

Someone Like Me: An Examination of the Importance of Race-Concordant Mentorship in Urology

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OBJECTIVE	To describe differences in urology mentorship exposure for medical students across race/ethnicity and to explore how much potential mentees valued the importance of race-concordant mentorship.
METHODS	All medical students at UCLA received a cross-sectional survey. Dependent variables were perceived quality of mentorship in urology and association between race-concordant mentorship and perceived importance of race-concordant mentorship. Mentors were self-selected by medical students. Variables were compared across race/ethnicity using descriptive statistics and multivariate analyses. Subset analyses looking at race-concordance between mentor and student was performed using stratified Cochran-Mantel-Haenszel tests. This was performed to determine if there were differences, across race/ethnicity, in rating of importance of having a race-concordant mentor.
RESULTS	The likelihood of having a urologist as a mentor was similar across race/ethnicity. Under-Represented in Medicine (URiM) students were more likely to report that having a mentor of the same race/ethnicity was <i>extremely important</i> (Asian 9%, Black 58%, Latinx 55% and White 3%, $P < .001$) compared to their non-URiM peers who were more likely to rate having a race-concordant mentor as <i>not at all important</i> (Asian 34%, Black 5%, Latinx 8%, White 79%, $P < .001$). URiM students with race-concordant mentors were still more likely to rate having a mentor of the same race/ethnicity as <i>extremely/very important</i> (73%) compared to their non-URiM peers (9%, $P = .001$). URiM students with race-discordant mentors also rated importance of mentors of the same race/ethnicity as <i>extremely/very important</i> (67%) compared to their non-URiM peers (11%, $P = .006$).
CONCLUSION	URiM medical students regard race-concordant mentorship as extremely important. Interventions addressing mentor racial/ethnic concordance and those promoting culturally responsive mentorship may optimize recruitment of URiM students into urology. UROLOGY 00: 1–8, 2022. © 2022 Elsevier Inc.

Mentorship has been identified as the single most important factor for why certain medical schools have more students pursuing urology.^{1,2}

Conflict of Interest: The authors have no disclosures relevant to this work.

Financial Disclosure: The authors gratefully acknowledge the critical funding support of the Office of the Vice Dean for Education and the Executive Director of the David Geffen School of Medicine (DGSOM) at UCLA Anti-Racism Roadmap as well as the funding support from the UCLA Office of Equity Diversity and Inclusion. This funding permitted providing \$10 Amazon gift cards to all medical students who completed the survey. Supplemental funds to support data analysis was provided by the Department of Urology at DGSOM at UCLA.

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Submitted: March 22, 2022, accepted (with revisions): August 11, 2022

In one study, more women urology faculty was significantly associated with more women medical students pursuing urology.³ Relatedly, the current work explores the self-reported importance of race-concordant mentorship among Asian, Black, Latinx and White urology students. To our knowledge, this is the only study that elucidates differences in the mentorship experience of Latinx and Black students, disaggregating the URiM group.

As the United States population continues to diversify, examination of the race/ethnicity of its healthcare workforce, does not reflect the populations' ongoing change. According to the United States census in 2019, the United States was home to 12.3% of individuals who identify as Black/African American and 19.1% of individuals who identify as Hispanic/Latinx.⁴ However, of all urology applicants that year, only 5.7% were Black/African American and 4.1% Hispanic/Latinx.⁵ Furthermore, in fields such as obstetrics, race-concordant care has been

demonstrated to decrease morbidity of Black newborns, be associated with improved healthcare use and lower healthcare expenditure.^{6,7}

Given the low presence of URiM in urology and prior work identifying mentorship as a key factor in attracting medical students to urology, mentorship of students from URiM backgrounds may be an avenue for recruitment thereby diversifying the urology workforce. The aim of this study was to describe differences in urology mentorship exposure for medical students across race/ethnicity. We also wished to discover how much potential mentees valued the importance of race-concordant mentorship.

METHODS

This was a cross-sectional observational study conducted at a single institution. We adhered to the Strengthening in The Reporting of Observational Studies in Epidemiology (STROBE) guidelines.⁸ The University of California, Los Angeles (UCLA) Institutional Review Board granted exempt status.

Study Population

All UCLA medical students, first through fourth years, were sent survey invitation emails by their respective class presidents from January 18, 2021 till February 15, 2021, with weekly reminders. The email included a Qualtrics questionnaire link to our survey.

