

# The Resident Scholars Program for Workforce Diversity: A Qualitative Study About Supporting Family Medicine Abortion Providers

Aleza K. Summit, MPH<sup>a</sup>; Destiney Kirby, MD<sup>b</sup>; Diana N. Carvajal, MD, MPH<sup>c</sup>

## AUTHOR AFFILIATIONS:

<sup>a</sup> Montefiore Medical Center, Bronx, NY

<sup>b</sup> New York Presbyterian Hospital/Columbia University Medical Center, New York, NY

<sup>c</sup> University of Wisconsin School of Medicine and Public Health, Madison, WI

## CORRESPONDING AUTHOR:

Aleza K. Summit, Montefiore Medical Center, Bronx, NY,  
[asummit@montefiore.org](mailto:asummit@montefiore.org)

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## ABSTRACT

**Background and Objectives:** While workforce diversity helps mitigate health inequities, few initiatives support prospective abortion providers who are underrepresented in medicine (URiM). To address this issue, Reproductive Health Education in Family Medicine established the Resident Scholars Program for Workforce Diversity (RSPWD), a year-long program for URiM and other Black, Indigenous, People of Color (BIPOC) residents committed to sexual and reproductive health (SRH) provision. Program elements include: (a) mentorship by BIPOC family physicians; (b) virtual didactic sessions about SRH integration into primary care, advocacy, leadership, reproductive justice, and patient-centered care; (3) conference sponsorship; and (4) community-building among residents and mentors.

**Methods:** We conducted a qualitative study with the program's first cohort of residents and mentors to examine perspectives about program successes and needed improvements. We used a semistructured interview guide along with a direct contact analysis approach.

**Results:** We interviewed eight scholars and four mentors. From the interviews, we gleaned data on three main themes: (a) value of mentorship, (b) importance of community, and (c) program improvement suggestions. Scholars expressed appreciation for SRH mentorship from BIPOC mentors who had lived experiences similar to their own, noted the mentorship's importance for career-building, and spoke positively of their sense of safe community among all program participants. Respondents shared suggestions for improved scheduling and requested better guidance for navigating the mentee–mentor relationship.

**Conclusions:** The RSPWD success is reflected in the enthusiasm and gratitude for the program and the resulting mentorship and community that fostered supportive personal and professional relationships, including career opportunities. When considering the importance yet dearth of workforce diversification in family medicine, this program offers a promising model for supporting a more diverse and representative future SRH workforce that may apply to other family medicine clinical niches.

## BACKGROUND

As ample evidence demonstrates, Black, Latino/a/e/x, Native American, and other racial/ethnic groups are underrepresented in medicine (URiM), including in family medicine. Only 12.5% of practicing family physicians and 18% of family medicine residents are URiMs,<sup>1,2</sup> although these groups comprise approximately 38% of the US population.<sup>3</sup> Yet, a diverse medical workforce has many benefits; some patients prefer physician–patient racial concordance,<sup>4,5</sup> which can increase preventative screening<sup>6,7</sup> and improve health outcomes.<sup>8,9</sup> Furthermore, URiM physicians, especially in primary care,

are more likely to work in underserved communities disproportionately affected by inequities.<sup>10,11</sup> Unfortunately, URiM physicians are more likely than non-URiM peers to experience racial/ethnic discrimination and microaggressions,<sup>12–14</sup> inadequate mentorship,<sup>15,16</sup> and less professional belonging.<sup>16–18</sup> In response, pathway programs,<sup>19</sup> recruitment approaches,<sup>20,21</sup> and mentorship initiatives<sup>22,23</sup> have been championed for URiM physicians, particularly within academic medicine.<sup>24,25</sup> Importantly, few or no such supportive programs exist for URiM physicians interested in sexual and reproductive health (SRH) provision, including abortion.

