct new knowledge and skills and form their own identity as allies.

Our program thus consists of groups of 8 interprofessional learners, facilitated by one person who is under-represented in medicine and one ally, who meet monthly for 90 minutes for a full year. Each session is crafted around one of the skills above, includes a video or short didactic followed by time for reflection and role play practice.

Mid-way through the program, all participants receive formative feedback through participation in an observed structured clinical encounter (OSCE) in which they counsel a standardized learner who is under-represented in medicine about stereotype threat. They also participate in an observed structured teaching encounter (OSTE) in which they teach a diverse group of standardized learners about COVID vaccine hesitancy.

At the end of the program, they again participate in OSCEs to demonstrate their skills at interrupting a microaggression, coaching a colleague through shame, and intervening during witnessed harassment.

At this time, four groups have completed the full year of training and two are half-way through. The results have indeed been transformative. I am confident that each person who has gone through the program now walks through their world not only aware of their privilege but willing to leverage it for equity. They can better hear the experience of minoritized learners and help them overcome stereotype threat. They are brave enough to “call in” their colleagues, and they will not stand idly by if someone is in danger.

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