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Addressing mentorship in medical school is necessary to promote a diverse and inclusive environment especially now as the ongoing Coronavirus pandemic will require prolonged social isolation. Before the current pandemic, a myriad of studies and reports have demonstrated disproportionate numbers of minority students in medical teams, while others had revealed that mentorship has a profound impact on those who are first-generation and underrepresented in medicine (URiM). It has also been corroborated in other studies that minority students have experienced reduced mentorship opportunities due to the smaller number of URiM physicians at academic centers. The shortage in mentorship is multifactorial, as there is a disconnect between URiM and the majority due to background, financial status, culture, and the pressure of underrepresented students to represent their entire demographic. This is further compounded by the intangible knowledge transfer that occurs outside of formal medical curricula which has been termed the “hidden curriculum,” or the nuances of socialization processes. The Association of American Medical Colleges (AAMC) has encouraged medical schools to bring these processes into view, and for students to have mentors that can help them navigate and prepare for challenging issues that may not be a component of formal teaching. This has been echoed in studies that have called for the establishment of mentorship programs to promote a more inclusive physician body, particularly for academic surgery.

Due to the aforementioned disconnect, guidance from faculty mentors means the difference between whether or not URiM and first-generation students apply for grants, fellowships, and research opportunities that have been known to compensate for some disadvantages. In surgery specifically, one study demonstrated that a mentored surgical specialty clerkship for URiM students provided research opportunities that led to a successful match. If such strategies were implemented by surgical leadership at every medical school, there would be a universal pipeline to usher in diverse talent. In fact, the academic chair of surgery is often viewed as one of the most influential leaders in academic health systems.

Hence, although it is the responsibility of the students to seek opportunities, it is the responsibility of surgery leadership to take a proactive approach in promoting an inclusive workforce, starting with mentoring URiM and first-generation students. This is the key to successfully implementing strategies to provide equitable access that have been long overdue.

We propose the following two action items to improve mentorship overall, specifically for those who may need it most. (see Table 1)

### Intentional outreach

Promoting inclusivity within virtual communities starts with a liaison. Especially when contact is virtual, leaders must intentionally establish a structure to close the gaps between the social capital haves and the have-nots to ensure equitable access to mentors. We propose appointing an attending or resident in the surgery department as the liaison between faculty and both URiM and first-gen-
mentation and immersing students in an OR simulation success-
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student has the necessary network and equipment to access their mentors (e.g., iPads or computers). It is also important not to assume that students have access to virtual platforms and electronic devices, and may require creative alternatives like borrowed computers or electronic medical school resources. Altogether, these strategies will foster inclusion by providing accessible mentors and successful mentoring relationships, especially during a new virtual age.

Declaration of competing interest

We have no conflicts of interest to disclose.

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