While data are lacking on the experiences of URiM physicians in SRH, one study found that among URiM and non-URiM physicians with similar rates of abortion training and intention to provide care, URiMs were 61% less likely to actually provide abortion after residency.<sup>26</sup> Inadequate mentorship, career-related racial/ethnic discrimination, and poor professional integration may compound existing sociopolitical challenges of SRH/abortion provision for URiM physicians.<sup>18,26</sup> Therefore, with a goal of diversifying the family medicine workforce in SRH care through enhanced mentorship and community, Reproductive Health Education in Family Medicine (RHEDI), which supports comprehensive SRH and abortion training for family medicine residents,<sup>27</sup> initiated the Resident Scholars Program for Workforce Diversity (RSPWD). The RSPWD is a year-long program that supports Black, Indigenous, People of Color (BIPOC) family medicine residents, particularly URiMs, who demonstrate commitment to full-spectrum SRH provision. Program elements include (a) mentorship by BIPOC family physicians; (b) virtual didactic sessions about SRH integration into primary care, advocacy, leadership, reproductive justice, and patient-centered care; (c) support for conference attendance; (d) community-building; and (e) support for clinical training. To better understand program successes and areas for improvement, we conducted a qualitative evaluation of the program's first cohort (November 2021–January 2023), exploring both resident and mentor perspectives.

## METHODS

### Participants, Study Design, and Data Collection

All first cohort RSPWD residents and mentors (demographics shown in [Table 1](#)) were invited by individual email correspondence to participate in qualitative interviews/focus groups. Eight of nine residents (one could not participate due to scheduling constraints) and all four mentors participated; three mentors participated in a focus group. A study team member (D.K.), who had no prior interaction with study participants, conducted the focus group and interviews. D.K. used a semistructured interview guide ([Table 2](#)) developed via literature review and discussion with program leaders. Interviews were virtual (Spring 2023), lasted approximately 45 minutes, and focused on program reflection and feedback. Informed consent was obtained; participants received a \$40 gift card as remuneration. The study was approved by the Montefiore Medical Center Institutional Review Board.

### Analysis

Interviews were recorded and transcribed verbatim using Zoom software (Zoom Video Communications). D.K. reviewed transcripts for accuracy and redacted identifying information. Data were uploaded to Dedoose qualitative analysis software (SocioCultural Research Consultants) to store and code interviews. After careful data review, two researchers (A.S., D.K.) developed a codebook. A.S. and D.K. coded the early interviews; disagreements were resolved through an iterative process of reading, summarizing, and rereading until reaching consensus. Subsequently, interviews were coded with 90% interrater

reliability. Rolling analysis occurred as data were collected, with concurrent memoing. Throughout, all researchers (A.S., D.C., D.K.) were mindful of their perspectives, lived experiences (reflexivity), and associated influences on data analysis and interpretation. A.S. is a nonphysician White cisgender woman specializing in public health evaluation and SRH. D.C. is a URiM cisgender woman, practicing family physician, and educator focused on SRH provision. D.K., a medical student at the time of the study, is research-trained and has lived experience as a BIPOC person active in SRH and antiracism efforts. Following coding completion, all researchers independently reread the coded data to identify major and minor themes, which were refined through iterative discussion. Themes were grouped and mapped in accordance with a directed content analysis approach.<sup>28</sup>

## RESULTS

Three key themes arose: (a) the value of mentorship, (b) the importance of community, and (c) suggestions for program improvement. Quotes are included in the text that follows, and additional excerpts are displayed in [Table 3](#).

### Theme 1: The Value of Mentorship

Mentorship is a key component of the RSPWD, and overall, resident scholars expressed favorable perspectives about their relationships with program mentors. In addition to appreciating mentors' extensive experience with SRH in family medicine, scholars particularly appreciated mentorship from BIPOC physicians.

Scholars expressed that sharing similar lived experiences with mentors was crucial for career development. One respondent described how a conversation with her mentor helped her manage and overcome feelings of inadequacy:

I asked her about her role as faculty and [shared] how I felt. How am I supposed to teach other people when I feel inadequate? . . . She very much made me feel . . . better. She said some of these things kind of don't get better in terms of that feeling, or that sound in the back of your head telling you that you can't do things, but sometimes you just kinda have to put yourself out there. . . . And thanks to that, I . . . considered a few faculty positions.

