American Journal of Orthopsychiatry

2019, Vol. 89, No. 3, 343–353
http://dx.doi.org/10.1037/ort0000410

Perspectives on Academic Mentorship From Sexual and Gender Minority Students Pursuing Careers in the Health Sciences

Ian W. Holloway, Ayako Miyashita Ochoa, Elizabeth S. C. Wu, Rebecca Himmelstein, Jeffrey O. Wong, and Bianca D. M. Wilson
University of California, Los Angeles

High-quality academic mentorship is key to the success of students pursuing careers in the health sciences. Mentorship may take on additional importance for sexual and gender minority (SGM) students, who often face stressors related to stigmatized identities. We conducted an anonymous online survey to assess the mentorship experiences of SGM students pursuing careers in the health sciences and to elicit their perspectives on what makes an effective mentor. Students (N = 166) were pursuing a variety of health-related careers, including medicine (12.7%), nursing (7.8%), public health (21.1%), and social work (19.3%). Overall, students rated the quality of their mentorship experiences as (very) good: 83.8% among participants who reported having had an academic mentor that openly identified as SGM and 79.5% among participants who had a non-SGM identified mentor (*ns*). Participants recommended individual, dyadic and structural level activities that could be undertaken by academic mentors of SGM students to promote the students' academic success and positive career trajectories. Education on SGM issues, direct conversation about experiences of homophobia and transphobia in academic settings, and advocacy for including SGM content in coursework were among the suggestions provided by participants.

Public Policy Relevance Statement
Supportive mentorship of sexual and gender minority (SGM) students pursuing careers in the health sciences is paramount to their success. This study suggests that campus policies which support diversity, equity, and inclusion of SGM students and continuous faculty training on curriculum development and mentorship of SGM students is warranted.

Academic mentorship is key to the success of students pursuing higher education. Academic mentors should support and assist students in formulating, pursuing, and achieving long-term academic, personal, and professional goals. Academic mentors play a variety of roles, including providing individualized support based on mentees' learning needs, psychosocial support, direct assistance with career and professional development, and role-modeling (Ragins & Kram, 2008; Rybarczyk, Lerea, Whittington, & Dykstra, 2016). In addition, mentors in academic settings support students by improving skill competence and self-confidence (Cohen et al., 2007; van Eps, Cooke, Creedy, & Walker, 2006); providing networking opportunities and assistance navigating difficult life circumstances (Lark & Croteau, 1998); and helping to develop their professional identity and other frequently overlooked skills, such as how to manage personal, interpersonal, and professional responsibilities (van Eps et al., 2006).

In professional graduate education in the health sciences, mentors can play important roles in supporting students to transition into health care and health research environments that are often highly complex and stressful. Mentorship plays a critical role in facilitating the development of clinical, research, professional, and leadership abilities, including improved uptake of evidence-based practices, perceptions on work and organizational culture, and self-efficacy. Health care providers that had the benefit of being mentored are able to provide services in ways that contribute to better patient experiences, shorter hospital stays, and improved

Ian W. Holloway, Ayako Miyashita Ochoa, Elizabeth S. C. Wu, Rebecca Himmelstein, and Jeffrey O. Wong, Department of Social Welfare, UCLA Luskin School of Public Affairs, University of California, Los Angeles; Bianca D. M. Wilson, Williams Institute, University of California, Los Angeles.

Correspondence concerning this article should be addressed to Ian W. Holloway, Department of Social Welfare, UCLA Luskin School of Public Affairs, University of California, Los Angeles, 3255 Charles E. Young Drive East, Los Angeles, CA 90095. E-mail: holloway@luskin.ucla.edu

health outcomes (Abdullah et al., 2014). Research on professional role transition among newly graduated nurses found that many feel ill-prepared for the transition from school to work environments, and, as a result, become discouraged and disillusioned by stress and leave the profession (Duchscher, 2009). In multiple studies, trainees and health care professionals described mentorship as a key facilitator of their professional and clinical success; high-quality mentorship helps reduce stress; improves retention and job satisfaction; and enhances self-confidence, critical thinking, and unit cohesiveness (Cohen et al., 2007; Rush, Adamack, Gordon, Lilly, & Janke, 2013; Sanchez et al., 2015; van Eps et al., 2006).

Whereas research has demonstrated the universal impact mentoring can have on students and the people they help in their professions, the specific mentoring needs of students may differ by subgroups, such as those bound by racial, immigrant, sexual orientation, and gender identity statuses. Research that includes lesbian, gay, bisexual, transgender, queer/questioning (LGBTQ+), and other sexual and gender minority (SGM) students use different terms reflective of the specific population of study. For the purposes of this article, we use terms that mirror those of the research cited.

