Welcome to Michigan Surgery Sessions, where we discuss the latest in clinical care, education, and surgery culture with faculty, residents, and medical students.

Welcome to Michigan Surgery Sessions. I'm so happy you're all here to join us today. I'm Michelle Moniz. I'm a Generalist Obstetrician/Gynecologist at the University of Michigan. And today we're talking about mentorship, specifically mentoring across differences. I'm here today with Dr. Andrew Ibrahim, who's an assistant professor in the department of surgery here at the University of Michigan. Welcome Andrew, thanks for being here.

Thanks Michelle. It's great to be here.

To start, why don't we just get into how we think about mentoring across differences and what that means? For me, I think about it as meaning, mentorship across different genders, different sexual identification, different races, different generations, mentorship, where, perhaps, one person has a disability and one person does not. How do you think about mentorship across differences, Andrew?

For me, I have a little bit of an unusual role, in that I have both an appointment in the Department of Surgery, as well as the School of Architecture and Urban Planning. And so, for a lot of my mentees, their training is very different, their goals are very different and the currency or the things that they want to produce are very different. And so, for me, it actually requires a very different framework and model, depending on who the mentee is.

So you're starting to get into, I think, the heart of the matter, which is that when we think about mentoring across differences, there are immense challenges that can arise, in terms of the things you just mentioned. And I think there are also incredible opportunities to leverage that, that diversity bonus that our colleagues Scott Page talks about, where one plus one equals three, right?

Yeah.
Michelle Moniz:

Where those differences in perspective actually create incredible opportunities. So, maybe you can talk about that generally, or share a case study, a story about how you've experienced that.

Andrew Ibrahim:

In 2020, I think there were a lot of really important conversations and one of them was about structural racism, and a lot of the research work I'd done prior to those conversations had been in policy evaluation and thinking about healthcare delivery through a policy lens. And I was working on it with one of the surgery fellows, and I just happened to mention it also to one of the architecture fellows. And he said, "Well, you could GIS map and locate all of the different discriminatory housing policies, and start to connect those to your health outcomes." I thought, I never would have thought of that idea had I not spent time in both of those worlds, and been so open about sharing the things I was thinking about with different mentees.

Andrew Ibrahim:

And all of a sudden they mashed up and do a fascinating paper where we found that discriminatory housing policies translate and manifest in health disparities. I thought it was a cool example, so now when I meet with my mentees, I tell them everything that's going on with all the other mentees, and they often weigh in from a totally different perspective and really enriched the work.

Michelle Moniz:

That is such a great example. I too have experienced that, slightly differently. A lot of my kind of cross differences, mentoring experiences have been receiving mentorship from men, because in many fields in medicine, including in OB/GYN, particularly when I was just starting out in residency, almost all of my mentors were men, because almost all of the senior people around were men. And although that is changing, I think it continues to be a common experience. And I have had amazing experiences where, I think, I was bringing a little bit of imposter syndrome to the table, or I was enacting some of these gender scripts that were sort of taught very early on that women are meant to be communal and polite and think about others and prioritize the communal benefits. And the more you've had mentors who their perspective has been, they've perhaps been taught to be much more independently focused, and their approach to a problem has been, "No. You have to go out and get it. You do need to prioritize your own career advancement sometimes."

Michelle Moniz:

So opportunities where bringing those two perspectives together, triangulating, well, what's best for the group and what is best for my advancement, and how can we try to maximize both of those needs, and elevate meeting both of those needs. But there have definitely been moments where mentors have helped me fine tune my approach, and to have insight into well, if you don't think about these things, you may be left behind, because other people are thinking about that sort of self-promotion and advancement. And so it's been really helpful to have that kind of perspective.

Andrew Ibrahim:

I like the framework you're starting to build about how intentional you sometimes have to be in choosing the right mentor. And I think, back to a couple of the mistakes I've made about choosing
mentors and that I've seen happen, too, where sometimes you just have someone that you just like as a person. And you're like, "Gosh, I just really want to work with that person, because I just like that person." But the work they do actually, isn't the work that you want to learn, and it's not the skill set that you particularly care about. And you can get through one or two projects, but after that, you're either going to build some resentment towards that mentor, or you're going to be spending a lot of time on stuff that you're not particularly excited about it.

Andrew Ibrahim:
So I think there is some real value in having intentionality about who your mentors are, whether it's explicitly choosing mentors who have a specific skill set that you don't have that you want to learn, or as kind of connecting to our earlier conversation, or they have a perspective or worldview that's intentionally different than yours, that you choose to either challenge either some of your biases or to learn deeper.

