

Crucial Conversations:

Intentional Mentoring of PAs from Underrepresented Groups (URG) in Medicine from New Graduate and Throughout Clinical Practice

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UW Medicine
MEDEX NORTHWEST
PHYSICIAN ASSISTANT PROGRAM

Introductions

- Who are we?
- What do we do?
- Years in PA profession
- Mentor and/or mentee relationship



Learning Objectives

- Discuss potential challenges experienced by URG in various settings of medicine
- Compare and contrast mentoring styles and behaviors needed for successful mentoring relationships through a PA career
- Begin discussions to candidly explore the specific obstacles and issues faced by URG to promote effective, intentional mentorship

Diversity in Medicine

- Diversity and Inclusion have become buzzwords.
- Data demonstrates their necessity:
 - “enhanced the educational experiences of students” and “may lead to better health outcomes for minority populations”¹
 - “interventions focused on recruiting diverse academic faculty...can positively affect the educational experience for URG learners and contribute to their academic success.”²
- The PA Profession
 - Decrease in the percentage of URiM over the last 30 years
 - “Until the 1990s, a higher proportion of underrepresented minorities entered PA programs than other healthcare professions programs.”³

¹Whitla, Dean K. PhD, et al. Educational Benefits of Diversity in Medical School, *Academic Medicine*: May 2003 - Volume 78 - Issue 5 - p 460-466

²Tomas Diaz, J. Renee Navarro & Esther H. Chen (2020) An Institutional Approach to Fostering Inclusion and Addressing Racial Bias: Implications for Diversity in Academic Medicine, *Teaching and Learning in Medicine*,32:1, 110-116

³Coplan B, Fleming S. The need for greater diversity in the PA profession. *JAAPA*. 2019 May;32(5):54-58

Number and Percent of Recently Certified PAs by Race

Race	2021 Percent	Percent Change 2017-2021
White	76.7%	-4.0%
Asian	10.3%	2.9%
Multi-race	4.1%	1.5%
Black/African American	3.3%	0.5%
Native Hawaiian/Pacific Islander	0.3%	0.2%
American Indian or Alaskan Native	0.3%	0.0%
Other	1.7%	-0.4%
Prefer not to answer	3.2%	-0.9%

Percent change reflects proportional change from 2017 to 2021.

Ethnicity: Percent Who Indicated They are of Hispanic/Latino/Latina/Spanish Origin

2021	8.9%
2017	6.9%



Diversity in Medicine

- URG = Historically excluded groups in medicine
- Receive more requests to provide service to the institution and/or department.¹
- Become “overburdened”¹
- Less time to work on scholarly activities¹
- “Minority tax”¹
- Receive less mentoring²



1. Carson TL, Aguilera A, Brown SD, Peña J, Butler A, Dulin A, Jonassaint CR, Riley I, Vanderbom K, Molina KM, Cené CW. A Seat at the Table: Strategic Engagement in Service Activities for Early-Career Faculty From Underrepresented Groups in the Academy. *Acad Med.* 2019 Aug;94(8):1088-1093

2. Langdon SE, Latham-Sadler BA, Bell RA. Mentoring programs for underrepresented minority faculty in academic medical centers: a systematic review of the literature. *Acad Med.* 2013 Apr;88(4):541-9.

What Can We Do Now?

- The focus of diversity, equity, and inclusion must be multi-focused
 - Student Pathways
 - Intentional recruitment
 - True holistic admissions
 - Mentorship



Why Does This Matter?

