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LETTER TO THE EDITOR

Intentional Mentoring of Healthcare Provider Students from Underrepresented Groups in Medicine

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We applaud colleagues Christensen and Bognar for stressing the importance of female medical students being mentored by female medical educators, highlighting a common mantra among minoritized groups, "You can't be what you can't see," with their recent original research [1]. Diversity and inclusion in medicine are imperative to advance care, diversify the workforce, and decrease health disparities disproportionately affecting underrepresented groups (URG), which includes individuals from marginalized communities, e.g., Black/African American, Indigenous, and People of Color (BIPOC) [2, 3]. The National Academy of Medicine (NAM, formerly the Institute of Medicine), the Health Resources and Services Administration (HRSA), and others have urged many healthcare professions to increase URG representation among its ranks, but many have fallen short in their pursuits (or lack thereof), affecting retention [2]. The minority tax (the service demands put on URG who represent URG opinions/service on various organization levels), bias and discrimination, personal wealth disparity, a lack of mentorship training, intersectionality and isolation, worries about confirming stereotypes, and institutional-level factors are some of the problems that threaten retention of URG in various settings [4]. Therefore, healthcare providers in clinical settings, nonclinical settings, and training programs can be more intentional in their recruitment and retention of URG via structured mentoring opportunities.

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An intentional and thoughtful mentor/mentee relationship provides new and established healthcare providers a personal advocate, increased job satisfaction and productivity, and protection from the minority tax [2, 5, 6]. Unfortunately, many URG do not have ample accessibility to mentors [2]. Additionally, these URG may feel isolated and receive mentoring disparately compared to majority counterparts impacting promotion, wellness, and longevity in their roles [2, 6]. Innovative styles of mentoring should be considered when establishing relationships, as the classic mentoring styles may not be effective in millennial and Generation Z healthcare providers [5].

Shifting clinical, nonclinical, and education settings cultures to be intentionally inclusive of URG must include intentional, quality mentorship. Diversifying and extending the information and content provided between the mentor and the mentee will be essential in maintaining a diverse workforce as we try to create a more diverse, culturally humble pool of healthcare providers [6]. Ultimately, providing mentoring and opportunities for professional growth, beyond performative participation in diversity, equity, and inclusion (DEI) initiatives, will allow URG healthcare providers to enhance the experiences of everyone, in essence effectively meeting the goal of reducing health inequities for all.

Declarations

Conflict of Interest The authors declare no competing interests.

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