Andrew Ibrahim:
There was a really fascinating example last year in the vascular surgery world, where one of the top journals published an article that looked at the social media pages of, I think it was, vascular surgery residents. And they basically coded, I think, not intentionally, but the way their coding system worked, if you were a male in a bathing suit that was professional, if you were a woman in a bathing suit that was deemed unprofessional. And what was interesting about this, this got published by four male authors. It had an editorial by a very prominent surgeon and was presented at a national meeting. And there were a... there are a lot of take homes. I think in retrospect, it was like maybe obvious, gosh, if only they had at least one female resident on that research team, some of those biases may have been picked out sooner.

But what also struck me is those people are really smart people. I mean, those people have made other important contributions in vascular surgery, and the person who wrote the editorial was a real thought leader in that field. And the national meeting was attended by a lot of national thought leaders. And it struck me that like, no matter how smart you are, how advanced you are, how far along in your career you are, how much people have listened to you in the past that those aren't necessarily indicators, that you don't have biases or you don't have blind spots. And so it was humbling to me. I think we're fortunate at Michigan where we're an environment where the awareness about implicit bias and differences is super high. But I was like, "Geez, I may be no better than any of them. And I may have my own biases and differences that I had no idea about." So that paper, although I thought like, "Gosh, I probably wouldn't write that paper. What are the things that I'm writing that may be just as biased in ways that I'm totally blinded to."

Michelle Moniz:
You're reminding me of a story. You and I and Justin Dimick, we're sitting at a cafe, and Dr. Dimick was telling us a story where he had a conversation with a CEO at a hospital in our state. And he was starting to tell the story, and I asked a question where I automatically assumed that the CEO was a man and we all sort of laughed about it that, oh, gosh, I just totally stepped into this assumption. This automatic pathway, assuming that the person in a leadership role was a man and we all do it. We have these assumptions, these tropes, these biases about gender, about race, and they do come up for all of us.
Michelle Moniz:

And so, I think that's really where the conversation needs to be had. It's not about being perfect and not having those things, but one of the most powerful ways to dismantle those stereotypes is to call them out and to admit, "Oh, I just said something... I was executing an assumption there," or "I had a racist view of that. I'm so sorry. Let's talk about that. Let's dismantle that." And humbly admitting when those things happen. It is so important to break down the structural biases, but also to allow for respectful dialogue to happen and to maintain our personal relationships with people. When we don't call those things out, it perpetuates the structural bias and it prevents us from actually having a meaningful relationship with our mentor or mentee.

Andrew Ibrahim:

I remember that moment pretty well, it was pretty funny. It was funny, but also, inspiring that like, gosh, I'm with two of the smartest people I know, and we all in like a moment realized we all still have more blind spots and things to learn. I think part of the intentionality about being able to recognize those moments is to think about, well, what are the ways that I was either trained or the things I was exposed to that led me down that path, that made me think that way.

Andrew Ibrahim:

And I've always been happily surprised that oftentimes in having those conversations, most people are actually really well-meaning. Most people don't think of themselves as having those negative views, and when they identify those blind spots, they're, maybe, a little embarrassed at first, and then also relieved and empower that like, "Oh my gosh, I need to do something about this. I need to say something about it, because I never would have thought of myself that way. And I clearly am not immune to those faults either."

Andrew Ibrahim:

I put myself in that category for sure. When we were doing our racial housing project, discriminatory housing policies, there were so many blind spots I had about the way these policies actually worked, the way they're implemented, and the way they actually played out. And they were explained to me very directly by people who actually grew up in those communities. And I was like, "I feel like an idiot." But then I learned a ton and felt better afterwards.

Michelle Moniz:

Like you, I'm on a journey, and I think very few folks are intending to perpetuate those biases. And so we have to move away from an assumption that some of these biases mean that somebody is bad or ill intentioned. And I think, in fact, when we call out, "Oh, I didn't mean it in that way," we are actually moving away from an opportunity to embrace that we made a mistake and to take ownership of it. That's one of my tips and tricks for breaking down these assumptions is that it doesn't matter that you didn't intend it, it is still a blind spot that we are often structurally predisposed to.

