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ORIGINAL ARTICLE

Underrepresented in Medicine Mentorship Program: Perceived Benefits and Lessons Learned

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ABSTRACT

Background and Objectives: Faculty members who are underrepresented in medicine (URM) may benefit from mentorship that is designed specifically to meet their unique needs and is focused on improving their career pathways in academic medicine. The Underrepresented in Medicine Mentorship Program (URM-MP) is an academic society-based mentorship program that pairs early career URM faculty with mid- to late-career faculty specifically trained to address URM issues.

Methods: During the first 3 years of the program, mentors received web-based training on addressing oppression and marginalization of URM faculty in academic medicine. Mentor and mentee pairs met monthly for 1 year and received support from program leaders through web-based check-in meetings twice per year. Pre- and postassessment data were collected from mentees to help identify their needs and evaluate their experiences. Check-in meetings provided feedback about the program.

Results: Fifty-seven URM faculty participated in years 1, 2, and 3. Results of pre- and postsurveys showed that mentees significantly improved their self-perceived effectiveness to enhance their careers, to find resources to perform their jobs, and to navigate the challenges of advancing in academic medicine. Qualitative analyses revealed themes of appreciation for mentors supporting their unique experiences as URM faculty. Check-in feedback further reinforced the relationship aspects of the mentorship as a significant benefit of this program.

Conclusions: Society-based mentorship that involves specific training for mentors and fosters trusting mentor-mentee relationships can improve URM faculty's confidence regarding their ability to succeed in academic medicine.

INTRODUCTION

Increasing the number of academic medical faculty from communities underrepresented in medicine (URM) can improve the quality of health care and reduce health inequities.[1,2] However, the percentage of faculty from URM communities is disproportionately lower than the percentage of individuals from those communities in the overall US population (Table 1).[3–6] While organizations in academic medicine have called for an increase in URM faculty, this call has not been systematically embraced.[4,7,8] For example, the number of URM graduates from US medical schools remains significantly low, which limits those available for faculty positions (eg, Black, 6.2%; Hispanic, Latino, or of Spanish origin, 5.3%).[4] For those who do enter academic medicine, URM faculty face unique challenges such as (a) career expectations for extra work (serving on DEIA [diversity, equity, inclusion, and access] committees) perhaps not expected of majority faculty, (b) systemic racism, and (c) lower rates of promotion. They often feel isolated, lack confidence, do not receive clear guidance on requirements for advancement, and have limited available resources.[1,3,9–11] URM foreign medical graduates in family medicine residencies also face additional difficulties entering academic medicine due to visa issues and unique professional development needs.[12]

Mentorship has been suggested as a valuable and necessary component in the success of early career URM faculty. However, several factors impede effective and equitable mentorship. For example, URM faculty have urged mentorship programs to include robust networking and faculty development compo-

TABLE 1. Percentages of Medical Faculty by Race/Ethnicity in US Medical Schools and in the US Population

Race/ethnicity	% of US medical school faculty in 2018 [4]	% of US population in 2020 [6]
White	63.9	58.9
Asian	19.2	6.3
Black/African American	3.6	13.6
Hispanic, Latino, Spanish origin (alone or in combination with another race/ethnicity)	5.5	35.0
Native American	0.2	1.3
Native Hawaiian/Other Pacific Islander	1.0	0.3

nents for mentors. Also, to increase diversity of URM faculty among leaders in family medicine, a multidimensional team approach to mentoring has been suggested. Such a model consists of coaches, mentoring peers, mentors, and sponsors to provide the necessary range of expertise and balance the demands on mentors.[13] Yet, few programs exist that provide such recommended models of mentor training.[1,3,9,14–16] Also, an inadequate number of available faculty mentors understand unique needs of URM mentees. The limited number of URM medical faculty adds to the already unfair minority tax on senior URM faculty. Race discordant mentoring can help fill the need, but only a limited number of programs train non-URM faculty to mentor URM colleagues.[5,17] Finally, while some institutions have site-specific mentoring programs, the number of nationwide mentoring and faculty development initiatives for URM faculty is limited.[14,15,18,19]

To address the lack of effective mentoring for URM faculty in family medicine, we designed a nationwide program[20] to train mentors to work with early career URM mentees. Sponsored by the Society of Teachers of Family Medicine (STFM), this yearlong program includes both URM and non-URM mentors and focuses on increasing the self-perceived effectiveness of early career URM faculty. In this paper, we present findings from the first 3 years of this program.