Questionnaire

A multidisciplinary team comprised of urologists, psychologists, medical education leadership, biostatisticians, medical students, urology residents and faculty, designed a comprehensive survey, assessing exposure to mentorship and other factors thought to influence selection of a specialty. Elements of the survey were modified from prior surveys examining residency selection by applicants and were finalized after an iterative process that included a modified delphi method and pilot testing. Key mentorship questions, with responses on a Likert scale, included "How likely is your urology mentor to do each of the following: know your career goals, give you timely feedback and connect you with resources." Other questions queried whether students had urology mentors of the same race and/or gender as well as what factors were deemed important for mentorship from the student's perspective. All students who did not complete questions pertaining to mentorship were excluded from the study. The email sent explained that participation in the survey was anonymous, optional, and would not affect future or current urology residency applications. Those students who elected to participate in the survey received a \$10 Amazon gift card.

Independent Variable

Participants that self-identified as American Indian/Native Alaskan, Black/African American, Latinx/Hispanic, or Native Hawaiian/Pacific Islander were categorized as URiM. Participants who selected more than one race/ethnicity were considered to be in the Multiple Race category. For the purposes of this publication, those who self-identified as Latinx/Hispanic/of Spanish origin were referred to as Latinx and those who self-identified as Black/African American were referred to as Black. The primary independent variable of interest for the study was race/ethnicity. In the analysis, race/ethnicity was categorized as Asian, Black, Latinx and White. Selecting any other race/

ethnicity identities, including American Indian/Alaskan Native, Native Hawaiian/other Pacific Islander or multiple races/ethnicities, resulted in exclusion due to small numbers. Data provided by the Association of American Medical Colleges (AAMC) was compared to data from the survey. This was used to verify the race/ethnicity distribution of students at UCLA's David Geffen School of Medicine (DGSOM).

Outcomes

The key dependent variables were (1) perceived quality of mentorship in urology, measured by several questions on a Likert scale and (2) association between race-concordant mentorship and perceived importance of race-concordant mentorship. Of note, mentors were self-selected by medical students as no formal mentoring program existed at the time of the study.

Statistical Analysis

Variables were compared across race/ethnicity and across URiM status using comparative statistics. Categorical variables were compared using a Pearson Chi-Square (or Fisher's exact) tests. Odds ratios were determined by logistic regression. In the multi-variable analysis, outcomes of interest were whether or not a medical student had ever had a urologist they would consider a mentor and of those who had urology mentors, whether or not they were of concordant race/ethnicity. Co-variables adjusted for included gender, medical school year, timing of first exposure to urology, the perceived importance of seeking a mentor to provide more exposure to urology, perceived importance of having a mentor of concordant race/ethnicity and perceived importance of having a mentor of similar background. Co-variables were chosen by the multidisciplinary research team based on what was thought to be most relevant for each outcome.

Subset analyses looking at race-concordance between mentor and student was performed using a stratified Cochran-Mantel-Haenszel test. This was performed to determine if there were any differences, across race/ethnicity, in rating of importance of having a race-concordant mentor. SAS 9.4 (Cary, NC) was used for statistical tests and *P* value of .05 was deemed statistically significant.

RESULTS

Demographics

Out of 804 UCLA medical students that received an invitation to participate, 558 (69%) completed the portion of the survey that focused on mentorship and comprise the study cohort (Table 1). Eleven percent of students identified as Black and 18% as Latinx. No students self-identified as American Indian/Alaskan Native or as Native Hawaiian/other Pacific Islander. We compared the current study population to 2019-2020 UCLA DGSOM student population⁹ and baseline characteristics did not significantly differ between the 2 cohorts (Table 1).

Mentorship Exposure

The likelihood of having a urologist as a mentor was similar across race/ethnicity. This held after adjusting for gender, MS year, timing of first urology exposure, and student's rating of need for mentor to provide urology exposure (Tables 2 and 3). There was no difference across race for whether the urology mentor was a family member/friend, resident/fellow, in academia, or in urology leadership. There was also no difference in difficulty finding an engaged urology mentor across race/ethnicity.