Michelle Moniz:

If you were raised in the United States, you have racist ideas that will sometimes crop up, they are assumptions and biases that we have to actively work to dismantle. The same for gender-
Andrew Ibrahim:

Some of the frameworks that came out of the discussions last year on racism that extrapolate well is this idea of becoming anti-racist. One of the themes I've loved about it are these litmus tests, thinking about who you spend your time with and do they look and think the same or differently as you? It's easy for me to think about like my research framework. In my research group, is everybody just a nerdy econometrics person, or are there some built environment people and some qualitative people? We should be able to just extrapolate that more like broader in my life.

Andrew Ibrahim:

Does everyone I hang out with on the weekends, do they look the same as me? Or am I actually surrounding myself with different types of people that challenge my thinking and help me grow? It's easier for me to think about it in research world, because the categories maybe are easier. But I think it's important to try to push that much broader than just a research group.

Michelle Moniz:

I want to circle back to what we had said about that diversity bonus. This is something I think you're exceptionally good at Andrew. How do you find that unique strength of a given mentor that's different from yours, whether it be their training, the deliverables they focus on, their perspective in some other way? How do you find that, name it, and really maximize the potential?

Andrew Ibrahim:

One of my strongest mentors was Justin Dimick, and I didn't realize part of his genius as a mentor, but when him and I first met, I wouldn't necessarily say that we were like two peas in a pod and we had all the same interests and all the same ideas. In one of our earlier conversations, he looked at me and he goes, "Hey, I'm not an architect, and I don't do the built environment. I do policy evaluation and I do surgery." And I was like, "Ooh, this is like awkward." And I couldn't tell if it was a [crosstalk 00:15:03] talk of where this is going. But what he said is he goes, "I can teach you those tools, and those are transferable skills that you can take to other places. And after you master those tools, I'm happy to help you think about how those work in other domains."

Andrew Ibrahim:

And I felt like so relieved after that. And in looking back, that was such a important conversation to just say like, "Look as your mentor, these are the things I know how to do. And these are the things I can teach you. And these are tools that you can run with, but I'm not going to pretend that I can teach you these other things that you want to learn that aren't my expertise." And I think that's maybe one of the problems I sometimes run into as a mentee, where you find someone you really want to work with, but they don't have the skills that you want. Or mentees who really want to work with you, and they come to you and they say, "Hey, I really want to do this." And sometimes as a potential mentor, you'd love to work with them, but you say, "That's not something I know how to do that." I think just thoughtfulness about where the skillset aligns with what the other person can actually offer.

Michelle Moniz:

I'll kind of frame that from the perspective of the mentee, because I think many of our folks listening maybe early in their careers, although we are all mentors and mentees across our careers. I think as a
mentee, you really need a sense of, what is your mission statement, professionally? What are you trying to achieve? And what skills do you need to learn? And so therefore, what roles of people do you need in your board of directors, on your mentorship team? Starting with yourself and your internal compass and articulating your mission statement, and then moving out to figure out who do you need on your team? I have been very intentional about that and literally writing it down, who I need, and the roles of people and reflecting on that every few months. Do I have the right team in my network? What roles of people do I need to build in?

Michelle Moniz:
And then I think layered on top of that, you alluded to this a little bit, but I sometimes have people I just want to work with, because they're amazing, and maybe there isn't a specific skill I want to learn, in terms of a research method, but there are other skills I want to learn from them about how to do well in the workplace or how to live a good life. They're somebody I admire as a person, and so we'll kind of be on the lookout for projects I can do with them. Maybe there's a commentary I can work on with them, or, oh, they're on this committee, I'm going to try to sit on that committee with them, because I know they're amazing at leading a meeting, and I want to watch how they facilitate and learn that skill from them.

Michelle Moniz:
Because it comes down to intentionality, and what is a slightly different asks for mentees is I think, for many of us, we sort of follow this very prescribed path. You go college and then you go to medical school and then you do residency, maybe fellowship. And then as you enter into being a faculty member or a practicing physician, there is less prescribed for you and you really have to be much more purposeful about managing your own career, and that certainly applies to mentorship.

Andrew Ibrahim:
I love your board of directors idea, they sort of help you figure out like the Civil War within yourself about what you want to focus on or how you want to do it and help organize those ideas. I think the other, flip side to that from the mentor side is thinking about how do you make sure you have a diverse group of mentees? I hadn't thought about this until the past year, but a lot of the mentees come from where you are. And by that, I mean, where are you giving your talks? What podcasts are you do? Where are you publishing your work? Because that's how people are going to find you. If you only spend all your time talking to other faculty in your division and only write in your subspecialty journal, well, you're probably going to get mentees from your division or your subspecialty, because that's where people are going to hear you.

