

The Impact and Quality Improvement of a Race Concordant ‘Family-Style’ Mentorship Program

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Abstract

Studies show that increasing the proportion of underrepresented in medicine (URiM) providers would lessen the impact of provider bias, prejudice, and stereotyping, thereby improving health outcomes for minority populations.¹ However, the path to actualizing this goal remains difficult, specifically within the PA profession, due to a lack of exposure to practicing PAs who represent URiM students and a lack of access to support through the educational and career processes. Race-concordant mentorship has been proposed as part of the solution. The National Society of Black PAs (NSBPA) Mentorship Program aims to improve this critical issue through the implementation of a sustainable model of mentorship. This study provides an example of the implementation of this mentorship model and how the data-driven process continues to improve the experience and perceived participant value.

Introduction

Mentorship is an important tool for recruiting and retaining diverse health science students and race-concordant mentorship is highly desired by underrepresented in medicine (URiM) students.^{2,3} The National Society of Black PAs (NSBPA) Mentorship Program began in January 2021 as a response to the clear lack of diversity in the PA profession and was based on research showing that minority-focused mentorship programs have a positive impact on increasing the numbers of health professionals from URiM backgrounds.^{1,3}

The National Commission on Certification of PAs (NCCPA)'s 2021 Statistical Profile of Certified Physician Assistants shows that the responding PAs identify as follows:

- 80.6% White
- 3.3% Black or African American
- 0.3% Native Hawaiian/Pacific Islander
- 0.4% American Indian or Alaskan Native
- 6.8% Hispanic

The desirability of race-concordant mentorship and the limited number of practicing certified PAs who identify as being from URiM backgrounds led to the development of a “family-style” mentorship structure. This structure effectively utilizes practicing certified PA volunteer mentors without overburdening a single person – a consideration which is of vital importance to the sustainability of these models.⁴

Methodology

The NSBPA Mentorship Program begins new cohorts every January. Geographically similar “families” are created by the NSBPA Mentorship Team. Each “family” consists of 4-6 pre-PA students, 1-2 current PA students, and 1-2 practicing certified PAs of varying experience levels. These “families” then communicate via Zoom, e-mail, and group texts at intervals determined by the individual “families” for one year to support the pre-PA students as they navigate the Centralized Application Service for PAs (CASPA) and PA program application process.

Participants (pre-PAs and their mentors) from the first two cohorts completed surveys containing 18-32 items related to their demographics, program quality, participant satisfaction, and the goals of the pre-PAs, especially regarding admission to a PA program. Surveys were completed at six months (program mid-point), allowing the NSBPA Mentorship Team to adjust and better serve both the current and following cohorts. Descriptive statistics were used to compare data between the cohorts at the six-month mark to assess for improvement.

Results

Of the participants in Cohort 1, 29/120 (24.2%) pre-PA mentees and 29/63 (46%) PA/PA student mentors completed the survey.

Of the participants in Cohort 2, 51/158 (32%) pre-PA mentees and 40/60 (66.7%) PA/PA student mentors completed the survey.

Cohort 1 mentees satisfaction with the program was 3.45 on a Likert scale of 1-5 but improved to 4.04 in Cohort 2. Using the same Likert scale, Cohort 1 mentor satisfaction with the program was 3.93 and then 3.98 in Cohort 2.

Cohort 1 mentees indicated that the effectiveness of communication among their mentorship family, specifically in making them feel connected to other members, was 3.00 on a Likert scale of 1-5, but improved to 3.85 in Cohort 2.

Similarly, Cohort 1 mentors indicated that the effectiveness of communication among their mentorship family, specifically in making them feel connected to other members, was 3.24 on the same scale, but improved to 3.41 in Cohort 2.

	Cohort 1 Mentees	Cohort 2 Mentees	Cohort 1 Mentors	Cohort 2 Mentors
Extremely	7	21	8	13
Moderately	8	16	14	16
Somewhat	7	10	4	8
Slightly	5	3	3	3
Not	2	1	0	0
TOTAL	29	51	29	40
Mean	3.45	4.04	3.93	3.98
Median	Moderate	Moderate	Moderate	Moderate
Mode	Moderate	Extreme	Moderate	Moderate

Figure 1. Descriptive statistical analysis from Cohort 1 and Cohort 2 Mentees and Mentors. Responses to ‘How Satisfied are you with the NSBPA Mentorship Program so far?’

	Cohort 1 Mentees	Cohort 2 Mentees	Cohort 1 Mentors	Cohort 2 Mentors
Extremely	10	22	5	10
Moderately	4	12	5	12
Somewhat	5	9	12	8
Slightly	6	6	6	7
Not	9	3	1	4
TOTAL	34	52	29	41
Mean	3.00	3.85	3.24	3.41
Median	Somewhat	Somewhat	Somewhat	Moderate
Mode	Extreme	Extreme	Somewhat	Moderate

Figure 2. Descriptive statistical analysis from Cohort 1 and Cohort 2 Mentees and Mentors. Responses to ‘How effective has the communication among your mentorship family been in making you feel connected to the other members?’

Discussion

Cohort 1 and Cohort 2 mentees contrasting opinions related to their satisfaction with the program and the effectiveness of communication may be related to the one significant change that was implemented for Cohort 2. Specifically, that Cohort 2 mentee applicants were required to be planning to apply during the upcoming CASPA cycle (i.e., April 2022 for a mentee applicant from December 2021) to be eligible for the program. This change was made due to the lack of Cohort 1 mentee engagement over the twelve-month process. The lack of engagement was largely due to mentees deciding not to pursue the PA track, not being ready to apply to programs, or choosing to apply during a later CASPA cycle. This new requirement likely led to more engaged mentees who found more value in the program and completed the six-month survey at higher rates.

Conclusion and Limitations

Novel race-concordant mentorship programs, like the NSBPA Mentorship Program, that use data analysis to improve experiential and perceived participant value for URiM pre-PA students, current PA students, and practicing certified PAs are an integral part of the continued efforts to increase the diversity of the PA profession and improve health outcomes for minority populations.

Limitations of this study include that the data was only from one point in time and that there were low response rates from participants. Additionally, the information may not be generalizable due to it being from a singular program.

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