Table 1. Medical student demographics as compared to the AAMC DGSOM student demographics*

	Study Population N = 558	AAMC DGSOM Population N = 856
Gender Identity, n (%)		
Women, that is, Cis-Female and Trans-Female	328 (59)	446 (52)
Men, that is, Cis-Male and Trans-Male	215 (39)	410 (48)
Other [§]	15 (2)	-
Race/ethnicity, n (%)		
American Indian/Alaskan Native [†]	0	1 (1)
Asian	234 (42)	312 (37)
Black/African American [†]	59 (11)	110 (13)
Latinx/Hispanic [†]	98 (18)	127 (15)
Native Hawaiian/Pacific Islander [†]	0	1 (1)
White	97 (17)	178 (21)
Other [‡]	29 (5)	20 (2)
Multiple	28 (5)	75 (9)
Missing/unknown	13 (2)	7 (1)
Year in Medical School Training, n (%)		
MS 1	123 (22)	174 (22)
MS 2	137 (25)	184 (23)
MS 3	134 (24)	207 (26)
MS 4	110 (20)	238 (29)
On research year/pursuing another degree	32 (5)	-
On leave of absence	21 (4)	-
Missing/unknown	1 (0)	53 (6)

AAMC: Association of American Medical Colleges; DGSOM: David Geffen School of Medicine; IQR: Interquartile Range; MS: Medical School year.

* Percentages may not total 100 due to rounding.

[†] URiM: Under-Represented in Medicine defined by the AAMC as racial and ethnic populations with disproportionately low presence in the health professions in comparison to the general population.

[‡] For Race/Ethnicity, *Other* includes those who selected North African/Middle Eastern.

[§] For Gender Identity, *Other* includes Gender non-conforming, Non-binary and Prefer Not to Answer.

Among those who had a urology mentor, Black and White students were more likely to have race-concordant mentors (Asian 29%, Black 90%, Latinx 20% and White 71%, $P = .001$) (Table 2). Compared to their White peers, Latinx students were less likely to have a mentor of the same race/ethnicity after adjusting for gender, MS year, self-reported importance of having a race-concordant mentor, and of seeking a mentor of a similar background (OR 0.02, 95% CI: 0.001, 0.51; $P = .010$) (Table 3).

URiM students were more likely to report that having a mentor of the same race/ethnicity was *extremely important* (Asian 9%, Black 58%, Latinx 55% and White 3%, $P < .001$) compared to their non-URiM peers who were more likely to rate having a race-concordant mentor as *not at all important* (Asian 34%, Black 5%, Latinx 8%, White 79%, $P < .001$) (Table 2). Post-hoc subset analysis of students with race-concordant urology mentors vs those with race-discordant mentors, showed no difference in reported importance of mentors of the same race. However, when stratified by URiM status, URiM students with race-concordant mentors were still more likely to rate having a mentor of the same race/ethnicity as *extremely/very important* (73%) compared to their non-URiM peers (9%, $P = .001$) (Table 4). URiM students with race-discordant mentors also rated importance of mentors of the same race/ethnicity as *extremely/very important* (67%) compared to their non-URiM peers (11%, $P = .006$). Lastly, URiM medical students with race discordant mentors were more likely to have a urology trainee and less likely to have a urologist at an academic center as their urology mentor (Table 4).

DISCUSSION

Mentorship is defined as “a professional, working alliance in which individuals work together over time to support

the personal and professional growth, development, and success of the relational partners through the provision of career and psychosocial support.”¹⁰ While career support may include *sponsorship*, *skill development* and *career guidance*, psychosocial support could include *role modeling*, *psychological and emotional support*. Identity is therefore of fundamental importance in the cultivation of mentorship relationships. A recognition of how mentorship differs from the knowledge transmission of teaching and the skill acquisition of coaching, permits context for the significance of our findings.

Mentorship of medical students has been shown to result in students deciding on their specialties earlier in training.¹¹ Furthermore, mentors are understood to be important influencers of the decision to pursue urology.^{2,1} A positive correlation has been shown between number of women on urology faculty and applicant women from that institution.¹² Furthermore, a higher proportion of applicant women match to urology residency programs with higher faculty and resident women representation.¹³ Similar studies have not been conducted for race/ethnicity given the challenge of ascertaining race/ethnicity for faculty, residents and applicants. Currently, there is no publication on race/ethnicity representation by urology training program. One national study demonstrated that URiM applicants are more likely to report that a higher percentage of URiM residents, faculty and program leadership favorably influence their rank list.³

At our institution, a large public university on the west coast, there are 35 urology faculty, of whom 3 identify as Black women, one as a Black man and none as Latinx.