Andrew Ibrahim:
Almost always, I get asked to do some kind of writing or interview or something or talk to a group, I always try to do it, especially if it's outside of my domain. Lik next year, I'm giving grand rounds to an OB/GYN department. I'm a general surgeon who has a cross-appointment in architecture, and I said, "Honestly, I don't know why they invited me, but I'm going to learn a lot by being there. So I'm pretty sure a lot of the work they do is very different than mine." And I think being intentional about where you give your talks and who you're talking to, can it be a sort of structural way to diversify your mentee pool.
Michelle Moniz:
We've talked a lot about some of the interpersonal aspects of mentorship, when the mentor and the mentee are bringing really different perspectives to the table. The University of Michigan Department of Surgery has done a lot of work thinking about this in terms of infrastructure in the department, put capital P policies, and building support for this to happen at a structural level and to happen effectively. And I think about this as being an upstander, not a bystander. So when we need to think about our hiring practices or promotion policies, how do we bake in policies that allow everybody to succeed and to think about mentorship within those policies? Do you have any stories or experiences related to those kinds of structural changes that need to happen to allow mentorship across different groups to occur effectively?

Andrew Ibrahim:
In our Department of Surgery, there are a number of programs that intentionally try to expose underrepresented groups to surgery. And so I got asked to give a talk to like the summer pre-med group of kids who think they may want to go to medical school at some point. And I just kind of told my story. Here's my work, I'm a surgeon, a couple of days a week, I run a health services research group, and I work in a global architecture firm, designing stadiums, airports, and hospitals.

Andrew Ibrahim:
It was pretty inspiring just to see a group of young adults in their teens and early 20s say, "I didn't even know that was possible." And then you just see kind of their head twist and they think, do you think I could do something like that? None of that would have been possible had the department not explicitly said, "Hey, every summer we're going to do this program where we intentionally bring in people who've never been exposed to what it means to be a surgeon and expose them to people in our department." And so I think at a very structural leadership level, having programs that provide that exposure early, just to set the examples and plant the seeds of what a diverse phenotype career could look like.

Michelle Moniz:
You can't be what you can't see. You're reminding me to think about a moment. There was an experience I had very soon after becoming a faculty member. So I was sort of new in the role of being a mentor and I was leading a group session, and one of my colleagues was presenting some work and there was a comment made by one of the faculty in the room that was just inappropriate. I was leading the session, and sort of spoke up and said, like, "That's not acceptable. We can't use that kind of language here. That's not our culture here." And it was exquisitely uncomfortable for me. I didn't feel... because I was speaking to somebody senior to me, but felt like I had to stand up and say something, because somebody more junior to me was also in this very uncomfortable situation.

Michelle Moniz:
I ended up debriefing afterwards with the senior faculty member who really hadn't realized the effects of this comment. And it was a great opportunity to build that relationship and hopefully prevent that from happening again. And I also debriefed with the junior person who had been presenting work, and to be able to talk about what did I do well? What did I not do well? What could I have done differently in that moment? And it was just an amazing learning opportunity.
Michelle Moniz:
Diversity, equity, and inclusion work is not the work of some people, it is the work of all of us. We all need to be thinking about this in our mentorship practices, in our research, in our scholarly work for things to get better and they have to get better. We can't take decades for this to get better. We all have to kind of lean into that discomfort and talk about it. And that's what I mean by being an upstander, not a bystander. Don't let things continue happening when they are eroding our culture and our community. We-

Andrew Ibrahim:
When I think about my own training as a resident, and thinking back, I was like, gosh, there are a number of times where I saw somebody say something totally inappropriate. And instead of stepping in, I stepped back, because I was like, that made me so uncomfortable. I moved further away, because I didn't want to be close to that, or I didn't feel comfortable speaking up. I don't know something magical happens when you're an attending in an operating room, because if someone says something inappropriate, it just seemed totally natural to say, "Hey, we don't talk like that in this OR, and if that's a problem for you, we can find someone else to participate in this operation."

Andrew Ibrahim:
I've said that one so far, and I was like, "Gosh, that felt really great to just set the tone that if you're in this environment, this is what this space is about." But then I was like, "Why the heck didn't I do that sooner?" Do you have either nudges or frameworks for how you think about making yourself more of an upstander more often and less of a bystander?

