

## LETTER TO THE EDITOR

## Authors' Reply to "From Monolith to Mosaic: Rethinking Mentorship for Asian Faculty"

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### TO THE EDITOR:

We appreciate Dr Ikoma's<sup>1</sup> thoughtful engagement with our article<sup>2</sup> and for expanding the conversation on mentorship for underrepresented faculty in family medicine. We are appreciative that our paper highlighting the unique challenges and areas for more intentional mentorship for family medicine faculty who are underrepresented in medicine (URiM) is also fostering dialogue for all minoritized groups and individuals to be supported to grow professionally and achieve their goals.

Dr Ikoma makes key points that are important for all of us to consider regarding people of color. All minoritized groups in academic medicine can face similar challenges that may be nuanced by identity and have differing impacts, but diverge from those of our well-represented white counterparts. We agree that mentorship is needed for all faculty, especially those who are minoritized and in environments where institutional equity and leadership training and support may be in question. Our paper focused on mentorship gaps, highlighting concerns related to the minority tax, pseudoleadership, scholarship delay, and increased vulnerability in environments where diversity, equity, and inclusion efforts may be constrained.<sup>2</sup> We encourage the exploration of these challenges for others who are marginalized or minoritized in academic medicine.

As highlighted in our article, recognizing Southeast Asian faculty as URiM reflects an effort to move beyond monolithic racial categories and to acknowledge the heterogeneity and intersectionality amongst ethnic groups.<sup>2,3</sup> We are incredibly grateful for the opportunity to continue this dialogue and appreciate Dr Ikoma's contribution to a nuanced and necessary conversation. Creating academic environments in which all faculty—particularly those minoritized and from marginalized communities—are supported, valued, and positioned to succeed in all domains of work-life wellness should be important to all faculty in academic medicine.

### REFERENCES

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