

The importance of near-peer mentorship for LGBTQ+ medical students

DISCUSSION

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ABSTRACT

Navigating medical school can be especially challenging for LGBTQ+ medical students. LGBTQ+ medical students may face unique barriers and struggles in personal and professional development because the LGBTQ+ identity is often unrecognized or unacknowledged within medicine. Currently, there is not enough support for LGBTQ+ medical students. One emerging resource to navigate transitioning through medical training is near-peer mentorship. A near-peer mentor is a peer who is at least one year senior to a mentee in the same level of educational training and provides guidance on career development and psychosocial growth. Given the generally small number of LGBTQ+ medical students at each institution, near-peer mentorship would have to happen at both a local level and through social media. In this article, we explore the barriers that LGBTQ+ medical students face, the importance of near-peer mentoring, and examples of potential mentorship programming.

INTRODUCTION

Navigating medical school is incredibly challenging. Many students move away from their communities of support to pursue a medical education. Beyond the loss of a local support network, LGBTQ+ students may face uncertainty about the receptivity or safety of their new area. (1) The intensive course schedule makes maintaining personal relationships difficult and may lead to feelings of isolation. (2–4) The academic rigor of medical education is a substantial increase from the requirements of many secondary, undergraduate, and post-baccalaureate programs. Students must learn and retain a broader range of scientific and clinical content in greater depth than expected in the pursuit of a secondary or undergraduate degree. (4,5) Beyond the coursework, students are learning new technologies, study skills, and testing modalities. (4,5) Many students find that their previous study habits are insufficient or not well-matched to the content. (4) Additionally, the pursuit of medicine necessitates significant professional and personal growth, especially during the transition from the pre-clinical to clinical curriculum. LGBTQ+ students may struggle to find support because their identity is unrecognized or unacknowledged within medical education and practice. (6)

One emerging resource to navigate transitioning into medicine is a near-peer mentor. A near-peer mentor is a peer who is at least one year senior to a mentee in the same level of educational training. (7) In this relationship, the near-peer mentor provides guidance such as career development, psychosocial growth, and role modelling. (8) Given the similar stages of training, this relationship allows for social support that can help ease the transition into and through higher education. (9) Higher education, including STEM programs and medicine, have incorporated near-peer mentorship programs through both formalized programming, such as courses where senior students teach younger students skills, and informal programming, which includes having time set aside for regular meetings to discuss the transition into higher education. (10–12) LGBTQ+ medical students are faced with unique challenges stemming from the stigmatization and oppression of their identity, separation or estrangement from families, the lasting impact of the AIDS epidemic of the 1980s and 1990s, and the lack of adequate resources devoted to improving their success. (13–15) Due to the growing research on the importance and usefulness of near-peer mentorship in navigating life challenges, medical education programs should focus on developing such programs to include and centre the experiences of LGBTQ+ medical students. (16,17)

Background and Significance

Peer mentorship has the potential to alleviate LGBTQ+ medical students' fear of identity-based discrimination. In conjunction with academic stressors, LGBTQ+ medical students must navigate being out in personal and professional settings that have been historically discriminatory. (13,14,18,19) LGBTQ+ students may even limit where they apply to medical school out of fear of discrimination. Students moving to a new location for medical school are challenged with the additional stress of assessing their safety while

learning their new environment. Because a person's level of outness may affect their clinical evaluations and safety, LGBTQ+ medical students must continue this assessment process throughout their training as they change learning environments within their clinical years. (20) Having increased worry about discrimination contributes to burnout and can worsen mental health outcomes. (4,21–23) Near-peer mentorship can help alleviate this stress for newer cohorts of medical students. This mentorship provides a means for older students to pass on critical knowledge that can help younger students better navigate medical school and know who to contact for support. (25) Having a near-peer mentor with a shared understanding and experience of these settings can therefore create a relationship in which a younger student can feel safe, prepared, and understood. (24) Such guidance can also be achieved electronically, as evidenced by the creation of OUTlists, which list LGBTQ+ faculty at different institutions for student and faculty access. Social media and video sharing platforms like Twitter can also connect LGBTQ+ medical students to peers and mentors, as well as create forums for students to receive advice on handling discrimination. (29) Such resources help younger students to feel supported, navigate medical and academic spaces, and decide how to live authentically. (13,26–28)