SGM students face unique challenges in higher education. In primary and secondary educational environments, LGBTQ+ young people are at higher risk for bullying and peer victimization, depression, suicidal ideation and self-harm, and risky health behaviors (Almeida, Johnson, Corliss, Molnar, & Azrael, 2009; Birkett, Espelage, & Koenig, 2009). Literature on LGBTQ+ students in higher education shows that they experience isolation, discrimination, and harassment because of their sexual orientation and/or gender identity, leading to a diminished interest in academic careers and lower retention in higher education compared with their heterosexual and cisgender peers (Rankin, Weber, Blumenfeld, & Frazer, 2010). Among medical school students, SGM students face higher rates of stress, greater financial concern, and lower social support than their cisgender heterosexual counterparts (Grbic & Sondheimer, 2014).

Stigma, discrimination, and disclosure of SGM identity are key areas of study. Horn, Kosciw, & Russell, (2009) article discussed mentoring in the context of prejudice and stigma experienced by both LGBT students and professionals, and highlights the importance of understanding the impact of stigma and perceived safety on student/trainees' identity formation, self-disclosure, and coming out—all of which can affect and disrupt academic trajectory. In a study by Merchant, Jongco, and Woodward (2005) 52% of medical students were unsure about disclosing their sexual orientation, and an additional 15% did not plan to disclose their sexual orientation. Among those who plan not to disclose, 60% were concerned they would not be accepted and 10% were concerned their medical school administrators would be contacted. The study found that LGB residency applicants evaluate residency programs on their perceived acceptance of LGB people. SGM medical school students often fear disclosing their SGM identity will threaten their future career (Mansh et al., 2015; Merchant et al., 2005), and other studies suggest that these fears are not unfounded. SGM professionals are more likely to be subject to workplace harassment and homophobic remarks by academic peers, health care team members, and patients compared with their heterosexual counterparts (Cook, Griffith, Cohen, Guyatt, & O'Brien, 1995; Mansh et al., 2015). Research has demonstrated that mentors and other role models in higher education serve as sources of acceptance and affirmation for students' minority identities, foster resilience, transmit positive values and beliefs, and generate a positive sense of self-worth for students (Grossman et al., 2004).

Mentorship of SGM students must take into account intersectional identities of students. Racial/ethnic minority students who are also sexual and/or gender minorities face unique challenges in developing their identities and navigating multiple forms of stigma. Often these students feel that they must prioritize one community, leading to limited social resources, support, and role models (Akerlund & Cheung, 2000). Intersectionality theory in the context of the health sciences argues that minority statuses (i.e., by race/ethnicity, sexual orientation, gender identity) are complicated by multiple forms of oppression (Bowleg, 2008; Harper, 2013) and has proven to be robust in explaining some of the observed health disparities among people who are both racial and sexual and/or gender minorities. This theory is also useful in considering the experiences of multiple minority status students in the health sciences with regard to the stress they experience and the ways in which mentors may be useful. In a study by Lark and Croteau (1998), students described conflicts between choosing a mentor who would be supportive of issues on race and racism and choosing a mentor that was affirmative of their LGB identity when those two functions were not available from the same mentor. Means and colleagues (2017) highlighted the experiences of one such intersectional group—Black gay men in higher education—and featured several narratives that describe the pressures faced by Black gay men in higher education. Participants in that study described feeling pressure to conform to societal expectations relating to their race, sexual orientation, and masculinity and reported being questioned in their ability to pursue their research interests. Though not examined specifically, it is possible that having mentors that understand microaggressions and other forms of oppression that students with multiple minority identities experience may be especially helpful in supporting these students in educational environments.

Drawing from previous research demonstrating the general usefulness of mentorship for students in the health sciences and documented forms of minority stress experienced by SGM health science students and health professionals, the present study sought to understand the mentorship experiences of SGM students in the health sciences from the perspectives of those students themselves. Specifically, the study aimed to: (a) describe discrimination and mentorship experiences of SGM students in the health sciences; (b) compare satisfaction of SGM students with academic mentorship by SGM mentors compared with heterosexual/cisgender mentors; and (c) document recommendations of SGM students in the health sciences regarding academic mentorship. Given the potential for additional needs for mentorship at the intersection of racial and sexual and/or gender minority status, we also aimed to explore the significance of navigating these identities and other social statuses in higher education.