(Scholar 1)

Another scholar described how her mentor's ongoing guidance made her feel better prepared for her upcoming postgraduation position:

When I was presented the opportunity, I thought about her [mentor], and I was like "all right, if I run into any hiccups, I can reach out." . . . I know that this mentorship was not just for the one year, because she made herself available for me anytime that I need her. So yeah, it changed my career choices in terms

**TABLE 1.** Participant Demographics

<b>Resident scholars (N=8)</b>	<b>n (%)</b>
<b>Gender</b>	.
Cisgender female	8 (100)
<b>Race</b>	.
Black/African American	3 (37)
Asian American	1 (13)
Mixed race*	3 (37)
Other (“do not identify with a race”)	1 (13)
<b>Ethnicity</b>	.
Latino/o/x/e	2 (25)
East Asian	1 (13)
West African (Ivory Coast), Irish, Portuguese	1 (13)
Ethiopian/Indian	1 (13)
Did not answer	3 (37)
<b>Region</b>	.
Northeast	3 (37)
Midwest	1 (13)
West	4 (50)
<b>Urbanity of residency program area</b>	.
Urban	5 (63)
Suburban	3 (37)
<b>PGY at program initiation</b>	.
PGY1	1 (13)
PGY2	7 (87)
<b>Program mentors (N=4)</b>	<b>n (%)</b>
<b>Gender</b>	.
Cisgender female	4 (100)
<b>Race</b>	.
Black/African American	2 (50)
Asian/Asian American	1 (25)
Other (White/Latina)	1 (25)
<b>Ethnicity</b>	.
Latino/a/e/x	3 (75)
Did not answer	3 (75)
<b>Region</b>	.
Northeast	1 (25)
South	1 (25)
Midwest	0
West	2 (50)
<b>Urbanity of practice area</b>	.
Urban	2 (50)
Suburban	2 (50)
Rural	0
<b>Academic affiliation</b>	.
Yes	3 (75)
No	1 (25)

\*One Black/Asian, one White/Latina, and one White/Black African  
Abbreviation: PGY, postgraduate year

**TABLE 2.** RSPWD Focus Group and Individual Interview Guide

For scholars
<ul style="list-style-type: none"> <li>• What did you like most about the program? What do you feel you're leaving the program with that you may not have had before?               <ul style="list-style-type: none"> <li>• Prompts: mentors? abortion provision career advice? sense of community? focus on reproductive justice? focus on BIPOC trainees? conference attendance? training support?</li> </ul> </li> <li>• Did the program meet your expectations?               <ul style="list-style-type: none"> <li>• Why or why not?</li> </ul> </li> <li>• Can you tell me about the relationship with your mentor?               <ul style="list-style-type: none"> <li>• Do you think your relationship will continue? Would you feel comfortable asking them for advice or connections in the future?</li> <li>• Is there anything that would have improved your connection with your mentor?</li> </ul> </li> <li>• Were you able to foster any connections with other scholars?               <ul style="list-style-type: none"> <li>• (If yes) Please provide specifics.</li> <li>• (If no) Is that something that could have been better cultivated by the program, and if so, how?</li> </ul> </li> <li>• Did you find the workshops valuable?               <ul style="list-style-type: none"> <li>• (If yes) What was valuable to you about them? Did you find them helpful for networking purposes? for thinking about your future career path? Do you feel like your voice was respected and heard in the discussion?</li> </ul> </li> <li>• Did you feel supported by RHEDI leadership? Is there anything they could've done to make you feel more supported and improve your experience?               <ul style="list-style-type: none"> <li>• Do you feel like RHEDI is an organization that could be a resource for you in the future? Why or why not?</li> </ul> </li> <li>• Is there anything else that you think could be improved for the next cohort of scholars?</li> <li>• Did the program have any effect on your postresidency plans?               <ul style="list-style-type: none"> <li>• Specifically, did it affect your interest in providing abortion and full-spectrum SRH care?</li> <li>• Did it assist with training?</li> <li>• Did it assist with career planning?</li> <li>• Job offers?</li> </ul> </li> </ul>
For mentors
<ul style="list-style-type: none"> <li>• Why did you decide to participate as a mentor in this program? What were you hoping to accomplish? Did you have things that you were hoping to achieve? Was there something that you personally hoped to gain?</li> <li>• How did those thoughts compare to the actual experience?</li> <li>• What were some of the things you liked about participating in this program as a mentor? What things were most challenging?</li> <li>• Do you have any thoughts about the group dynamic with the whole group of scholars and mentors? What do you see as some of its strengths and challenges?</li> <li>• Can you tell me about the relationship with your mentees?               <ul style="list-style-type: none"> <li>• Do you think your relationship will continue?</li> <li>• Is there anything that would have improved your connection with your mentees?</li> </ul> </li> <li>• Did you feel supported by RHEDI leadership? Is there anything they could've done to make you feel more supported and improve your experience?</li> <li>• What do you think would improve the program in the future?</li> </ul>

Abbreviations: RSPWD, Resident Scholars Program for Workforce Diversity; BIPOC, Black, Indigenous, People of Color; RHEDI, Reproductive Health Education in Family Medicine; SRH, sexual and reproductive health

of being able to open to other roles I didn't even consider.

