

## **Case Study #1: Strategizing a Team Intervention**

In a popular junior-level games design course with 130+ students and a long waiting list, students are admitted to the class via application and review of a portfolio of prior work. Students are admitted to the class and then sorted quite deliberately by skills into teams of 5-7 people. During the semester, teams work on the same game continuously, with milestones all through the term. The semester begins with the formation of a team charter that addresses team processes, decision-making structures, claims of expertise, and details such as outside meeting times, consequences of not participating wholly, etc. There are two instructors, one identifies as cis male and the other as cis female.

In week 11 of 15, a student indicates via CATME that there is a team issue that she's struggling with and would like to speak to the female instructor about a team issue. The team is made of six people (5 males and her; all the men are white or Asian, and she is black). In the meeting, the student notes that her team, while kind to her in person, often devalues her work, overwrites her files/assets/code, and they call for meetings to happen at midnight on the south side of campus where all the males happen to live; she lives 1.25 miles away on north campus. She does not attend the late-nite ad-hoc meetings out of a concern for her own safety walking at night, and so misses out on decision making, reconceptualizing of the game, and other strategic planning efforts. She is concerned about being perceived as a slacker who resists working with the team, and she indicates that they will give her bad team evaluations. The student also strongly insists that she does not want obvious instructor intervention because she fears backlash.

What is your move, as the instructor?

## Case Study #2: Barriers to Seeking Mental Health Services

Joe is an underrepresented minority graduate student in Chemical Engineering in his 3rd year. Like many graduate students in his field, Joe's experiments are not going well, and he is discouraged. After many weeks of late nights and failed experiments, Joe's morale is at an all time low. He has no motivation to go to lab, and is thinking about leaving the program. Everyone around him seems to be succeeding in their research, and he begins to wonder if he's actually qualified enough to be in the program. After all, ever since he started his college career, some of his peers had frequently insinuated that he was accepted simply because of affirmative action.

His productivity begins to fall, and he finds it difficult to get out of bed in the morning. In fact, several days of the week, he prefers to sleep in for several hours. As his advisor, you begin to notice these behaviors and his lack of progress in his experiments. You're worried that Joe seems to be exhibiting signs of depression.

How would you approach this situation? What do you say to Joe?

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URM students may experience higher mental stress than their peers due to racism, discrimination, and questions of belonging in the university/college (McClain et al 2016). In addition, populations such as first-generation students have "higher levels of self-reported depression" during post-secondary and higher education (Jury 2017). Studies have also suggested that URM and international students generally perceive more barriers to seeking mental health services for many reasons (Kearney et al 2005, Masuda et al 2005, Rosenthal et al 2008), including cultural stigma, and feelings that most counseling services do not apply to them or know their struggle (Austin 1990). Identifying and addressing these issues is of utmost important to building diversity in our university and graduate programs.

How would you address URM students needing mental health services? Both individually and in the broader populations of URM students?

### Case Study #3: Strategizing Diversity in Research Labs

Rebekah is a successful 5<sup>th</sup> year PhD student in Biomedical Engineering with multiple publications and intent to pursue academia as a career. However, she recently became pregnant and is concerned about telling her advisor, Dr Smith. Dr Smith has five children of his own, but has said to all his students, “My brain is entirely consumed by work. When it comes to the kids, my wife just tells me exactly what to do for them and I do it.” Rebekah feels that revealing her pregnancy to Dr Smith will cause him to question her commitment to her research and he may even feel that she is physically or mentally unable to continue her studies. *In some ways, she feels that he is right.* To her knowledge, no PhD student in her program has ever been pregnant during their studies before. Her institution has no formal leave policy for graduate students, so she’s not sure she’ll be able to stay enrolled in the period following the child’s birth. This could jeopardize her plan to defend her thesis in the spring, her funding, her publications, her job hunt, and her personal financial situation.

If Rebekah turned to you for advice, what counsel would you give her? In particular, how would you suggest she prepare for the meeting with Dr Smith?

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Research students such as Rebekah who face a situation that they perceive as unique (“I’m the only one this has ever happened to”) often process their experience as a reason they are not qualified to persist in their field. This leads to Impostor Syndrome, in which a person has an unfounded belief that they are an “intellectual phony” (Bernard et al 2002, p 321). Impostor Syndrome can affect anyone, but is particularly prevalent within academia in women, under-represented minorities, and mature students (Chapman 2015, Crawford 2016). Despite success in their field, impostors believe they lack necessary qualifications for their field and live in fear of being discovered as an intellectual fraud.

What would you say to mentor Rebekah through the Impostor Syndrome she is experiencing as a result of her pregnancy?

What resources might you provide more broadly to a student experiencing Impostor Syndrome?

## **Case Study #4: Strategizing Diversity in Project Teams**

Amanda, Jen, Ben and Mike are on a team for their senior thesis project in biomedical engineering. This hands-on, intensive year-long project requires development of a device to help patients with below-knee amputations. In addition to designing and testing the device, the team has to consider and analyze patient quality of life and writing a thesis on their findings.

Despite their success as BME students for the last three years in college, the advisor for the project team, Dr. A is not happy with the team's progress. After a project update with all four members of the team, she asks the two women (Amanda and Jen) to remain in her office. She tells the women that for more effective team progress, they should adopt a different distribution of workload. "Let the men on the team take care of the engineering, you women can go talk to the patients about their quality of life," she says. "Women are much better with the emotional side of things." The students are obviously upset by this and are questioning their place on the team and in engineering in general. They are unsure how to proceed. If they do not listen to their advisor, their grades could be in jeopardy.

If Amanda and Jen come to you for advice, what would you say?