The current scarcity of LGBTQ+ mentorship opportunities stem from the impact of the AIDS epidemic of the 1980s and early 1990s. The AIDS epidemic caused a disproportionate and significant loss of an entire generation of LGBTQ+ individuals and contributed to the societal stigmatization of LGBTQ+ people, even in healthcare. (30) The epidemic created a restricted definition of "LGBTQ+ Healthcare" by disproportionately emphasizing HIV-related and sexual health over other LGBTQ+ health concerns. This narrow definition compartmentalized both LGBTQ+ health and health professionals, as it created a precedent about the type of medical issues that gay physicians should experience and pursue. (15) Although research could be one method of restoring attention to the true diversity of LGBTQ+ health, LGBTQ+ populations are still underrepresented because studies on health disparities do not assess sexual and gender identity data. (24,31,32) Alternatively, mentorship from near-peers could provide current LGBTQ+ medical students with the opportunity to reverse and challenge this definition of LGBTQ+ health and the specialty precedence that arose during the AIDS epidemic. Being able to witness older LGBTQ+ students pursue different specialties would allow future LGBTQ+ students to see themselves represented in a variety of fields, which might increase their incidence of applying to different specialties. This shift could assist in creating a more diverse medical field, thereby reducing the bias and discrimination that LGBTQ+ patients encounter and improving the academic productivity of LGBTQ+ individuals in a variety of specialties. (13,19,24,33) Although mentorships between older LGBTQ+ medical practitioners and medical students may offer similar benefits, the temporal relationship between older peers and younger mentees would provide mentees with a better representation of the current state of medical practice. Additionally, because the compartmentalization of LGBTQ+ health is based in historical perceptions and experi-

ences, mentorship relationships with older LGBTQ+ practitioners may reinforce these beliefs rather than challenge them. LGBTQ+ medical students should be able to pursue any specialty or career path that they want and one way to contribute to this is through their mentorship, guidance, and support. (24,34)

Currently, there is still not enough support for LGBTQ+ medical students. This lack of support can be seen across medicine, including in the lack of data regarding how many medical students or faculty identify as part of the LGBTQ+ community, the paucity of pathways available to support LGBTQ+ research outside of the context of HIV or sexual health, and the absence of adequate education regarding LGBTQ+ healthcare both in the US and the UK. (24,35,36) Not all specialties have groups that support LGBTQ+ individuals, which contributes to the contemporary exclusion of LGBTQ+ individuals from certain medical environments. This dearth of protection and representation has led to the perpetuation of a cycle wherein LGBTQ+ medical students avoid certain, often more competitive, specialties that they perceive as being less inclusive. This phenomenon is especially present in surgical specialties and subspecialties, as noted by the 2016 British Medical Association and Association of LGBTQ+ Doctors and Dentists (GLADD) survey. In this survey, one-third of respondents reported that they chose their specialty based on relative LGB friendliness. Additionally, 33 respondents reported that they had changed specialties due to discriminatory experiences. (19,34) Although there is no data on current LGBTQ+ provider prevalence in each specialty, data on the perception of inclusion has remained fairly constant over 20 years. Specialties such as Paediatrics, Internal Medicine, Family (General) Practice, and Psychiatry are considered the most supportive specialties, and surgical specialties the least supportive. (34) Barriers such as absent faculty support or knowledge, lack of funding, and fear of long-term academic repercussions to engaging in LGBTQ-specific research further prevent LGBTQ+ medical students from pursuing diverse interests in medicine. The previously discussed stigmatization of LGBTQ+ individuals and narrow definition of LGBTQ+ health also pigeonholes trainees into avoiding certain types of research and causes academic institutions and faculty to view LGBTQ+ research as inferior to other topics. (24,26) Although these barriers cannot be fixed by near-peer mentorship alone, near-peer mentorship allows access to more diverse experiences by expanding both the mentor and the mentee's personal and professional networks. The social networks gained through mentorship may be protective against the feelings of isolation that LGBTQ+ medical students encounter in academic settings.

Near-Peer Mentorship Programming

Given the generally small number of LGBTQ+ students at each institution, organizing near-peer mentorship programming for LGBTQ+ students would have to occur at the local level as well as the regional or national level. On a local level, student organizations like the Medical Student Pride Alliance (MSPA), the first national LGBTQ+ student group in the US, or the GLADD Student section in the UK could use their national connections to bolster local LGBTQ+ medical student groups. This assistance would come in the

form of mentorship training that gives mentors the tools to support and discuss being an LGBTQ+ medical student in their community. Such training would provide LGBTQ+ medical student group leaders with the skills to develop safe spaces and maintain rewarding mentor-mentee relationships.

Training mentors and mentees is an important part of developing a fruitful mentorship. This training should cover how to be an effective mentor, how to be an effective mentee, and how to form and maintain a gratifying relationship. Being an effective mentor includes being honest, responsive, motivating, and available. Part of being an effective mentee includes helping drive the relationship, maintaining honesty, and being proactive about areas of need. In terms of maintaining a mentorship, there are four phases: initiation, where the relationship commences and expectations are set; cultivation, where both sides grow; separation, where both sides have gained satisfaction from the relationship and the completion of desired objectives; and redefinition, where the hierarchy is removed and the near-peer transitions to a peer. (37) For a near-peer relationship, these stages can mirror the timeline of training (i.e. both being in medical school). In addition to network expansion, mentorship can provide the mentor with personal fulfilment for having given back to the LGBTQ+ community and assistance in developing scalable leadership and mentorship skills for their later career. Additionally, mentees may gain a sense of community and empowerment, especially if the mentorship is developed on a local level. For example, local LGBTQ+ medical student groups could personalize the training they provide to their mentors to cover the specific resources in their area and the known concerns of their peers, advising on topics applicable to all medical students, along with providing training to ensure a safe and healthy mentorship relationship and maintaining appropriate boundaries.

