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« On ne manque jamais de sujet! » Les avantages inattendus lors de la transition au virtuel au sein d'un programme canadien de mentorat pour la diversité

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In recent years, undergraduate medical education programs have seen an increase in the diversity of their classes across race, income, gender, sexual orientation, and more as a means of better reflecting the demographics of the general patient population.¹⁰ However, schools must do more than simply grant entrance into medicine to members of equity-seeking groups. These groups include Indigenous, Black, racialized (non-White), 2SLGBTQIA+ (two-spirit, lesbian, gay, bisexual, transgender, queer, intersex and asexual), first-generation university and medical students, disabled, economically disadvantaged, and other minoritized groups. These groups face barriers after entrance into medical schools such as lacking knowledge about extracurricular opportunities and career planning, lacking “social capital”, and experiencing feelings of “not fitting in”.^{1,7,10,11} In 2017, the Office of Inclusion and Diversity in the University of Toronto Temerty Faculty of Medicine attempted to address these barriers by relaunching a previous pilot program to create the Diversity Mentorship Program (DMP). Trainees (medical students and junior residents) self-identifying as equity-seeking are connected with faculty mentors who support their educational and professional growth and development. In doing so, the DMP aims to reduce systemic and personal barriers historically

underrepresented trainees may face, as they work to attain their full potential. DMP faculty mentors acknowledge the nuanced challenges each mentee may face and commit to ongoing development of their own cultural humility to better foster respectful mentor-mentee relationships.^{7,10}

Traditionally, our faculty coordinates mentor/mentee matches and facilitates large-group events to provide social learning opportunities within the DMP community. In 2020, the COVID-19 pandemic indefinitely halted these ‘ideal’ opportunities, resulting in a completely virtual program^{1,7} which further exposed pre-existing inequities within medicine—especially for students relying on in-person opportunities to gain social capital.⁸ Individual mentor-mentee meetings and group session all transitioned online. To returning DMP faculty mentor (KW) and returning medical student mentee (ML), the virtual environment felt somehow inferior, compared to the large gatherings that had previously offered safe spaces to discuss and address the equity and diversity issues (e.g., microaggressions) in medical training. For a first-year student (SA) starting an entirely virtual medical school experience, the cancellation of in-person DMP events compounded her feelings of loss of the “traditional medical student experience.” After months of Zoom video-conference fatigue, we all had strong reservations about

engaging virtually. Additional mentorship barriers we anticipated included internet and technology accessibility, miscommunications, and slower development of mentoring relationships, trust, and confidence.^{3,5}

With these situational events and concerns in mind, we asked ourselves: How would exclusively virtual meetings allow creation of meaningful relationships and safe spaces? Would they reduce or actually create barriers for students? How would student and faculty members each be affected in terms of engagement and connection? However, to all our surprise, our DMP experiences have highlighted the benefits of virtual mentorship.

First, the virtual format alleviated cognitive and administrative burdens associated with in-person mentorship meetings which have been shown to commonly place an onus on mentees to prepare for each encounter and to shape and drive the relationship.⁶ Developing thoughtful goals, questions, and discussion topics is encouraged as the intrinsic ‘heavy lifting’ that mentees must do to reap mentors’ insights and experience.⁵ This pressure is often exacerbated by the administrative burden of in-person meetings on both parties, particularly on new students physically navigating to mentors’ offices.⁹

Secondly, an important mentee milestone during relationship-building is the transition from leading formal question-and-answer discussions to more organic, free-flowing conversations as equals. This progression was expedited by accessible virtual meetings, as joining a Zoom link was much easier and cost-effective than commuting to a mentor’s office. As students, we (ML, SA) felt reduced pressure to be “prepared” due to decreased administrative burdens for both mentors and mentees. We found that virtual platforms may remove some of the onus on under-represented medical students (who may already be carrying a ‘heavier weight’ because of their backgrounds and inherent barriers to creating connections), which facilitates growth and engagement. Easily coordinated online meetings also allowed for more frequent consultations, which seamlessly became unstructured “catch-up chats.” There was “always something to talk about.”

Furthermore, given the DMP goal to help underrepresented mentees navigate personal and systemic barriers throughout their medical training, finding comfort and value in online meetings was imperative. As others have also noted,⁹ conversing from the comfort of one’s own settings more readily created safe spaces for

mentees to disclose equity-related challenges and request guidance. In virtual spaces, we explored poignant experiences as minorities in medicine (e.g., racialized, women in medicine and medical leadership, first-generation medical students).

Finally, frequent meetings within familiar spaces allowed our mentoring relationships to grow. The mentor (KW) more quickly gained an understanding of mentees’ values, aspirations, and goals. Video connections rather than telephone conversations enhanced our ability to relate; we could read more social and verbal cues. Recent literature has similarly demonstrated the favourability of using video rather than audio alone.^{3,4} Despite Zoom fatigue, low-stakes one-to-one mentorship meetings allowed for more relaxed and enjoyable experiences than prior structured large group meetings.

We have collectively discovered that different does not mean “lesser than.” If anything, our experience with a virtual format is that it has unlocked great potential for mentoring medical students. Despite our initial reservations regarding a virtual mentorship program, these online sessions facilitated professional growth and development, as well as a deeper understanding of equity and diversity in medicine. As a result, we recommend including a video-conferencing component within mentorship programs like the DMP to retain these unexpected benefits. Table 1 summarizes enablers of meaningful virtual diversity mentorship formulated from our experiences.

Table 1. Recommendations for effective virtual mentorship

Administrative	
•	Ensure all students and faculty have adequate Internet and devices, and private spaces to connect
	Remove distractions that encourage multi-tasking while in mentorship meetings (e.g., turn off emails and other notifications)
Cognitive	
•	Schedule regular recurring meetings (e.g. schedule the following meeting at the conclusion of the previous one) to encourage continuity and remove the onus from trainees to communicate only when they have “something to talk about”
Affective	
•	Create a culture of cultural humility that allows mentors and mentees to learn from each other
•	During sensitive topic discussions, be aware of the privacy
Pedagogical	
•	Provide support and training for both mentees and mentors transitioning online
•	Continuously train new mentors on effective mentorship skills as they pertain to the online environment and to diversity mentorship

Ongoing research is needed to identify which components of diversity mentorship are better suited to in-person versus virtual settings, and how to continue to improve the virtual mentorship experience.

Conflicts of Interest: The authors were involved as a mentor (KW) and mentees (ML, SA) in the mentorship program discussed in the article. We have no conflicts of interest to declare.

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