METHODS

Development of the Mentorship Program

STFM established a URM initiative with four work groups: leadership, scholarship, pipeline, and mentorship. The charge for the mentorship work group (MWG) was to (a) develop a program with meaningful mentorship relationships for career advancement and satisfaction of URM faculty and (b) train mentors to help faculty improve resiliency and retention in academic careers.[8] In 2019, the MWG designed a program called MUFAE (Mentoring Underrepresented Faculty for Academic Excellence). The MWG reviewed the literature on URM faculty mentorship, developed a schedule for the mentorship year, planned virtual training sessions for mentors, and identified administrative needs of the program. Initial findings from year 1 of the program can be found in a brief report by Fraser and colleagues.[20]

The MUFAE project originally was designed to run two cohorts: 2020–2021 and 2021–2022. However, the MWG proposed to the STFM Board that MUFAE become a permanent part of the organization's leadership training opportunities; STFM agreed and added it to its annual programs. Currently in its fourth year of existence (2023–2024 cohort), MUFAE has been renamed the Underrepresented in Medicine Mentorship Program (URM-MP). This paper includes data collected from years 1 to 3 of the project. Each mentee participated for 1 year. Year 1 had 22 mentees, year 2 had 15 mentees, and year 3 had 22 mentees. Table 2 presents the project timeline.

TABLE 2. Underrepresented in Medicine Mentorship Program Timeline

Planning year September 2019–July 2020	• STFM creates URM initiative. • URM-MP leader appointed. • MWG appointed. • URM Oversight Committee meets. • MWG completes literature review and plans URM-MP.
Mentorship years Year 1: August 2020–August 2021 Year 2: August 2021–August 2022 Year 3: August 2022–August 2023	• Mentees-mentors recruited. • Mentor-mentee pairs created. • Mentee preassessment completed. • MWG presents mentor-mentee orientation via Zoom.[a] • MWG presents mentor training seminars via Zoom.[b] • Mentor-mentee pairs meet monthly. • Mentor and mentee check-ins twice per year.[c] • URM-MP closing meeting. • Mentee postassessment.

[a]Mentor-mentee orientations were added at the suggestion of year 1 participants starting in year 2.
[b]From year 3 onward, mentor training seminar 1 has remained live; however trainings 2 and 3 were recorded versions offered asynchronously as webinars.
[c]In year 2, the MWG started doing combined mentor-mentee check-ins at the suggestion of program participants.
Note: Each year, two optional presentations not listed in this table were offered to mentees and mentors via separate Zoom webinars (ie, how to get published and how to advance in your career).
Abbreviations: STFM, Society of Teachers of Family Medicine; URM, underrepresented in medicine; URM-MP, Underrepresented in Medicine Mentorship Program; MWG, mentorship work group

To identify participants for this program, the MWG annually recruited mentors and mentees through STFM's national listservs. All faculty were in family medicine education, with mostly family medicine physicians, behavioral science faculty, and medical education administrators volunteering. Mentors averaged 10 years or more in their careers, while mentees were in their careers for 5 years or less. Once the mentors and mentees were paired, the MWG provided mentors with training to (a) address unique needs of URM faculty, (b) facilitate conversations about racism and oppression, and (c) foster mentorship as a mutual, trusting relationship. Mentor participation was voluntary without compensation. All mentees self-identified as URM. Mentors represented diverse cultural

backgrounds, self-identifying as White or Black, Indigenous, People of Color (BIPOC). BIPOC faculty were from both URM or other minority groups, or non-URM cultural groups. The proportions of White to BIPOC faculty were as follows: year 1, 50/50%; year 2, 39/61%, year 3, 55/45%. Mentees completed a background form that included their cultural identity, academic interests, description of what they were seeking in mentorship, and a 1 to 5 rating of the importance of having race-concordant mentors. The MWG made pairings based on mentees' preferences for race-concordance whenever possible, as well as considering shared academic interests and work settings of mentors and mentees.

