

SPECIAL ARTICLE

Critical Mentorship: The Application of Critical Andragogy in the Context of Mentoring Minoritized Faculty in Academic Medicine

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HOW TO CITE: Ogbeide SA, Johnson-Esparza Y, Montanez M, Ogbeide A. Critical Mentorship: The Application of Critical Andragogy in the Context of Mentoring Minoritized Faculty in Academic Medicine. *Fam Med.* 2025;57(8):1–4. doi: [10.22454/FamMed.2025.961683](https://doi.org/10.22454/FamMed.2025.961683)

PUBLISHED: 9 June 2025

KEYWORDS: academia, critical pedagogy, mentorship, minoritized faculty, underrepresented faculty

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ABSTRACT

In this article, we describe and discuss the concept of critical andragogy and apply it to the process of faculty mentorship in academic medicine, or *critical mentorship*. We describe the systemic barriers that impact faculty from ethnic and racially minoritized backgrounds and provide recommendations to academic institutions for mentoring minoritized faculty. Additionally, we provide recommendations for the content and structure of the mentorship relationship when the mentor is from a majority background. Our goal is to provide those who mentor faculty, are in leadership, and design mentorship programming with information to support faculty career development in the context of structural barriers for faculty professional growth.

BACKGROUND

Critical andragogy or critical theory calls for the analysis of oppressive practices that cause social inequalities through power structures experienced by ethnoracial and socioeconomically marginalized or minoritized groups¹—specifically, for the context of this paper, ethnoracial and socioeconomically marginalized mentees/faculty within academic medicine. When this analysis occurs, it can transform the learning and mentorship experience through reflection and action by providing a framework for mentorship, focus on liberation, and empowerment.^{1,2} Mentorship is often confused with coaching, sponsorship, and advising, although these are distinct. A mentor works alongside their mentee “to support personal and professional growth, development, and success through the provision of career and psychosocial support,”³ which oftentimes can include coaching, sponsorship, and advising, which are more specific and targeted activities. The mentorship of minoritized faculty members is of importance due to documented experience with career development delay that is facilitated by oppressive power structures present in academic medicine that uniquely impact minoritized faculty.^{4–8} Minoritized faculty are asking for mentorship, but the mentorship needs to be contextualized to their lived experiences.^{9,10}

Critical andragogy within mentorship, or *critical mentorship*, calls for active rather than passive learning by the mentee.¹ The mentor is not simply narrating the mentorship experience and agenda during each interaction.¹¹ Instead, mentees engage in critical thinking about the power structures not only within the mentorship relationship but also within their respective institutions. The mentee is then able to be empowered to create change, and the mentors should think about the ways their current mentor-mentee relationships may perpetuate existing sociocultural structures, specifically in academic systems.¹² By mentees experiencing an equitable and less oppressive mentoring relationship, a parallel process between mentees and mentors could occur as mentees navigate their professional contexts influenced by contradicting and complex perspectives. The purpose of this paper is to provide recommendations for contextualized mentorship with a critical andragogy lens for those in higher education who support the career development of ethnoracial and socioeconomically minoritized faculty members.

RECOMMENDATION 1: ACTIVE LEARNING BY THE MENTEE

Active learning, as opposed to passive learning, involves higher-order thinking and deep learning. In the context of

mentorship, the mentee is actively involved in their own learning and in seeking knowledge rather than relying on the mentor to pass on knowledge.¹¹ A mentee who embraces active learning sets their own goals and reflects on their experience on a regular basis, often presenting a willingness to engage in open discussion around their goals, experiences, and reflections in the mentor-mentee interaction. Problem-solving and application of knowledge gained through mentorship are also common in active learning. For instance, a mentee struggling with a sense of obligation to agree to involvement in multiple committees because more representation is needed in those committees could be encouraged to reflect on their inclination to say “yes,” which would include consideration of the larger context (the macro- and microstructures at play). Subsequently, a mentee could engage in a problem-solving exercise to identify how best to address over-involvement in activities that might not align with their values and their current commitments.¹¹