(Scholar 4)

You don't even know what you don't know. [I'm the] first doctor in my family, so there's no one I'm really reaching out to or know.

(Scholar 2)

Scholars also shared how mentors provided them career advice as they negotiated postresidency employment:

Nothing in medical training prepared me for . . . how much money should I get paid for my work. And I think it's really important, as somebody who is just starting out my career, and particularly as a woman and as a woman of color . . . nobody has talked to me about that in med school or residency at any point.

(Scholar 6)

Participants also described how their mentors made key career information explicit, which was particularly helpful for those whose families and communities could not provide the connections and background knowledge to which their more privileged peers had access:

Relatedly, another scholar described the challenges of navigating the abortion provision space, and the importance of mentorship:

Starting out in this field can be really challenging . . . a lot of the jobs that I've applied for were never posted anywhere. It's just a matter of knowing somebody who knows somebody who knows that this place is hiring, or you have to know somebody to get you onto this listserv. . . . And so it's been really important to me to have people that I can really trust to answer all of my questions.

(Scholar 6)

Finally, scholars described how they supported each other—in effect, as peer mentors. One described important advice

TABLE 3. Selected Quotes by Theme

Theme	Additional selected quotes
<b>Theme 1: The value of mentorship</b>	<p>• “She [mentor] was like a beacon of light, . . . she was so even keeled and told it as it was, didn’t try to bullshit us. . . . She was feeling a lot of the same emotions that we were. . . . Such a nice role model, to just see. Oh, wow! She’s doing things and she’s doing them really well.” (Scholar 3) • “I also ended up connecting with one of the presenters who gave one of our talks, who also was an [abortion] provider where I live in [location], and so she wasn’t officially my mentor, but is now kind of my pseudo mentor, because I totally reach out to her all the time. We’ve been texting and emailing quite a bit about jobs. . . . And [speaker] introduced me to a bunch of people who have also been really amazing and supportive, so I feel like I’m now on like the third and fourth degree of mentorship from this program, which has been really, really wonderful and very unexpected. I thought that I was gonna get one mentor, and I feel like I got three or four—my wildest dreams.” (Scholar 6) • “Before the program I was hesitant to speak up, more conservative about speaking up for reproductive health and rights. And now I’m a lot more verbal about it. They [RSPWD mentors and speakers] taught me how to be able to express that without fear of retaliation. . . . I was able to have really good conversations with people, even though they were completely against terminations, but I felt more confident. . . . Before this I don’t know how open I would have been.” (Scholar 5) • “I come from a working-class family where you do one thing and that’s the thing you do. And so for me I was like, well, if I go to this federally qualified health center, that’s what I’m going to do, and I’m not going to be able to do anything else. . . . [But] meeting so many people that were wearing different hats, it’s just made me realize that I could do that, too.” (Scholar 1) • “I think that it can be really challenging to navigate that [abortion provision] space as a family physician, and to know where you can land. And so being able to provide support and encouragement to residents to say, ‘Well, you know, yeah, that might be that space, but it doesn’t mean you don’t belong there. . . . and you can be a part of that, and here are some strategies you might use to be to be a part of that space.’” (Mentor 2) • “I recently met with one of my mentees, and I feel like after the first 5 minutes of talking with them, I was just sort of in awe of the vocabulary that they already had, and the vision that I was like, I don’t have that for myself. And so, you know, I’m humbled. I’m like, okay, I don’t know how I’m gonna mentor this person, but we will be connected, and we will share conversations, and then, hopefully, we’ll both learn a little bit and challenge each other through these conversations. But yes, despite the fact that everything is a dumpster fire, the kids are alright.” (Mentor 1)</p>
<b>Theme 2: The importance of community</b>	<p>• “It was really powerful to be in Zoom sessions with like-minded individuals from diverse backgrounds trying to achieve a common goal. When I would wrap up the meetings, I always felt super energetic and pumped up, and just ready to continue to address different inequities in the world, and it was also just such a great safe space to share out certain concerns that I know I didn’t feel comfortable speaking with my faculty about. . . . The spirit of support and the spirit of togetherness were things that I really enjoyed.” (Scholar 4) • “It was so nice to be able to share a space where it wasn’t constantly centering on Whiteness. . . . I feel like my entire existence in [location] is just constantly centering on Whiteness, and constantly having to justify myself as a Person of Color. And so that was really liberating and really nice to be able to have that space that felt safe.” (Scholar 3) • “The RHEDI program made it very clear that your relationships don’t end after a year. . . . I’m so grateful for those relationships and those connections. Especially in the abortion world, it’s quite hard to kind of get anywhere without knowing somebody, and being part of this program has been very, very helpful for that. . . . I feel very confident that . . . I could reach out to them and get a letter of recommendation. . . . I know that there would be resources available to me or people would put their heads together to figure something out. (Scholar 8) • “I also suffered discrimination. . . . I’m light-skinned, yes, but I’m not ever seen as like White-White because I’m Latina. . . . Some faculty have been like ‘oh, international medical grads don’t bring much to the program,’ or like ‘oh, you’re Latina,’ like little comments, or I’ve gotten things in middle school like ‘go back to Mexico.’ . . . So being able to participate within a group that also had experiences like that made me feel like I’m not alone. . . . It was good to be able to connect with people who understood.” (Scholar 5) • “I remember sharing on the experience that I had with one of our OB/GYN attendings. . . . He’s someone that’s really well-respected and loved at my program, and so I just didn’t feel comfortable talking with anyone in my program about . . . any negative experiences that I had. . . . But I shared this experience with the group . . . and they just validated . . . how I felt in that moment. It was good to hear how people would’ve reacted in that situation . . . [and that some people said] ‘I wouldn’t know how to respond or act in that moment, because of so many different things that we have to consider, being communities of color.’” (Scholar 4) • “Identifying Chinese and as a South Asian, I know we’re not underrepresented in medicine by any means. But I am very unrepresented in [location], where I am. . . . There are not many non-White people in general. And so it is nice to be able to talk to people who are kind of going through similar experiences.” (Scholar 3) • “I already feel like I’m coming into this situation . . . from an identity or a background that may not be respected or valued in this space. And then to also come in and say, ‘I’m choosing to do this very stigmatized work that I feel really passionate about, and is really important to me,’ it sometimes feels like a double burden that maybe my White colleagues can get away with walking into a room and saying like ‘I’m gonna be an abortion provider,’ and when I do that people are like . . . ‘It’s really pushing the envelope, she’s really going off the deep end.’” (Scholar 6) • “People seem to feel comfortable, to have dialogue and share how you’re feeling, especially in a space that’s specifically for People of Color, and you don’t have to worry about censoring yourself. . . . And so that was nice to just be able to automatically trust and relate to each other, and then it seems like the scholars just jumped right in and built that trust as well.” (Mentor 4)</p>