Each year, the mentors received training that covered (a) program overview, structure, and expectations, (b) difficult conversations around racism and oppression in academic medicine, and (c) tips for helping mentees advance in academic medicine. These training webinars were created by the MWG after careful review of the literature on racism and marginalization in academic medicine as well as culturally informed mentorship. In year 2, the MWG added an orientation to the program for both mentors and mentees. In year 3, the MWG presented only the first mentor training live via Zoom, and then offered trainings 2 and 3 asynchronously via a recording of the previous year's training. The mentor-mentee pairs were asked to meet monthly throughout the mentorship year. The importance of meeting regularly was emphasized during the mentor trainings. The MWG also facilitated virtual group check-ins for the participants: The mentees met as a group, the mentors met as a group, and the mentees and mentors also met as a combined group. Table 3 provides details of topics included in the orientation and the mentor training sessions.

Evaluation of the Project

To evaluate the URM-MP, the MWG gathered self-reported data from mentees and mentors. The MWG created surveys that included questions based on the needs of URM faculty identified in the literature.[17–19,21] Each cohort of mentees completed a pre-and postassessment survey. Throughout each year, virtual check-ins were held with mentees, mentors, and both combined. Feedback from these check-ins provided information for continuous program improvement. In this paper, we present the findings from these various sources of program evaluation.

Quantitative Analysis

We conducted a linear mixed model analysis using pre- and postsurvey data from mentees participating in the mentorship program across three cohorts: 2020–2021, 2021–2022, and 2022–2023. The surveys included seven items assessing participants' knowledge of resources receipt of URM-specific mentorship, sense of being equipped for career advancement, confidence in achieving promotion, professional isolation, understanding of success factors in academic medicine, and ability to find resources to support interests in health equity and antiracism work. Linear mixed models are an extension of linear regression that account for the nested structure of data, such as repeated measures within individuals or clustering of individuals within groups. In this study, the linear mixed model accounted for the correlation between pre- and postsurvey responses from the same participant and the potential influence of cohort membership on outcomes. The fixed effects in the model included survey timing (pre or post), cohort, and their interaction, while participants were treated as a random effect to account for individual variation in baseline scores and trajectories over time. To ensure the robustness of the findings, we applied a Holm-Bonferroni correction to adjust for the risk of Type I errors arising from multiple comparisons, thus maintaining the study's statistical integrity.

Qualitative Analysis

In addition, the pre- and postassessments surveys each included an open-ended question on mentees' expectations for the project and a question on how they benefited from the project, respectively. Two of the MWG members reviewed these responses independently and identified common themes using human-coded content analysis.[22] They compared results and focused on items that were coded similarly. They discussed any discrepancies and resolved the differences. The common themes and frequency of response per year were compared between pre- and postprogram surveys. The trends per year and changes were also considered.

Continuous Program Improvement

The virtual check-ins gave participants the opportunity to develop a sense of community and to offer the MWG feedback and suggestions for the project. These were loosely structured meetings that offered the mentees or mentors a protected space to let the MWG know about their experience in the project. At the request of participants, a combined check-in was added and became a regular part of the mentorship year. The MWG members each took notes during the check-ins, routinely reviewed them during planning meetings, and used the information for ongoing program development. The Institutional Review Board at Halifax Health, Daytona Beach, Florida, deemed this study exempt.

RESULTS

Quantitative Results

Using data from three cohorts spanning from 2020 to 2023, this study examined the impact of a mentorship program on underrepresented minority faculty in academic medicine. A total of 57 early career URM faculty mentees participated in the URM-MP; a total of 95 pre- and postobservation points were collected throughout the 3-year period. Although fewer postassessments than preassessments were considered due to some lack of participant follow-up, the statistical method used accounted for this missing data.