Table 2. Univariate analysis of medical student exposure to urology by race/ethnicity*

	Race/Ethnicity (N = 488)				P
	Asian n = 234	Black/AA n = 59	Latinx/Hispanic n = 98	White n = 9	
Had a urologist [‡] mentor	24 (10)	10 (17)	10 (10)	8 (8)	.40
Concordant race/ethnicity	7 (29)	9 (90)	2 (20)	5 (71)	.001 [†]
Concordant gender	14 (61)	7 (70)	6 (67)	6 (86)	.71 [†]
Type of urologist who had served as a mentor					
GU faculty in Academic Center	13 (54)	4 (40)	3 (30)	3 (38)	.61
Practicing urologist not in academia	0	0	0	0	-
GU leadership (Chair, PD, APD, Chief of Division, Fellowship director)	3 (13)	1 (10)	0	2 (25)	.49
Urology resident/fellow	12 (50)	7 (70)	6 (60)	4 (50)	.77
Family member/friend in urology	2 (8)	2 (20)	1 (10)	2 (25)	.56
None	3 (13)	0	(10)	1 (13)	.84
Difficulty finding invested/engaged Mentor in Urology at own Medical School					
Not at all difficult	6 (31)	3 (50)	2 (50)	1 (25)	.77 [†]
Slightly difficult	4 (21)	2 (33)	1 (25)	3 (75)	
Moderately difficult	6 (31)	1 (17)	1 (25)	0	
Very difficult	3 (16)	0	0	0	
Extremely difficult	0	0	0	0	
Characteristics you seek in a Urology Mentor: Similar Background/Interests					
Extremely important	32 (14)	13 (22)	36 (38)	8 (9)	<.001
Very important	93 (41)	24 (40)	50 (53)	26 (28)	
Moderately important	67 (29)	14 (24)	4 (4)	37 (40)	
Slightly important	28 (12)	7 (12)	2 (2)	15 (16)	
Not at all important	9 (4)	1 (2)	3 (3)	7 (7)	
Characteristics you seek in a Urology Mentor: Provides more Exposure to Urology					
Extremely important	52 (23)	18 (32)	30 (31)	13 (14)	.006
Very important	93 (41)	26 (46)	46 (49)	38 (41)	
Moderately important	52 (23)	6 (10)	7 (7)	25 (27)	
Slightly important	18 (8)	2 (3)	5 (5)	10 (11)	
Not at all important	10 (5)	5 (9)	6 (6)	7 (7)	
Importance of having a Mentor of the Same Race/Ethnic Identity as the Student					
Extremely important	20 (9)	34 (58)	52 (55)	3 (3)	<.001
Very important	15 (6)	19 (32)	29 (30)	2 (2)	
Moderately important	64 (28)	13 (22)	27 (28)	2 (2)	
Slightly important	145 (63)	12 (20)	16 (17)	89 (95)	
Not at all important	77 (34)	3 (5)	8 (8)	74 (79)	
Importance of having a mentor of same gender identity as the student					
Extremely important	24 (11)	10 (17)	29 (31)	13 (14)	<.001
Very important	15 (7)	3 (5)	22 (24)	9 (10)	
Moderately important	54 (24)	21 (37)	21 (23)	9 (10)	
Slightly important	146 (65)	26 (46)	43 (46)	70 (76)	
Not at all important	96 (43)	16 (28)	35 (38)	54 (59)	

Data are n (%); AA: African American; APD: Associate Program Director; GU: Genitourinary; MS: Medical School year; PD: Program Director.

* Percentages may not total 100 due to rounding.

[†] denotes P values obtained from Fisher's exact test.

[‡] Urologist here refers to a Urology Resident, Fellow and/or Attending.

While 2% of practicing urologists are Black according to the AUA 2019 census data, 11% (4/35) of our urology faculty identify as Black.¹⁴ Twenty nine percent of our urology residents identify as URiM as compared to the 8% of urology residents nationally in the 2019 to 2020 academic year.¹⁵ Of the UCLA medical students who have applied into urology over the years, 2 of 6 (2016), 1 of 3 (2017), 1 of 7 (2018), none in 2019, 4 of 8 (2020) and 3 of 6 (2021) identified as URiM.