A near-peer mentorship program could be accomplished by adapting components of existing faculty-to-medical student mentorship models. (38) A traditional group model is one such design, wherein a senior student mentors a group of younger students. Another is the tiered or vertical model, where a senior student mentors a junior student who would then be expected to serve as a mentor for an even younger student in their training program. In these mentorship arrangements, mentors and mentees could meet in both 1-on-1 session and groups, which would allow for personal guidance and insight based on different level of experiences. Multiple styles of mentorship could be set up at each individual institution; however, given the small number of LGBTQ+ medical students at each institution, these models could also be used in virtual groups and on social media and video sharing platforms to further bring students together.

Social Media and Video Sharing Platforms

Social media is an important way of connecting students to near peer mentors on a regional or national level. Social media platforms provide LGBTQ+ students access to resources, peers, and faculty

that may not be available locally. The duration of near peer mentorship on these platforms can be both short and long-term. The responsive nature of social media allows mentors to rapidly address questions or social concerns that arise through chats, webinars, hashtags, or threads. Longer-term mentorship may occur through one-on-one conversations, within groups, or as part of ongoing programming such as weekly chats or journal clubs.

For example, MSPA has put on exemplary events in support of LGBTQ+ medical student and pre-medical student mentorship. These online events included a panel on applying to medical school as an LGBTQ+ pre-medical student, a discussion on applying to residency as an LGBTQ+ medical student, and an LGBTQ+ student research symposium. During these events, junior medical and pre-medical students often had questions about how to navigate applying to school while fearing discrimination, maintaining professionalism in clinical settings that felt exclusionary, and reporting experiences of discrimination. These events provided insight into the general lack of support LGBTQ+ students experience in medical education and how, through virtual events, LGBTQ+ medical students can start developing the tools they need to support themselves and their peers. These relationships can serve as a source of guidance, role-modelling, and safety that will allow LGBTQ+ medical students to grow and develop in both their personal and professional identities.

With the growth of video sharing platforms over the last year, as well as the continuing growth of social media, there has been an increase in opportunities to connect with peers from different institutions and across the globe. Now, opportunities that had not been as common previously, such as having social events with other institutions over secure video platforms like Zoom, may allow LGBTQ+ medical students to meet each other and develop relationships that can evolve into near-peer mentorships without the fear of being “outed” to their larger communities. Medical students can also establish networks on social media platforms, as has already been demonstrated through the Facebook groups “LGBTQIA+ Medical Students” and “LGBTQ Premedical & Medical Students”. In these groups, students in different years of training have been able to share advice, advertise events and resources, and connect with each other based on common experiences and goals.

Institutional Change

Although mentorship alleviates some of the barriers that LGBTQ+ students face, mentorship alone will not resolve the broader issues of stigma, discrimination, harassment, and bias. Systemic changes to improve and support LGBTQ+ medical students are still needed and will take time. For any mentorship programming to occur, LGBTQ+ medical students need to feel safe to develop peer relationships. (6) One place to start would be for medical institutions to create an environment that is welcoming to LGBTQ+ medical students. Part of creating a safe environment for LGBTQ+ medical students includes supporting the formation of LGBTQ+ medical student groups at institutions; hosting trainings to recognize and

prevent LGBTQ+ discrimination; and educating students, faculty, staff, clinicians on the barriers and disparities that LGBTQ+ persons experience. In addition to working to prevent explicit discrimination, institutions should also give financial support to LGBTQ+ medical student groups that would allow these groups to attend conferences and connect with a larger network of LGBTQ+ medical students and clinicians. By creating an environment in which LGBTQ+ medical students feel supported and protected, programs can naturally foster the formation of mentor-like relationships.

CONCLUSION

There are numerous barriers and anxieties that LGBTQ+ medical students may experience as they navigate training. However, there are also many opportunities and theoretical models for improving the support and success of LGBTQ+ medical students. One growing and promising solution is the development of near-peer mentorship. In the US, we have witnessed a growth in LGBTQ+ medical student networking through both social media and national programming, as has been utilized by MSPA. Over the next several years, MSPA hopes to use the models and theoretical principals explored in this article to create guides and resources that better connect local LGBTQ+ medical student groups with each other and with established mentorship practices. Hopefully, with some of these tips and suggestions, LGBTQ+ students in the UK can also work to connect and support each other through medical school.

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