simply recognizes a different knock. Understanding that rejection is not a reflection of one's merits can lead to frustration with injustice; at the same time, this knowledge can prevent the demoralization that comes with taking rejection as an indication of one's own talents, which it often is not.

The best we can hope to do is to acknowledge cultural intimacy as a hidden and pervasive force that likely underpins much of the inequity in medical education outcomes. Doing so is unlikely to change an outcome in any particular circumstance. However, understanding the power of cultural intimacy can go a long way toward preventing demoralization. After all, trainees in medicine will face many velvet ropes across their careers—and many gatekeepers of many backgrounds. If merit alone does not secure passage, moments will arise when merit and cultural intimacy together can do so. Teaching trainees to dream of a world in which everyone will let them cross beyond that rope does not help them in the present. Instead, as medical educators, we should be reminding them that, despite the effects of cultural intimacy, only one gatekeeper has to lift that velvet rope for them to get to where they wish to go.

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Code

It's all available staff, again,
this time to Six West.
Stairways swell.
Men, women in scrubs
go two stairs at a time,
quietly hold the door
for each other.

The patient's room
clots with people and things:
devices on wheels,
medications drawn up,
an intubation kit.
A figure at bedside wails a name
that must be his.
I step back. The roles are filled.
There's no place for me here.

—Phoebe Prioleau, MD

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