Active learning is critical in challenging and changing oppressive systems. It encompasses having a deep understanding of the factors that impact one’s life and trajectory.¹¹ Learning is to be inclusive and participatory.¹¹ As such, the mentee must be willing to be an active participant in the mentorship relationship. Mentees must be critical in their assessment of power structures at the institutional level and even within the mentorship relationship. This analysis includes an awareness of the factors related to their minoritized identity (or the intersectionality of their identities) that hinder their advancement, which has been termed “gate blocking.”⁴

Gate blocking refers to the institutional actions or inactions that keep minoritized faculty from being promoted, achieving tenure, and stepping into leadership roles.⁴ Among these factors is the minority tax, which refers to the additional responsibilities, expectations, and challenges minoritized faculty face as compared to their nonminoritized counterparts.⁹ Mentees should engage in self-reflection to determine how imposter syndrome (ie, feeling inadequate despite achieving success) impacts their development and advancement.¹³ Through experiences with racism and discrimination, minoritized mentees may doubt their abilities and accomplishments, thus precluding them from seeking leadership positions.¹⁴

Additionally, minoritized faculty may feel a sense of gratitude for the academic position they have been given.¹⁵ This gratitude tax can be a significant barrier to minoritized faculty requesting resources, declining additional responsibilities, or seeking more appealing positions elsewhere, because minoritized faculty might want to minimize the perception of being ungrateful.^{5,15} Awareness of these factors is essential but not sufficient. Mentees must be committed to seeking the support they need through mentorship to address these barriers initiated by oppressive systems. When a minoritized faculty member feels psychologically safe to engage in these discussions with a mentor, this critical process can help the mentee take the necessary steps to continue their career advancement (eg, applying for a grant, applying for a leadership position).

RECOMMENDATION 2: CRITICAL SELF-REFLECTION BY THE MENTOR

Mentors have the potential to contribute significantly to the professional development and advancement of minoritized faculty.⁹ To ensure that mentors do well by their mentees, mentors must engage in critical self-reflection, including examining and evaluating their thoughts, beliefs, actions, and motivations. Mentors must reflect on their biases, assumptions, and blind spots, as well as their privilege and how they benefit from oppressive systems.⁹ Mentors must reflect on how their biases and privilege impact their relationship with their mentees and other minoritized faculty. For the nonminoritized mentor, critical self-reflection of their White privilege (eg, White faculty given greater respect, resources, and tolerance for criticism from the system compared to minoritized faculty) in an academic setting and how it perpetuates inequalities among its faculty can be particularly challenging.¹⁶ This self-reflection is required in promoting advancement and building an equitable relationship. Individuals possessing privilege are often oblivious to this privilege,¹⁷ making this level of examination necessary.⁹

RECOMMENDATION 3: KNOWING THE MACRO AND MICRO POWER STRUCTURES AT PLAY FOR THE MENTEE AND MENTOR

Academic institutions often operate under the assumptions and advantages of White privilege,⁷ creating an environment that unfairly favors some by disadvantaging others based on race/ethnicity and social class.¹⁸ Not only are minoritized faculty promoted less often and retained in assistant professor rank more often than nonminoritized faculty but they are also less likely to be on the tenure track and are tenured less than their nonminoritized counterparts.¹⁹

Multiple factors can contribute to the underrepresentation of minoritized faculty in academia and limited professional advancement, such as lack of mentors, lack of faculty development, and systemic racism and discrimination.⁹

Minoritized faculty in academic medical settings are often disproportionately burdened or “taxed” with additional responsibilities, expectations, and challenges compared to nonminoritized faculty.⁷ This minority tax encompasses disparities in diversity efforts, racism, mentorship, clinical responsibilities, and promotion. Minoritized faculty may feel an obligation to the communities they represent and, as such, may be more inclined to engage in efforts to promote diversity and to serve other minoritized communities.⁷ This involvement may include serving on committees to promote diversity efforts at the department and institutional level, sometimes at the request of leadership (ie, committee tax).⁵ Minoritized faculty are also more likely than nonminoritized faculty to serve underserved and economically disadvantaged communities at the expense of scholarly activity and clinical revenues.²⁰ Scholarly activity and clinical productivity that do not meet the standards set by the institution impact the likelihood of promotion and, consequently, representation in

leadership positions.²¹

Racism is another factor in the poor retention of minoritized faculty.⁶ Minoritized faculty experience disrespect, discrimination, and racism.²⁰ Institutional efforts to increase diversity may seem more like a checkbox effort than authentic efforts to promote diversity.²² These experiences and the lack of support can further exacerbate isolation experienced due to a lack of other minoritized faculty and adequate mentorship. Critical mentorship requires not only that mentees be active in their own mentorship and that mentors engage in critical self-reflection but also that both the mentor and the mentee consider the context to include the macro and micro power structures that can contribute to or hinder professional advancement.