The mentorship program markedly enhanced participants' self-perceived ability to identify necessary job resources. This finding was consistent across cohorts, with no significant differences between groups or their interaction with the pre-post changes, suggesting a uniform effect of the mentorship

TABLE 3. Topics Addressed in Orientation and Mentor Training Webinars

Webinar	Sample topics
Orientation for Mentors and Mentees	1. Introduction of work group members 2. Program philosophy and background 3. Goals for mentees and mentors 4. Tips for addressing racism, oppression, and marginalization in discussions 5. Interactive activity a. Mentors: Poll—What words describe how you feel at work/outside of work. b. Mentees: Do you feel supported as a URM person in daily life? 6. Concept of group meta mentorship: Mentors mentor one another. 7. Interactive activity: What do you hope to get out of this project?
Mentor training 1: Overview of Mentor Duties	1. Summary of current events related to race and US culture 2. Key resources available to mentors and mentees (eg, other leadership programs in STFM) 3. Encouraging group meta mentorship-mentors cross collaborate 4. Tips to help mentors create safe spaces for difficult conversations with mentees 5. Phases of mentorship: developing and maintaining the relationship 6. Barriers to inclusive mentorship: addressing injustices and creating safe space 7. Using Mentee Action Plan form (created by MWG) 8. Interactive activity a. One reason you almost quit academic medicine b. How your mentor helped you stay in academic medicine
Mentor training 2: Difficult Conversations	1. Tripartite Model of Racism–Camara Jones, MD 2. Developing a common language: list of common terms 3. Confronting microaggressions 4. Tips for conversations about race in race-concordant and race-discordant mentor-mentee pairs 5. Discuss prereflection question: How have your personal characteristics helped or hurt you to achieve success in academic medicine? 6. Small group breakouts: (1) What are your growing edges as a mentor for URM faculty? (2) What can you do to work on that growing edge?
Mentor training 3: Helping Mentees Build Professional Skills and Connections	1. Building bidirectional rapport 2. Reflective listening: the OARS method a. Open-ended b. Affirming statements c. Reflection d. Summarizing 3. Interactive activity: one thing you wished you had known about earlier in your career 4. Tactics and skills for succeeding in academic medicine 5. Mentee action plan: setting realistic goals, creating accountability 6. Self-care: managing unique challenges of setting boundaries in academic medicine

Abbreviations: URM, underrepresented in medicine; STFM, Society of Teachers of Family Medicine; MWG, mentorship work group

across all participants. Furthermore, the mentorship program effectively addressed the needs of URM faculty members and suggests a significant benefit of the program in providing tailored mentorship. The enhancement in equipping participants with necessary career advancement tools also showed significant improvement. Confidence in achieving career advancement significantly increased among participants. However, the perception of professional isolation did not show significant change. The mentorship program significantly boosted participants' understanding of what is necessary to succeed in the academic field. Finally, participants reported significant improvements in finding resources that supported their academic interests in health equity and antiracism; this finding demonstrates the program's broad applicability and effectiveness in addressing health equity and antiracism efforts in academic medicine. Overall, findings from across 3 years of the URM faculty mentorship program suggest that the program is effective in fostering substantial professional growth among URM faculty. These results are reported in Table 4.

Qualitative Results

In the preprogram survey, mentees gave free text responses on what they wanted to gain from the program. Respondents stated that they would like to gain the following: career advancement, career navigation, collaboration and networking, research and publication opportunities, URM focused mentorship, curriculum ideas and resources, greater understanding of the culture of academic medicine, effective teaching strategies, and how to combat burnout. In year 2, mentees also wanted to know how to mentor others and gain grant writing skills. In year 3, mentees additionally were seeking advocacy skills.

In postprogram surveys, mentees described what they gained most from the program. In the first year, the comments focused heavily on community and networking. The second most common theme that emerged was about support they received from their mentors. Years 2 and 3 mentees' responses most frequently highlighted the mentorship relationship itself