Abbreviations: RSPWD, Resident Scholars Program for Workforce Diversity; RHEDI, Reproductive Health Education in Family Medicine; OB/GYN, obstetrics and gynecology



received from fellow scholars:

There were a couple of instances where I had some issues come up and I reached out to them, and they were super supportive, and that just me feel really good to know that I have a whole group of people that want me to succeed in in this field.

(Scholar 8)

Program mentors also found mentoring relationships valuable, seemingly describing mentees with pride. Mentors noted these relationships were a valuable way to pay it forward, expressed desires to remain mentors beyond the program, and described fulfillment in their roles:

This is kind of a reductive way to put it, but, like, the kids are alright, and I think in a lot of ways the younger generation really does teach us a lot, and I think it's really cool to be around them, and particularly a progressive sample.

(Mentor 3)

Mentors also stressed the importance of helping mentees establish relationships within the family medicine SRH community to understand the environment of family medicine abortion provision. The mentors seemed pensive as they reflected on difficulties they had experienced. One mentor stressed the importance of decoding the abortion provision landscape, especially for BIPOC trainees, saying:

A lot of what we do, specifically in the little reproductive health and abortion space, it's a lot of who you know, and not necessarily secret in a negative way, but . . . not always out and open. . . . It can be difficult navigating these spaces that are typically majority White as well, so helping young people of color early in their careers . . . navigate that and have a safe space to discuss and think as they come up, it's very important to me, and again something I wish that I had.

(Mentor 4)

The mentors' commitment to share key professional information and provide support they personally lacked were key motivators for their work.