RECOMMENDATION 4: ACHIEVING AN EQUITABLE MENTORING RELATIONSHIP FOR THE MENTEE AND MENTOR

An equitable mentorship relationship is characterized by mutual learning and understanding.⁹ The mentee and mentor must be willing to learn from each other, including their biases, expectations, and attitudes. Additionally, the mentee and mentor must be willing to discuss the power structure inherent in a mentorship relationship, particularly when their racial/ethnic backgrounds are incongruent. Mentees must be made to feel that the mentorship relationship is one that is safe and free of judgment if these discussions are to happen.⁹ Minoritized faculty want mentors who can understand and relate to the challenges the mentee faces.⁹ The challenges may not always be experiences to which a mentor can relate; however, a mentor who has engaged in critical self-reflection can learn to appreciate the challenges that are unique to the mentee. Mentees also seek personalized learning. In an equitable mentorship learning environment, efforts are made to meet the specific needs of the mentee.⁹

Nonminoritized mentors also must be willing to demonstrate through their actions their commitment to achieving equity at the departmental and institutional levels. Allyship requires that words and actions align, which can be achieved by working toward sharing the power of White privilege.^{6,7,15} For instance, mentors can highlight and promote accomplishments of minoritized faculty and acknowledge contributions.^{6,7,15}

CONCLUSIONS

Critical mentorship can be applied to mentees or faculty from ethnoracial and socioeconomically marginalized minoritized groups in academic medicine. Denying that these concepts are present within academia can result in persistent and structural barriers that ultimately hinder a faculty member's ability to succeed.²¹ Mentorship relationships are cornerstones of success, and for these to be fruitful, both entities need to be aware of the considerations and dynamics needed for an effective mentorship relationship.²³ Critical mentorship is therefore an empowering learning process for the mentee that

is facilitated and reciprocated by a mentor that has a clear understanding and awareness of his or her own biases as well as the structural ways the organization has historically hindered minoritized faculty members' career development. This paper provides a set of recommendations that can be used by underrepresented in medicine (URiM) mentees and those who mentor minoritized faculty members in academic settings to elevate the mentorship experience to one that can transcend the pervasive constraints historically imposed on minoritized groups within academia. These recommendations also can guide future research on URiM mentorship. This paper is the first of its kind to connect a critical andragogy lens to mentorship outside of general academia (eg, science, technology, engineering, and mathematics (STEM)), faculty-student dyads, minoritized women in STEM).^{24–26}

Active learning by a mentee and mentor requires critical assessment of power structures within both the institution and their own mentorship relationship that have contributed to gate blocking.⁴ The minority tax, imposter syndrome, gratitude tax, committee tax, and double disparity (ie, being URiM and nonphysician in a medical setting) can be significant barriers that influence career advancement within academia due to tax or extra responsibilities placed on URiM faculty members to support diversity-related initiatives.²¹ Additional taxes also can impact faculty engagement and potentially lead the faculty member to leave academia altogether. A mentor's influence on a mentee's professional trajectory can be a significant protective factor and, consequently, requires critical self-reflection from the mentor to honor that responsibility. To build an equitable relationship suited for critical mentorship, this self-reflection requires the mentor's openness to recognize how their own success may have benefited from such oppressive systems.

Understanding the macro and micro power structures affecting advancement in academia is instrumental in addressing an individual's career trajectory as well as exerting effort to bring about change within the system.²¹ Departments need to be aware of the disproportionate burdens they place on minoritized faculty compared to nonminoritized faculty and actively work to develop adequate resources that are rooted in equity for all faculty within the department. Equitable mentorship relationships are essential for fostering an unbiased process for promotion and success in academic medicine.

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