Michelle Moniz:
I have two suggestions. One is that we all have sources of power. It may be organizational power. You have a title, an official role in an organization. It may be social capital. We all have to use our sources of power to advocate in any space that we can. It often feels scary and you can feel afraid that you're going to make a mistake. Some of my male mentors, they feel uncomfortable sometimes mentoring women, because they're worried they're going to say something inappropriate or something will be misconstrued, and they're scared.

Michelle Moniz:
If you're in a position of power, we have to go there. We have to lean into those spaces because otherwise we'll never fix these inequities. It's really important to reflect on what are my sources of power and am I using those for good and not for evil? So some of the reflection you mentioned, like, am I mentoring an equally balanced roster of mentees? Whose tweets have I retweeted late lately? Am I equally enhancing the visibility of all of the mentees in my portfolio? And equity doesn't always mean fairness, it doesn't always mean doing the exact same thing for every person. It means doing what each person needs to get them to a point of success. And that may be slightly more for some people who are starting out with slightly less. So being really reflective about your sources of power and using them for good.
Andrew Ibrahim:

I love the idea about thinking creatively about sources of power, whether it's, you have the title or you have the funding in your research group and you can choose who the next fellow is, or you're just the person that everybody likes, because you're so kind, every time you go down to the trauma bay, that you have some really social capital. if you're that person who's so nice every time, and you're the one that puts the firm foot down, and says, "That was wrong," you'll have real buy-in people there.

Andrew Ibrahim:

One of the quotes I'm left with from one of our grand rounds speakers about diversity that was just so uncomfortable, but also reassuring was this idea of sitting with your discomfort. This idea that like when you recognize that you could be doing things better, it's uncomfortable, and the easy thing to do is shove it under the rug, but the right thing to do is to sit with that and let that marinate for a while, until it moves you to do something differently. If you do come across this path where you are very uncomfortable, sit with it, I think is the lesson I've been learning recently, until it moves you to do something differently.

Michelle Moniz:

That's the growth mindset, right? Carol Dweck's work, that nobody's naturally good at things for the most part, we may have some things that are our strengths, but being excellent at most things takes a ton of hard work. A second tip and trick I have for becoming an upstander and not a bystander, is really dismantling the hierarchies that are often quite prevalent in academic medicine in particular. I have learned so much from mentees really across the board, but particularly those who have very different areas of research or their personalities are very different. Breaking down that hierarchy, taking the time to say, "As my colleagues, let me ask you a question. I'm struggling with X, Y, and Z, or I'm facing this challenge in this project or on this team. How would you tackle that?"

Michelle Moniz:

So elevating other people's expertise, "You're so masterful in front of an audience, what's your secret sauce to making your presentation so engaging?" So really calling out the expertise of your mentees and breaking down that hierarchy, so that over time people who are "lower" on this totem pole that we've erected, but are like 30 years old and have had amazing life experiences and achieved a lot of things and are actually not so low, I mean, they have amazing things to offer. I think we have this tendency to infantilize people in medicine sometimes. And so finding ways to intentionally break down that hierarchy makes everybody more comfortable with reciprocal learning. I think that traditional dyadic model of a senior mentor and a junior new apprentice as the mentee, it really does break down in our modern world.

Andrew Ibrahim:

Medicine, it's so structured, it's easy to think in such a hierarchy. I have so many examples where, that's been totally flipped on its head. Including this most recent July, it was my first week on as an attending, and the new intern, it was his first night taking call, and I said, "It's totally normal to be a little nervous. This is a new thing. Surely, you've probably had life experiences before this that were also stressful and you got through it and we're better for it." And talking about eating humble pie, he then went on to explain that he was a paratrooper in the US military and not infrequently parachuting into war zones.
And I was like, "You are definitely ready to be an intern on call." And I just felt so silly after that. And I was just like, "You know what?, I have a lot to learn from you, man. If you are ordering labs in the morning, I'm totally here. But I have way more to learn from you about being in high stress situations."

Andrew Ibrahim:
He was clearly the most junior person on the team. He's the new intern in July. He was also a 30 something year old adult, who tons of life experience before that. And so I think one of the misnomers of medicine, I think, whatever your title or stage their training is don't necessarily reflect your expertise in life or other domains.

Michelle Moniz:
Andrew, I just want to thank you so much for being here today, and I'm so grateful to have had this opportunity to lean into some of these issues with you.

Michelle Moniz:
You've been listening to Michigan's Surgery Sessions. I'm Dr. Michelle Moniz, And thank you for joining us today.

Narrator:
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