## Theme 2: The Importance of Community

The second theme that emerged was the value of professional community. Scholars and mentors discussed how the RSPWD created safe spaces for them as BIPOC physicians, allowing for professional community building. One scholar explained:

Before the program, I felt a little bit more like I was just on this path by myself, and trying to figure it out, which is an isolating feeling, and

it was really nice to come out of this program feeling like I have a whole community of people who I'm connected to, who are there for support, and who have shared goals and shared values. . . . It feels more realistic to me to continue doing this work long-term knowing that I have that support system.

(Scholar 6)

Scholars expressed that sharing space with others who had similar lived experiences was validating and useful as they pursued careers in abortion and SRH as BIPOC physicians.

[It's] so important to know that there are people I can reach out to. It's lovely to see me [as] kind of the future of medicine, right? And folks like me who are on these calls, and who are clearly so passionate about these issues. . . . We had a particular session that was . . . mapping your life out in terms of your values and trying to prioritize what you want for your future practice, and I thought that was really helpful to hear from a BIPOC person. . . . [It] resonated a lot.

(Scholar 3)

Other scholars echoed how the RSPWD provided a safe space to be themselves and speak openly—a welcome respite from their usual professional environments:

I just want to see people that are not the normal people I'm around constantly, all people with the same mindset. It was so nice to talk to people and not have to flower my language. . . . When I first got there, and they were like, "this is White supremacy," and I'm like, "yes!" . . . instead of "what makes you think that?" You know, I'm sick of that, I'm done with that.

(Scholar 2)

I didn't feel like I had to hold anything back . . . everyone was very receptive to our voices, extremely different from what I felt in residency, I did not feel like . . . my voice counted sometimes, [but in RSWPD] I felt I could say and be myself.

(Scholar 5)

Finally, many scholars described how support for in-person conference attendance created connections that strengthened community and provided support during challenging times:

We all met up, and it was great; it was really wonderful. And we still talk now, like when the [Dobbs leak] came out. . . . We had all met each other so we texted after that.

(Scholar 2)

The other person that I shared my mentor with, I met at STFM [Society of Teachers of Family Medicine]. . . . From that day we were very close. We went out for dinner together, we hung out a lot while we were there, and I still text her and check in on her. I met a couple of the other mentors and feel now that I can go to them as well.

(Scholar 1)

While the online sessions laid the foundation for community-building, scholars reiterated the importance of in-person time together.

### Theme 3: Suggestions for Program Improvement

When exploring areas for program improvement, two key issues emerged: scheduling conflicts and the need for more detailed mentorship guidance.

Some scholars said virtual sessions and conferences were challenging to attend given their busy schedules. Scholars suggested advanced scheduling of all meetings would be best. One recalled:

I was already scheduled for many things, and I couldn't get out of them. And so that was kind of a bummer. So I think that in the future it would be nice for us to have, "here are the days that we will be meeting" . . . a year in advance, because my program operates that way.

(Scholar 8)

Another suggestion was to group meeting times by time zone. One scholar said:

It might be beneficial to pod out our cohorts. . . . At 6:30, I'm finishing up my day, and that's just the clinic facing hours. If there were others on West Coast time . . . it would be probably easier to schedule with them.

(Scholar 8)

Next, mentors and scholars suggested and requested more guidance about how to approach the mentee-mentor relationship. Participants suggested that the RSPWD could provide guidance on mentorship and associated expectations.

One scholar said:

Regular check-ins, maybe that could be established . . . or if they try to reach out to the mentees on what they are looking for, what they need or want out of a mentor, and vice versa, to connect the right person for the right mentee.

(Scholar 7)

One mentor shared:

I kind of wish I had a mentor to find out how to be a mentor. . . . that challenge in regard to working with the scholar who isn't necessarily emailing you every month. . . . Should I be reaching out more if they're not actively engaging or asking me questions? . . . Help from the program about specific topics that we should cover and having a goal of like four Zoom meetings with our scholars throughout the year, or whatever.

(Mentor 4)

Proactive guidance on structuring the mentor-mentee relationship and clarifying program expectations was noted among all participants as an area for improvement.

### DISCUSSION

Overall, the RSPWD was deemed valuable by resident scholars and program mentors, who expressed appreciation for the program's mentorship and community. The RSPWD also seems to have professional value as five of the nine first cohort scholars are now providing SRH services and two are doing so within an academic setting. Importantly, study results also provided important suggestions for program improvement.