TABLE 4. Linear Mixed-Model Results for Mentorship Program Outcomes

Outcome variable	Fixed effects	*P* value [a]	Random effects	Model fit
1. I know where to go to find resources for my job.	**Pre-post: *P* <.001** [a]	.002	Participant (intercept): 0.04	Conditional R^2: 0.27[b]
	Cohort: *P*=.41	.007	Residual: 0.37	Marginal R^2: 0.19[c]
	Pre-post * Cohort: *P*=.34	.005		
2. I feel that I have received mentorship that focuses on my needs as a URM faculty member.	**Pre-post: *P* <.001** [a]	.003	Participant (intercept): 0	Conditional R^2: 0.45
	Cohort: *P*=.93	.025	Residual: 0.83	Marginal R^2: 0.45
	Pre-post * Cohort: *P*=.26	.005		
3. I feel that I am equipped with tools to get myself to the next level.	**Pre-post: *P* <.001** [a]	.003	Participant (intercept): 0.07	Conditional R^2: 0.45
	Cohort: *P*=.44	.008	Residual: 0.60	Marginal R^2: 0.38
	Pre-post * Cohort: *P*=.09	.004		
4. I feel confident that I will be able to achieve promotion/advancement.	**Pre-post: *P* <.001** [a]	.003	Participant (intercept): 0.13	Conditional R^2: 0.38
	Cohort: *P*=.58	.013	Residual: 0.57	Marginal R^2: 0.24
	Pre-post * Cohort: *P*=.21	.004		
5. I feel professionally isolated.	Pre-post: *P*=.05	.004	Participant (intercept): 0.27	Conditional R^2: 0.26
	Cohort: *P*=.97	.025	Residual: 0.92	Marginal R^2: 0.04
	Pre-post * Cohort: *P*=.99	.05		
6. I have a good understanding of what it takes to succeed in the field of academics.	**Pre-post: *P* <.001** [a]	.003	Participant (intercept): 0.23	Conditional R^2: 0.62
	Cohort: *P*=.56	.01	Residual: 0.31	Marginal R^2: 0.33
	Pre-post * Cohort: *P*=.01	.004		
7. I feel that I can find resources that support my academic interests around health equity and antiracism work.	**Pre-post: *P* <.001** [a]	.003	Participant (intercept): 0.26	Conditional R^2: 0.52
	Cohort: *P*=.58	.013	Residual: 0.41	Marginal R^2: 0.22
	Pre-post * Cohort: *P*=.41	.006		

[a] *P* value meets the Holm-Bonferroni *P* value threshold for significance.
[b] Conditional R^2 indicates the variance explained by both the fixed and random effects.
[c] Marginal R^2 indicates the variance explained only by the fixed effects.
Abbreviation: URM, underrepresented in medicine

and then the community and networking aspects as the major benefits of the program. We noted that preprogram needs were more skill-based and transactional in nature. However, the postprogram survey results weighed heavily on the relationships and support gained. These results can be found in Table 5.

Program Improvement Data

Although the check-in review information was not designed to assess program effectiveness, the feedback was found to be very valuable for the MWG. Mentees identified the following as strengths: trusting relationships with their mentor, the value of having URM role models, and the value of the safe space to discuss difficult issues with someone outside their institutions. Suggestions for improvement included finding ways to have more consistent meetings with their mentor and opportunities for networking among mentees. Mentors identified the following as strengths: able to learn more in-depth about early career URM faculty challenges, and a safe space to discuss difficult issues themselves as URM faculty. White faculty reported gaining a new perspective on the experience of URM faculty. Mentors similarly identified the challenge of finding sufficient and consistent times to meet with their mentees. Table 5 summarizes feedback from all 3 years of check-ins during the project.

TABLE 5. Common Themes Identified in Assessment Forms andCheck-Ins

A. Themes identified from mentee assessment forms
Preassessment: What are you looking for in mentorship?
• Career navigation/culture of academic medicine/advancement
• Collaboration/networking
• Research/publication opportunities
• URM-focused mentorship
• Curriculum ideas/resources
• Combatting burnout
• How to mentor others
• Grant writing skills
• Advocacy
Postassessment: What do you think you gained from this program?
• Community and networking
• Support from mentors
• Effective mentorship relationship
• Added perspective from experienced faculty
• Additional resources to perform their job
B. Themes from mentee-mentor combined check-ins
Mentees
• **Program benefits**
• Trusting relationship with mentor
• URM role models
• Safe space to discuss difficult issues around being URM
• Safety of having mentor outside their institution
• Camaraderie with other mentees
• **Suggestions for improvements**
• More consistency in meetings with mentors
• Opportunities for networking with other mentees
Mentors
• **Program benefits**
• Opportunity to learn more about URM experience in academic medicine
• Safe space to discuss difficult issues around being URM
• White faculty gained new perspective on URM faculty experience
• **Suggestions for improvements**
• More consistency in meetings with mentees
• Training on how to assist mentees with career decision-making