This study revealed distinctive desires for race-concordance in mentorship in urology among URiM medical students. Fifty eight percent of Black and 55% of Latinx students, regardless of their mentor's race, reported that

having a mentor of the same race/ethnicity was *extremely important* compared to 9% of Asian and 3% of White students. In a mixed-methods study, URiM residents describe how race-concordant mentors permit residents to see themselves and their future potential.¹⁶ Although racial/ethnic discordant mentorship was appreciated and often necessary, a potential obstacle for URiM trainees was the need to explain the context and nuances of their lived experiences to non-URiM mentors. In academic urology, an appreciation for the impact of diversity among faculty on trainees is essential given that 7% identify as URiM.¹⁷ Black and Latinx students may value race-concordant urology mentorship more than their non-URiM peers

Table 3. Multivariate analysis of medical student exposures to urology by race/ethnicity

	OR (95% CI)	P
Multivariable logistic regression of those who ever had urologist consider as a mentor (N = 410)		
Race/ethnicity (Referent: White)		.09
Asian	1.52 (0.59–3.89)	
Black/AA	3.33 (1.09–10.21)	
Latinx/Hispanic	0.95 (0.30–2.05)	
Gender (Referent: Women)	2.39 (1.24–4.63)	.010
MS Year (Referent: MS3/MS4)		.32
MS1/MS2	0.56 (0.26–1.21)	
Other*	0.67 (0.21–2.15)	
First urology exposure (Referent: Before MS)		.03
MS1	0.27 (0.11–0.70)	
MS2	1.14 (0.48–2.71)	
MS3	0.61 (0.21–1.80)	
Seek Mentor to provide More Exposure to Urology (Referent: Moderately Important)		.11
Extremely/very important	1.53 (0.63–3.72)	
Slightly/not important	0.20 (0.02–1.73)	
Multivariable logistic regression for having a mentor of same race/ethnicity (N = 49)		
Race/ethnicity (Referent: White)		.010
Asian	0.12 (0.01–1.25)	
Black/AA	2.81 (0.10–80.31)	
Latinx/Hispanic	0.02 (0.001–0.51)	
Gender (Referent: Women)	0.42 (0.08–2.33)	.32
MS Year (Referent: MS3/MS4)		.21
MS1/MS2	5.06 (0.82–31.31)	
Other	0.74 (0.04–15.07)	
Importance of mentor of same race/ethnicity (referent: moderately important)		.66
Extremely/very important	3.60 (0.23–57.54)	
Slightly/not important	1.48 (0.13–17.18)	
Seek mentor of similar background (referent: moderately important)		.42
Extremely/very important	3.73 (0.37–37.47)	
Slightly/not important	4.52 (0.33–61.40)	

AA=African American; MS: Medical School year.

* Other= On Research Year/Pursuing another Degree & On Leave of Absence.

given that there are few URiM urology faculty and URiM urologists in positions of leadership to serve as role-models. At the medical student level, further qualitative studies can explore how the lack of race-concordant mentorship influences the decision to pursue urology and success of urology applicants.

Furthermore, given our study findings indicating that URiM students were more likely to desire race-concordant mentorship, existing URiM faculty may be inundated with requests for mentorship which can subsequently impact the quality of mentorship offered and delivered. This may potentially indirectly impact medical students desire to enter into urology. Additionally, the volume of students seeking race-concordant mentorship from URiM urologists, may contribute to the minority tax which is often neither compensated financially nor with protected time.