- Several published research highlight the lack of mentorship of historically excluded groups in medicine
- The need is yet critical due to a variety of challenges
 - Marginalization
 - Overt and covert racism
 - Assignment of activities not helpful for growth
 - Less likely to be promoted than white faculty
 - In the clinical setting, treat more “financially marginalized patients”

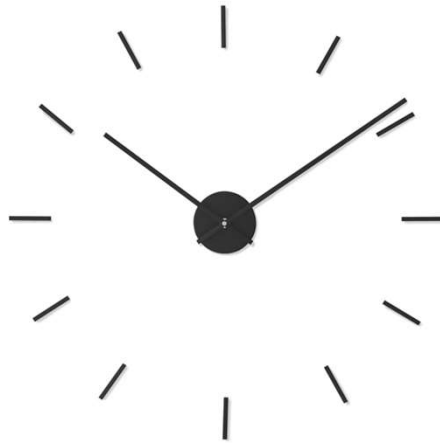
How Can We Address This Issue?

- AAPA is committed to enhancing the diversity of the PA profession, addressing health inequities among patients, and fostering a staff culture that is committed to DEI.
 - Fostering a Staff Culture Committed to DEI
 - Working to Enhance the Diversity of PA Profession
 - Addressing Health Inequities among Patients

How Can We Address This Issue?

- Commit to enhancing the diversity of the PA profession within the work environment
- Previous study demonstrates positive outcomes for URM clinicians and other trainees with intentional mentoring
 - Development of both protege and peer mentoring groups
 - Encourage discussion of racial identity/diversity issues
 - Mentoring interventions can provide greater psychological satisfaction, for URM clinicians, with possible increase in professional success

Mentoring



Common Types of Mentoring

- Formal
 - Set goals, guidelines and schedules
 - Clear and specific goals
 - One-on-one
 - Managed for outcomes
- Informal
 - Little (or no) structure
 - No specific goals or oversight
 - Beneficial for both career and personal guidance
- Situational
 - Used to address a specific challenge, goal, or opportunity
 - Short time period

Common Types of Mentoring

- One-on-One
 - Traditional model
 - One mentee/one mentor
 - Goal is to help in development, improvement and achievement
- Peer
 - Development of a more formal support system of those of similar experience
 - Fluid mentor/mentee roles
- Group
 - One mentor with several mentees
 - Aids in teamwork
 - Usefully with limited senior (and good) mentors

Common Types of Mentoring

- Reverse
 - A junior colleague mentors a senior colleague
 - Can initiate a culture of learning from each other
- Team
 - A group of mentors and mentees
 - Allows for sharing of a variety of opinions and experiences
 - Great for teamwork structure, can promote D&I, and may eliminate favoritism and elitism
- Virtual
 - Remote work environments
 - COVID-19

Common Styles of Mentoring

- Connecting
 - Ensure mentee has the right skills
 - Introduction to various networks & people
- Challenging
 - Push mentee to maximize capabilities
 - Aid in focus of goal
- Educating
 - Teach through personal experience/training
 - Recognize strengths and opportunities for improvement
 - Teach the ropes

Common Styles of Mentoring

- Cheerleading
 - Positive energy!
 - Reinforce positive behavior
 - Support
- Ideating
 - Brainstorm new ideas
 - Serve as a sounding board

Mentoring Skills Model (Phillips-Jones)

Mentee

- acquire mentor(s)
- learn quickly
- show initiative
- follow through
- manage the relationship

Both

- active listening
- build trust
- encourage
- identify goals and current reality

Mentor

- instruct/develop
- inspire
- provide corrective feedback
- manage risks
- open doors



Think-Pair-Share

First

- What is your mentorship type/style preference?
- What are examples of mentorship relationships in your local community?
- Does this style work for your preference?

Second

- What are the specific program duties within your clinical practice?
- What are the DEI initiatives at your clinical site?
- Is this work assigned (directly or passively) to specific colleagues?

Third

- Are all voices acknowledged and considered for your organization's initiatives?

Discussion



Conclusion

- Mentorship must be intentional.
- Support must start at the clinical level to support the diverse needs of the local community
- Acknowledge that the “minority tax” must be addressed.
 - Everyone is responsible for DEI work
 - Part of yearly performance metrics
- To increase diversity in the PA profession, the clinical team must also be representative.
 - This is a fix we can address now

Questions

