



## Case: “More of Everything”: Mentoring Around Identity Assumptions

### Key Phrases:

- Racial bias and assumptions in identities
- Isolation experience of minorities

### The Situation:

Gabriel is a third-year medical student beginning his clinical rotations in a weekly longitudinal clinic with Suzanne, a general internist who is an active leader in the clerkship. Suzanne was also assigned to Gabriel as an informal mentor. Gabriel had a challenging transition from the classroom to the wards. His first clinical rotation was on a team that didn't get along well, and he didn't acclimate well to the culture of the internal medicine service. He was a naturally shy and quiet man, which was striking given his polished and strong physical presence as a decorated college athlete. His comportment was always very professional, but slightly aloof, and was sometimes interpreted as arrogant. Gabriel is also African-American and was often the only person of color on his team.

Gabriel's poor performance on the first rotation rattled him. He received feedback about his aloof behavior, and was told to be less cocky and step up more. Suzanne met with him often to help him utilize the feedback to improve his work, rather than see it as criticism. Suzanne advised Gabriel to work on integrating into the team and to try to be pleasant and reach out to people even if it didn't come naturally to him. But Suzanne felt that they both knew the elephant in the room. After months of discussion, Gabriel finally said what he was thinking: “They're asking me to dance. I don't want to dance. And if I don't, I'm just an uppity black man.”

Gabriel admitted that he felt like he was being asked to be more of everything than his colleagues because of the color of his skin. Gabriel felt that he needed to be *friendlier*, *more* collegial, and work harder because everyone else was cut slack that wasn't offered to him.

Suzanne was conflicted. She felt that Gabriel may have been correct in his assessment of the situation. She had noticed the things that other physicians in the clerkship said about him when he was brought up. “He should just smile more!” “He should be more like X (friendly African-



American man who had gone through the system a few years earlier.)” “He has the same attitude problem that Y (different African-American man) had.” Suzanne was aware that neither the individuals making the comments, nor the group as whole was able to talk about the implicit bias in any of these comments.

## Case Questions:

1. How might Suzanne have engaged Gabriel in this discussion earlier?
2. How can Suzanne help Gabriel mitigate his defensiveness while also acknowledging the possibility of real racial bias and obstacles?
3. Does the fact that Gabriel is an African-American man alter your “diagnosis” of what is going on, and, therefore, how Suzanne should approach the conversation?
4. How can Suzanne and Gabriel work together on tools that will help Gabriel be successful in his work and social interactions, while not feeling like he is compromising his identity?
5. How, if at all, should Suzanne approach her colleagues about their possible bias?