Study results align with previous research on the value of mentorship, especially for URiM trainees and physicians. URiM and other BIPOC physicians face unique challenges in academic medicine, yet targeted mentorship improves experiences.<sup>22,23</sup> In this study, mentor guidance helped scholars during critical career junctures. Results also highlighted the value of peer mentorship, which has shown promise in other interventions.<sup>29–31</sup> Because URiMs often lack adequate mentorship,<sup>18</sup> they may be particularly adept in supporting and mentoring one another as they negotiate medical education and seek postresidency employment. Mentorship may provide practical career advice often not available in usual residency programming—for example, negotiating compensation in environments of pay inequity.

Notably, the RSPWD provided a valuable community, offering both a sense of belonging and a supportive environment of peers with similar professional lived experiences. The RSPWD space reflects one distinct from the predominantly White, sometimes restrictive environments that comprise much of medical training.<sup>32,33</sup>

Study results also provided important perspectives on program improvement, and RHEDI has incorporated these suggestions into the second and third cohorts of the program, which enrolled nine and eight scholars, respectively; the second cohort ran from May 2023 through June 2024, and the third cohort was launched in May 2024. Virtual session dates are now scheduled several months in advance so that participants have more notice and are better able to plan session attendance. While such advance programming offers its own challenges, it has helped manage the time constraints of busy residents and

mentors, and allowed for more participant attendance. Second, RHEDI has recognized that many physicians never receive formal training in mentorship, including how to be a mentor or a mentee. Using existing literature and mentorship resources, RHEDI has provided guidance and mentorship resources for program mentors and their mentees to access as they move through the program.

As family medicine strives to address the historic and ongoing effects of structural racism for our community of health care professionals, the RSPWD provides a potential prototype for support and validation of URiM and BIPOC residents' needs. RHEDI, like many SRH organizations, is and has been a predominately White organization focused on abortion training. More recently, RHEDI has shifted its focus to uplift and teach a much more inclusive reproductive justice-based approach and model of patient-centered SRH care.<sup>34</sup> RHEDI has also prioritized workforce diversity in the field of family medicine SRH as an important element for achieving health equity in SRH, and therefore has directed resources toward support, mentorship, and community-building for URiM/BIPOC residents. Study results suggest that the RSPWD successfully offers sound mentorship, safe community, and belonging for URiM/BIPOC residents within the family medicine SRH space. The continued implementation of workforce diversity initiatives such as the RSPWD has the potential to do the same for other URiM/BIPOC physicians in SRH.

### LIMITATIONS

The primary study limitation reflects the small number of participants in the first RSPWD cohort, which limited study participation and affects generalizability outside of the group. All but one program participant served as a study respondent; therefore, we believe the sample is representative of the group's experience. Interviews and focus groups were conducted virtually, which could have limited participant engagement and therefore data robustness compared to in-person interviews. Additionally, while we did not specifically confirm key themes with participants after analysis, no disconfirming data emerged. Finally, given that one researcher interviewed all participants, it is possible that interviewer bias was introduced and some data was missed or incomplete.

### CONCLUSIONS

As we call for organizations within family medicine and medicine overall to implement equitable, diverse, inclusive, and antiracist frameworks to support learners, the RSPWD may provide a successful model for emulation. This work also has potential to strengthen family medicine overall by addressing concerns about the steadily shrinking family medicine workforce.<sup>35,36</sup> Strengthening mentorship and community-building opportunities can be particularly valuable for URiM/BIPOC residents with clinical interests in niche fields of family medicine that are controversial or subject to marginalization (eg, SRH, gender-affirming care, addiction medicine); mentorship and community-building can show residents that their experi-

ences and interests are welcomed within family medicine. As we have seen in abortion care, clinical interest can produce marginalization;<sup>37</sup> when compounded with other forms of marginalization such as racial/ethnic underrepresentation and exclusion, career-building can be even more difficult. Importantly, programs like the RSPWD are only one strategy for institutions and organizations to employ along the continuum of professional equity and antiracism. For transformative and sustained change, as a specialty and a profession, we must commit to full participation and shared power across diverse racial, cultural, and economic groups in structures, policies, and practices.<sup>38</sup>

### Presentations

A portion of this data was presented as a poster at the Annual Meeting of the National Abortion Federation in Washington, DC, on April 28, 2024.

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