Race-concordant mentorship may not currently be available at all medical schools given the scarcity of URiM urology faculty. Academic centers can invest in training faculty in *culturally responsive mentorship*.¹⁸ Particularly in race-discordant mentorship dyads, trust is more likely to ensue when both mentor and mentee engage in

open dialogue about the role and importance of race in the workplace and in the mentorship relationship.^{19,20} Addressing this head-on avoids unspoken assumptions and expectations, and permits relationship-building based on common experiences, values, beliefs and interests and grounded in integrity, honesty, reciprocity, equity and respect.¹⁹ Culturally responsive mentorship is intentional about navigating the power hierarchy between mentee and mentor, particularly in the context of race/ethnicity or gender differences. This approach mitigates stereotype threat thereby fostering a sense of belonging and cultivating a science identity for the learner.^{21,22}

A strong science identity, defined as ones professional role in science, technology, engineering, mathematics and medicine (STEMM), and *the how* of being a scientist, has been shown to be associated with the persistence of under-represented undergraduate and graduate students in the sciences.^{23,24} In addition to expanding the mentorship skill set of faculty, to broaden the pool of mentors for students, professional societies (eg, AUA) could form regional mentorship programs. At our institution, where there are no Latinx urology faculty, 2 Latinx students sought urology mentorship from Latinx urologists at other

Table 4. A. Cochran-Mantel-Haenszel Test exploring association between having Race-Concordant Mentorship and Perceived Importance of Race-Concordant Mentorship, stratified by Race/Ethnicity

Medical Students who had a mentor of the SAME race/ethnicity					P^{\dagger}				P^{\dagger}
Importance of Mentors with Same Race/Ethnicity	Asian n=6	Black/AA n=9	Latinx/Hispanic n=2	White n=5	P^*	URiM n=11	Non-URiM n=11	P^*	
Extremely/very important	1 (17)	6 (67)	2 (100)	0 (0)	.21	8 (73)	1 (9)	.001	
Moderately important	2 (33)	2 (22)	0 (0)	0 (0)		2 (18)	2 (18)		
Slightly/not important	3 (50)	1 (11)	0 (0)	5 (100)		1 (9)	8 (73)		
Medical students who had a mentor of a DIFFERENT race/ethnicity					P^{\dagger}				P^{\dagger}
Importance of mentors with Same Race/ethnicity	Asian n=17	Black/AA n=1	Latinx/Hispanic n=8	White n=2	P^*	URiM n=9	Non-URiM n=19	P^*	
Extremely/very important	2 (12)	0 (0)	6 (75)	0 (0)	.16	6 (67)	2 (11)	.006	<.001
Moderately important	5 (29)	1 (100)	0 (0)	0 (0)		1 (11)	5 (26)		
Slightly/not important	10 (59)	0 (0)	2 (25)	2 (100)		2 (22)	12 (63)		

Table 4B. Cochran-Mantel-Haenszel Test exploring association between having Race-Concordant Mentorship and Type of Urologist who had served as a Mentor, stratified by Race/Ethnicity

Medical Students Who Had a Mentor of the SAME Race/Ethnicity					P^{\dagger}				P^{\dagger}
Type of urologist who had served as a mentor	Asian n=7	Black/AA n=9	Latinx/Hispanic n=2	White n=5	P^*	URiM n=11	Non-URiM n=12	P^*	
GU faculty in academics	4 (57)	4 (44)	0 (0)	2 (40)	N/A	4 (36)	6 (50)	N/A	
GU leadership	0 (0)	1 (11)	0 (0)	1 (20)		1 (9)	1 (8)		
GU resident/fellow	1 (14)	3 (33)	2 (100)	1 (20)		5 (45)	2 (17)		
Non-GU faculty in academics	0 (0)	0 (0)	0 (0)	0 (0)		0 (0)	0 (0)		
Family member/friend in GU	0 (0)	1 (11)	0 (0)	1 (20)		1 (9)	1 (8)		
None	2(29)	0 (0)	0 (0)	0 (0)		0 (0)	2 (17)		
Medical Students who had a mentor of the DIFFERENT race/ethnicity					P^{\dagger}				P^{\dagger}
Type of urologist who had served as a mentor	Asian n=17	Black/AA n=1	Latinx/Hispanic n=8	White n=2	P^*	URiM n=9	Non-URiM n=19	P^*	
GU faculty in academics	9 (53)	0 (0)	3 (38)	1 (50)	.29	3 (33)	10 (53)	.08	.26
GU leadership	1 (6)	0 (0)	0 (0)	0 (0)		0 (0)	1 (5)		
GU Resident/Fellow	6 (35)	0 (0)	2 (25)	1 (50)		2 (22)	7 (37)		
Non-GU faculty in academics	1 (6)	0 (0)	2 (25)	0 (0)		2 (22)	1 (5)		
Family member/friend in GU	0 (0)	1 (100)	0 (0)	0 (0)		1 (11)	0 (0)		
None	0 (0)	0 (0)	1 (12)	0 (0)		1 (11)	0 (0)		

Data are n (%).

