

The Future of Studying Medical Mentorship in Communities

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TO THE EDITOR

We applaud Dr Ajibade and her team for their excellent piece on mentorship gaps for minority faculty.¹ Their close attention to detail and expansive view of mentorship presented an intriguing and new take on the concept for us. The article focuses on underrepresented in medicine (URiM) minority faculty and addresses a gap for that population. The division of mentorship into self-actualization, family, community responsibilities, and professional development is much broader than our understanding of mentorship. We wish we had mentors like that. The truth is, however, that we did not know that we might need this kind of mentorship. We also believe that although the article focuses on a minoritized identity, mentors are hard to find for everyone who wants to be a doctor, including minoritized medical students.²

As premed students with significant advantages (from wealthy middle-class suburbs, studying at nationally recognized universities, parents who are doctors and lawyers), we expect to have good career guidance, including mentors. However, neither one of us has had professional mentorship in our undergraduate careers. We can write this letter because we have family and friends who are connected to the academic medical world. When students like us lack mentorship, it reveals systemic inequities that disproportionately affect those with fewer advantages. Mentorship should be facilitated by institutions. Formalized introductory networks (like those found in residency programs), structured premed advocacy programs, or culturally informed mentorship training could take some of the burden of finding a mentor off the student, allowing more premed students to understand the mentorship dynamic.

At some point in the future, both of us would like to be doctors and to practice at

the level of medical school faculty. After reading the article, we now know that we will need mentors throughout our careers. But what does that look like for premeds?.

A good mentor would help us meet people so we can shadow and work in laboratories. In contrast, the best mentors would help us learn how to develop a good professional relationship with them, so they trust us enough to open doors for us. They would also help us see what we cannot see and encourage us when we are discouraged. They would show us that they care about our success by being an advocate when new environments are encountered. Our mentors need not identify as we do, but they do need to mentor across identity differences.³ Even peer mentors can be effective in helping premed students attain their goals.⁴ Providing good mentorship during the premed years can help reduce the mentorship gaps in later years.

URiM-focused programs were associated with diversity, equity, and inclusion (DEI) initiatives, and they are likely to continue to lose funding over the next few years.⁵ Many federally funded mentoring programs were associated with DEI, and their cancellation hurts all of us.⁶ This means that the research involved in this article might not be expanded. The current political climate in the United States encourages us to look beyond race/ethnicity when studying mentoring. Already in this article, two of the gaps addressed are fundamentally intertwined with the differences between upper-class and lower-class communities. Perhaps new research can be more focused on economic class, and that information can be used to close gaps along those lines. And, if possible, new research can study how good mentorship at our stage can reduce gaps as we progress in our careers.

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