

Mutual Mentorship Program for Persons with Disability in Medicine

I. Specific Educational Aims: The Stanford Medicine Abilities Coalition (SMAC) and Stanford Medical Students with Disabilities and Chronic Illness (MSDCI), in *collaboration* with the Society of Physicians with Disabilities (SPD), a national organization, seeks to expand a virtual mutual mentorship program to promote *diversity, equity, and inclusion* for disabled clinicians. This program will enable (a) empathetic, mutual mentoring through synchronous virtual group discussions; (b) opportunities to network and establish informal one-on-one mentoring relationships; and (c) asynchronous group mentorship via online forums. We will do this through the following specific aims:

Aim 1: Create in-person and online community for disabled clinicians at Stanford and nationally.

Aim 2: Teach disabled clinicians the “hidden curriculum” of navigating medicine with a disability.

Aim 3: Build disabled clinicians’ confidence, self-efficacy, and sense of belonging in medicine.

Based on excellent engagement and high ratings of participants in our pilot program, we anticipate this mutual mentorship program will have a far-reaching *impact* on clinicians with disabilities and potential to expand beyond Stanford and outlive its original organizers (*sustainability*). Though the program is tailored to clinicians with disabilities, this model of mentorship can be adapted to other URM clinicians and trainees. We will *rigorously* measure and document the outcome of each aim via the Evaluation Plan.

II. Project Rationale: Individuals with disabilities are an underrepresented minority (URM) in medicine¹ due to obstacles faced in their retention and professional advancement^{2,3}. Disabled clinicians and trainees have few role models or tailored mentorship opportunities to help them navigate their profession. Like other URMs, they require deliberate, specific mentorship^{4,5} that includes: 1) psychosocial support, i.e., empathetic mentoring, a crucial yet often neglected component of mentoring URMs^{4,6-8}; and 2) instruction in the “hidden curriculum” in navigating medicine with a disability, including knowing one’s rights, when and how to disclose disability, the process to obtain accommodations, and strategies for self-advocacy⁹.

To address these needs, we propose a virtual, mutual mentoring platform in which clinicians at all stages of training engage in online group meetings to network and discuss aspects of the “hidden curriculum.” Importantly, because experience navigating medicine with a disability does not always correlate with stage of training, participants will engage in mutual mentoring, a type of group mentoring in which participants operate as both mentor and mentee¹⁰. This nonhierarchical arrangement promotes skill building, community engagement, knowledge acquisition, cultural competency, sense of belonging, emotional support, feeling valued, accountability, leadership capacity, and problem solving^{4,11-17}. It also provides participants multiple mentors to meet their differing needs, an effective strategy to mentor for diversity^{18,19}, as well as a venue to organically establish informal mentorships, which are thought to result in better outcomes than formal relationships in which mentors and mentees are assigned²⁰.

To assess the feasibility and reception of such a mentorship model among clinicians and trainees with disabilities, we launched a pilot program in December 2020. Our preliminary results have demonstrated a clear need and desire for such a program amongst both clinicians and trainees. Our program has had excellent participant engagement despite scant advertising and only offering one meeting time per month, with meetings attracting 35-45 attendees from multiple institutions in the US and abroad. Participants have demonstrated a high level of engagement and a desire to take ownership of the program by volunteering to facilitate breakout rooms and present at sessions. Our pilot mentoring program has built up a cohort of participants who regularly attend the monthly meetings. This pilot has enabled us to optimize the length and format of virtual events and to explore a variety of topics that will be incorporated into our program curriculum, including self-advocacy, disclosure, disability law, etc. To assess and evaluate our pilot program impact, we have implemented post-event surveys. Attendees highly rated the meetings and provided positive testimonials, with participants saying this is the highlight of their month, and we have had high participant retention between monthly sessions (>80%).

III. Approach: Feasibility for **Aim 1** was established by our pilot program, which will be expanded through this project. Disabled clinicians and trainees of all stages at Stanford will participate in monthly

mentoring meetings along with virtual participants from SPD, Harvard, and UCLA. Three meetings will also include an in-person component for those at Stanford. For **Aim 2**, we will develop a program syllabus on the “hidden curriculum” of disability in medicine, with each meeting consisting of:

- **Didactic component:** Pre-reading on each “hidden curriculum” topic will be provided. Faculty will introduce and summarize the background for the topic at the beginning of each meeting.
- **Small group breakout discussions:** Small groups will engage with discussion questions. Conversations will be moderated by a trained facilitator. Notes from each group will be released to all attendees of a given meeting via email after the meeting's conclusion.
- **Large group discussion:** After small groups, trained faculty will moderate further discussion. Representatives from each group will summarize conversations for the large group.
- **Unmoderated social time:** This will be an optional offering for participants who wish to stay on after each mentorship event for informal bonding with fellow participants.

For **Aim 3**, in addition to the events we will also provide the following resources for participants:

1. Host guest speakers or panelists to present on topics related to disability inclusion in medicine.
2. In person social events for Stanford participants to enhance community-building.
3. A LinkedIn group will serve as a forum for participants to engage in asynchronous mentoring.
4. The program website will contain resources for clinicians with disabilities.

IV. Timeline and Plan for Implementation:

	Pre-grant	Oct – Dec ‘21	Jan – Mar ‘22	Apr – Jul ‘22	Post-grant
Mutual Mentorship Program					
Compile pilot program results					
Create curriculum/ schedule					
Train facilitators for small/large groups					
Website and online resource design					
Monthly virtual mentorship meetings					
Research/Evaluation Plan					
IRB approval					
Survey design, enrollment, consent					
Survey deployment (Pre- and post-survey, post-event assessment)					
Work product creation and results dissemination					

V. Anticipated Work Product

1. Written guide will be disseminated at Stanford and nationally to replicate this model for disabled clinicians and clinical trainees at other institutions and for other URM groups
2. Scholarly publication and conference presentations documenting the impact of the disability mutual mentorship programs on clinicians with disabilities based on rigorous data collection
3. April Stanford Conference on Disability in Healthcare and Medicine informed by needs that come out of monthly educational/mentorship events

VI. Evaluation Plan: We are developing an IRB approved protocol to administer pre- and post- surveys, conduct a focus group, and analyze breakout session notes written by program participants. Individual post-event surveys will be used to assess participant engagement, impact of the program, and participant satisfaction. We will also conduct a focus group at the midpoint of the program (Feb) to obtain qualitative data on strengths, shortcomings, and observations about the mentorship program.

VII. Dissemination of Results: We will present on our novel disability mutual mentorship program and its impact at conferences and publish these results in a medical education journal. A guide to creating similar programs will be disseminated via MedEdPORTAL. Finally, we will share information about the program at the annual Stanford Conference on Disability in Healthcare and Medicine in April 2022.

Sources

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