Abbreviation: URM, underrepresented in medicine

DISCUSSION AND CONCLUSIONS

MUFAE/URM-MP aimed to increase support for early career URM faculty by providing mentors with intentional training in addressing issues unique to racial and ethnic minoritized populations in academic medicine. The program focused on mentor training to establish meaningful mentor-mentee relationships. The goal was to promote career advancement, leadership development, and greater career satisfaction. Results suggest that the program significantly bolstered mentees' confidence and knowledge in a variety of domains. Mentees reported increased confidence in finding resources for their position, additional DEIA initiative resources, career advancement tools, and knowledge of what is necessary to succeed in academia and achieve career advancement. These findings suggest that the program was useful for addressing the unique needs of URM faculty identified in the literature.[1,3,5]

Despite the program's focus on creating meaningful relationships, mentees' perception of professional isolation did not show significant change. This suggests that future efforts may need to include mentoring teams of peers, coaches, mentors, and sponsors designed to serve different roles and address varying needs of mentees.[13] Also, the mentees' experiences in this program possibly highlighted a sense of professional isolation they experience in their own institutions. Over the years of the program, mentees have asked for additional ways to build community among the mentors and mentees to supplement the one-on-one meetings and group sessions. This suggestion led us to encourage mentors to cross-collaborate to help meet mentees' varying needs and to create mentee groups on messaging apps because peer mentoring might better combat the sense of isolation. Overall, the findings of this study are similar to the findings cited in the previous brief report describing results from year 1 of the program.[20]

Limitations of this study included the use of a nonstandardized pre- and postassessment, fewer completed postassessments than preassessments, a possible lack of generalizability due to the relatively small sample size, and the unique nature of each mentor-mentee pair that may be difficult to replicate in follow-up studies because of individual personalities and mentoring styles. A major limitation to this study was the challenge of not having a way to ensure that mentor-mentee pairs met regularly. This variability in frequency of meetings makes interpreting and replicating the findings more difficult and could be a factor in future studies and programs. The study design also produced correlational rather than causational data due to a lack of control over other factors that could possibly influence the outcomes studied. Future models of URM mentorship should address these limitations; consider the cost, time, and logistics for implementation; and develop reliable and valid assessment methods.

As academic environments seek to create supportive institutions through addressing issues such as racism, faculty development, and the identification of clear paths for advancement, mentors play a vital role in providing guidance toward success.[12,23–25] This guidance is significant because URM faculty are more likely to stay at the assistant professor rank longer than their nonminoritized counterparts.[26–28] Minority taxes, an unclear path to promotion, and lack of support to attain leadership positions all reinforce this promotion disparity.[26,29] Therefore, tailored mentorship by advanced faculty can be an important element of career progression in academic medicine for early career URM faculty. Mentees and mentors in the program identified a desire to have more time to meet, suggesting that protected time for mentorship activities should be a priority. This type of mentorship is critical at this time when anti-DEIA legislation is taking away opportunities

for equity at institutions.

This project provides evidence that a national academic medical society can create programs with tailored mentorship to improve self-perceived effectiveness of URM faculty.[20] Participants noted greater confidence in identifying necessary job resources, accessing career enhancement tools, and locating resources to support health equity efforts and antiracism work. The unique aspects of this project should be replicated and further refined by other groups in medical education.[20] Such programs can help increase self-satisfaction and professional well-being for aspiring educators. The aim is to improve the pipeline of URM individuals who are recruited, retained, and able to thrive in academic medicine to improve health care and reduce health inequities. Al Achkar et al listed several institutional strategies applicable to this effort.[30] They recommended offering mentors and coaches at the leadership level and also addressing violations like racism and sexism in the workplace immediately. Future studies should continue to explore innovative ways to meet the mentorship needs of early career URM faculty, including designing effective training for mentors and creating networking opportunities for mentees and mentors to counteract the professional isolation and lack of support that hinders success. White mentors remain a large source of untapped potential, and effective ways to train and support White mentors also should be explored.

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Presentations

Some information included in this paper was presented in a seminar titled "'A Push in the Right Direction': Increasing and Improving URiM Mentorship From Race Discordant Faculty," at the 2024 STFM Annual Conference, May 7, 2024, Los Angeles, California.

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