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LETTER TO THE EDITOR

From Monolith to Mosaic: Rethinking Mentorship for Asian Faculty

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TO THE EDITOR

I appreciate the article written by Dr Ajibade, Dr Smyre, and colleagues about the need for more robust mentorship opportunities for family medicine faculty who are underrepresented in medicine (URiM).[1] They describe how intentional mentorship helps to support URiM faculty who face unique challenges in the areas of self-actualization, balancing professional responsibilities with community roles, and professional development. As we work toward building inclusive mentorship frameworks, we should also include all Asian faculty in these programs and discussions.

While Asian Americans are not underrepresented in the family medicine workforce,[2] they face challenges in academia that mirror those of other minoritized groups, especially in leadership representation, burden of microaggressions, and perceived institutional support.[3-5] Despite being well-represented in academic medicine as a whole, Asian faculty remain underrepresented in leadership positions, accounting for only 8% of family medicine department chairs.[6] All faculty of color deserve culturally responsive mentorship that acknowledges and adapts to their unique backgrounds and supports their growth.

In addition, data aggregation masks inequities in representation among Asian Americans. I am grateful to the authors for including Southeast Asians in their definition of URiM because most definitions exclude Asians entirely, including those used by the Association of American Medical Colleges and American Academy of Family Physicians.[2,7] Likewise, most reporting systems continue to monolithically group "Asian Americans" into one category despite several ethnic subgroups being underrepresented in the physician workforce. For example, when Ko et al disaggregated data for Asian American health care workers, the representative quotient (RQ) for Bhutanese, Cambodian, Hmong, and Laotian physicians ranged from 0.07 to 0.25.[8] An RQ of 1 means that a group is proportionally represented in the physician workforce compared to the US population. For comparison, in 2023, the RQ for Black and Hispanic physicians was 0.48 and 0.36, respectively.[9]

Including all Asian American faculty in mentorship initiatives does not detract from the urgent needs of URiM colleagues. To the contrary, increasing the number of voices strengthens our advocacy for systemic solutions to systemic problems. We must combat the long-standing myth of Asian Americans being the "model minority," which has created harmful stereotypes and divisions that perpetuate White dominance.[10] As Dr Chow eloquently stated, "The model minority myth was created to divide communities of color in order to diffuse power . . . [and] when we, as People of Color, are divided, we have no way to resist/fight/defeat White supremacy."[10] Dismantling data inequity and offering culturally responsive mentorship helps reduce the effects of structural racism and moves us closer to a truly equitable academic environment.

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