

# A CASE FOR INCREASING RACE DISCORDANT MENTORSHIP FOR FACULTY WHO ARE UNDERREPRESENTED IN MEDICINE

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Family Medicine Focus

## THE NEED

Mentorship is associated with career satisfaction and scholarly achievement in academic medicine.<sup>1</sup> Faculty who are culturally or ethnically underrepresented in medicine (URiM) have fewer opportunities for mentorship due to a lack of understanding of their unique needs for career building.<sup>2</sup> Some mentees in academic medicine prefer a race concordant mentor but many have indicated that mentorship is helpful regardless of the mentor's cultural/ethnic background.<sup>1,2</sup> Due to the sheer number difference in senior URiM vs White faculty, race-discordant mentor/mentee pairings are essential. Mentorship programs that included trained URiM and non-URiM mentors have proven effective at addressing specific challenges faced by URiM mentees.<sup>3</sup>

## THE BARRIERS

There are disparities in medical faculty rank and tenure specific to underrepresented racial/ethnic groups. URiM faculty don't advance for the following reasons:

- Lack of awareness of academic medicine
- Lack of role models
- An unwelcoming environment with experiences of bias and discrimination
- Shortage of mentors at senior faculty levels
- Disillusionment with the possibility of academic medicine as an attainable career.

## SPECIFIC CHALLENGES

White faculty may feel ill-equipped to connect with URiM faculty's sense of isolation, lack of professional legacies in minoritized communities, and discrimination that hinders career advancement.<sup>1-3</sup> Despite White faculty's lack of personal experience, faculty trained in the unique needs of URiM faculty are more likely to understand the nuances of being a minoritized person trying to succeed in the rigorous field of academic medicine.

## SPECIFIC NEEDS

Mentees have identified a need for a safe space to discuss race (or not), opportunities to discuss impostor syndrome, self-advocacy skills to help them thrive in difficult environments and navigate challenging relationships with leadership, and help overcoming the various "minority taxes."<sup>3</sup> "Gate blocking," another barrier to advancement, is described as a consequence of institutional policy and neglect due to institutional racism that blocks the pathways for URiM faculty in academic medicine to advance in their careers.<sup>4</sup> Commonly-cited catalysts for gate blocking include varying forms of the minority tax. A mentor's awareness of minority taxes, openness to hearing and believing their mentee's experience, and collaborative efforts to guide their mentee toward solutions are imperative to successful race-discordant mentorship.

## HOW MENTORS CAN HELP URiM MENTEES

URiM Faculty Challenges	Definition	What Mentors Can Do
Isolation tax	Being the "only", and feeling as if their opinions do not matter and are not related to institutional mission, goals, and actions.	Help mentees communicate how their areas of interest contribute to the institution's mission (eg, research into health disparities in Black communities improves the quality of patient care).
Gratitude tax	URiM faculty's learned attitudes due to lived experience that they should be grateful that academia has taken a risk in employing them. This sense of indebtedness may cause a diminished sense of accomplishment resulting in URiM faculty remaining in a nonbeneficial position.	Help mentees critically evaluate current opportunities for advancement in academia in and outside of their institution to combat defaulting to staying due to the gratitude tax. Encourage mentees to overcome impostor syndrome and reinforce their value to the institution.
Ineffective mentorship tax	Limited availability of effective mentors/role models to guide the use of institutional resources and navigate institutional culture that impacts academic advancement.	Encourage mentees to seek a network of URiM and non-URiM mentors who provide guidance for career advancement, offering a diversity of perspectives and varied strengths in topics (ie, research, promotion, negotiation). Mentors self-educate on unique experience of URiM faculty.
Excess clinical assignment & diversity efforts tax	URiM faculty have more clinical care responsibilities, caring for more complex, poorer, and sicker patients, resulting in the need for more clinical time to generate revenue comparable to that of non-URiM faculty. URiM faculty often engage in more committee work (eg, undervalued, time-consuming diversity efforts) and community work as a way to give back to their community and support future URiM students. These additional burdens result in decreased opportunities for advancement.	Share literature on these taxes and help mentees negotiate for supported time in scholarship using the evidence of minority tax in literature to advocate for their personal experiences. Encourage mentees and all faculty to view diversity efforts, committee work, and community engagement as a shared responsibility valued by academic leadership. Promote systemic changes (eg, training for department chairs) that support mentees translating their work (committee work, community work, teaching, their own mentoring) into language that can be included in their educator's portfolio for academic promotion.

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## REFERENCES

1. Bonifacino E, Ufomata EO, Farkas AH, Turner R, Corbelli JA. Mentorship of underrepresented physicians and trainees in academic medicine: a systematic review. *J Gen Intern Med.* 2021;36(4):1023-1034. PMID:33532959 doi:10.1007/s11606-020-06478-7
2. Nivet MA, Taylor VS, Butts GC, et al. Diversity in academic medicine no. 1 case for minority faculty development today. *Mt Sinai J Med.* 2008;75(6):491-498. doi:10.1002/msj.20079
3. Fraser K, Dennis SN, Kim C, et al. Designing effective mentorship for underrepresented faculty in academic medicine. *Fam Med.* 2024;56(1):42-46. doi:10.22454/FamMed.2023.186051
4. Amaechi O, Foster KE, Tumin D, Campbell KM. Addressing the gate blocking of minority faculty. *J Natl Med Assoc.* 2021;113(5):517-521. doi:10.1016/j.jnma.2021.04.002

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