AA: African American; GU: Urology; N/A: Zero cell count did not allow for statistical testing.

* Mantel-Haenszel Chi-square.

† Cochran-Mantel-Haenszel nonzero correlation.

institutions. Regional mentorship programs could facilitate this process. Currently, there have been independent efforts by non-profit organizations like Urology Unbound and by academic centers for example, UCSF's Underrepresented Trainees Entering Residency (UReTER) and the Michigan Urology Academy.^{25,26}

Limitations

The principle limitation of this work is that it is based on a single institution, thereby, potentially limiting the generalizability of results. Additionally, there were small numbers of individuals with urology mentors. This paper however offers a framework for other urology departments to query differences in the experience of their medical students to ensure equitable access to urology mentorship for all students with the hope of ultimately expanding recruitment to the field for persons of all backgrounds. Another limitation of this study is that it utilizes a non-validated investigator-designed instrument however our findings

provide a first look into a topic that has hitherto not been explored.

CONCLUSION

We found similarities in self-reported access to urology mentorship across racial groups but stark differences in self-reported access to race concordant mentorship and the perceived importance of such mentorship. URiM medical students regard race-concordant mentorship as extremely important. Interventions addressing mentor racial/ethnic concordance and those promoting culturally responsive mentorship may optimize recruitment of URiM students into urology. Further regional and national studies are needed to determine how differential exposures to urology mentorship influence the decision to pursue urology and the success of urology residency candidacy.

ETHICAL APPROVAL

Institutional Review Board (IRB) exemption was obtained at the David Geffen School of Medicine at the University of California, Los Angeles (UCLA).

Acknowledgments. The authors wish to thank the UCLA David Geffen School of Medicine (DGSOM) Urology Interest Group Leaders (Tommy Jiang and Abhishek Sharma), and all the DGSOM medical school class presidents: Christos Spiros Haveles, Sarah Biedemariam Andebrhan, Russyan Mark S. Mabeza, Vivian J. Hu, Chinonyelum P. [Nonye] Ikeanyi, Ami Hayashi and Rohini Nott, Alan Li. The authors also acknowledge the support of the UCLA Medical Education Fellowship team who generously shared their perspectives in the study design.

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EDITORIAL COMMENT

This article by *** and team is one of the first and only articles to examine, in a urologic context, the concept of race-concordant mentorship. In this cross-sectional survey, the authors posit that students in groups traditionally underrepresented in medicine were more likely to consider race-concordance in mentorship as extremely important, compared to their non-URiM peers.

I applaud the authors in laying the groundwork in this area. These data are well-supported by studies that have examined race-concordance in patient-centered contexts. In 2003, Cooper et al compared race concordance between Black and White patients and physicians from audiotaped recordings of primary care visits, as well as postvisit ratings of the physician's participatory decision-making style and patient satisfaction. They demonstrated race-concordant encounters tended to result in longer visits, higher patient ratings of satisfaction, and more positive judgements of physician decision-making style.¹ A similar study from University of Pennsylvania examined Press Ganey scores

and race/ethnic concordance between patients and physicians. In reviewing over 100,000 surveys, more racially/ethnically concordant patient-physician encounters received the maximum score while discordant dyads were significantly less likely to achieve this mark.²

With regard to medical/surgical training, and specifically in urology, there exists a positive association between number of women on a urology faculty and the number of women applying for urology residency from that institution.³ The conclusions of these studies, including the authors' published here, do not belabor the point, but implore us to examine how medicine is not separate from society. In our country, race is woven into the fabric of our cultural and lived experiences. Thus, a colorblind approach can lead to invalidation of this, especially for underrepresented and/or marginalized groups, which may disrupt or sever the trust inherent in healthy partnership – between patients and their providers, or between mentors and their mentees.

Racial concordance is shared identity—not in a monolithic way, but in the way society and culture seep into every facet of our lives, even in rapid, but meaningful, encounters. Mentorship is a privilege - fostering a professional field as diverse as the patient population it serves (and the nation in which it

practices) is a goal that will benefit patients and future generations of urologists.

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<https://doi.org/10.1016/j.urology.2022.08.060>

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