Method

Participants and Procedures

We administered an anonymous online survey between November 1, 2017 and December 29, 2017, to a convenience sample of SGM students pursuing careers in the health sciences. Eligibility criteria included currently pursuing or having previously completed an academic degree greater than a high school diploma/

GED, identifying as a sexual minority (gay or lesbian, bisexual, queer, pansexual, asexual, or different sexual orientation than heterosexual) and/or gender minority (transgender, genderqueer/gender nonconforming, different gender identity), and currently studying or having previously studied health sciences, which we have defined for the purposes of this study to include the fields of: dentistry/predentistry, medicine/premedicine, neuroscience, nursing/prenursing, pharmacy, psychology, public health/prehealth, and social work/social welfare. Flyers with the survey link were distributed at local universities in Southern California, including the University of California, Los Angeles (UCLA), the University of Southern California and Loyola Marymount University, as well as meetings of national organizations, such as the American Public Health Association. In addition, e-mail announcements were sent to the listservs of specialized SGM affinity groups within major organizations in the health sciences, such as the Council on Sexual Orientation and Gender Identity of the Council on Social Work Education. In total, 369 potential participants clicked on the survey link, 170 screened eligible, and 166 were included for participation.

Once participants screened eligible, they were asked to provide informed consent by advancing from the screening form to a survey in Qualtrics (Qualtrics, n.d.). Excluding the responses of 10 participants who left the survey open on their device for over an hour, the survey took approximately 12.2 min to complete. Participants were not compensated for completing the online survey. All study procedures were approved by the University of California, Los Angeles (UCLA) North Campus Institutional Review Board (IRB).

Measures

Both quantitative and qualitative measures were included in the online survey. Quantitative measures assessed a variety of domains including importance of having a SGM identified mentor (5-point Likert scale, 1 = *not at all important* to 5 = *extremely important*); whether the participant ever had a mentor who openly identified as SGM (yes/no/do not know) or who did not openly identify as SGM (yes/no/do not know); whether the participant had actively tried to seek out an SGM mentor (yes/no); whether the participant had ever experienced or witnessed discrimination on the basis of sexual and/or gender minority status in an academic setting (yes/no); and demographic characteristics (e.g., race/ethnicity, highest level of education, country of origin, sexual orientation, gender identity, field of study, current or former student status, and first-generation college student status). Sexual orientation was assessed using the question "Do you consider yourself to be . . ." with the following response options provided: "heterosexual or straight," "gay or lesbian", "bisexual", and "sexual orientation not listed here (Please specify)." For participants who selected "sexual orientation not listed here" and specified a different sexual orientation than options listed, "queer," "pansexual," and "asexual" were coded as-is. Close variations such as "queerish" and "pan" were coded as "queer" and "pansexual," respectively. Participants who specified asexuality spectrum identities, such as "demisexual," "asexual, panromantic," and "panromantic, demisexual" were coded as "asexual." Gender identity was assessed using a two-step method in order to reflect participants' gender identities as well as sex assigned at birth (Sausa, Sevelius, Keatley, Iñiguez, & Reyes, 2009). The first question read "What is your current gender identity" with the following response options provided: "male," "female," "trans male/trans man," "trans female/trans woman," "genderqueer/gender nonconforming," "different identity (please state)." This question was followed by the item "What sex were you assigned at birth, meaning on your original birth certificate" with the following response options provided: "male" and "female." For participants who selected "different identity" and specified their current gender identity, some participants specified "nonbinary," which was coded as-is. "Other" was used for participants who specified "agender," "bigender," "demiboy," and "multiple IDs."

Participants who reported having an SGM identified mentor were also asked about the quality of mentorship on a 5-point Likert scale (1 = *very poor* to 5 = *very good*) and how easy or difficult it was to find that mentor on a 5-point Likert scale (1 = *very easy* to 5 = *very difficult*). Participants who reported having a non-SGM identified mentor were asked about the quality of mentorship on a 5-point Likert scale (1 = *very poor* to 5 = *very good*), whether they had disclosed their SGM identity to their mentor (yes/no), and how easy or difficult it was disclose their identity on a 5-point Likert scale (1 = *very easy* to 5 = *very difficult*). Participants who identified as a race/ethnicity other than White and those who reported being first-generation college students were also asked the importance of having a mentor who shared their intersecting identities on a five-point Likert scale (1 = *not at all important* to 5 = *extremely important*).

Qualitative measures were used to elicit more in-depth responses not captured by quantitative measures. The following open-ended questions were used: "What do mentors need to consider or think about when working with LGBTQ students?"; "What would you like mentors of LGBTQ students to know about how to effectively mentor LGBTQ students?"; "What made it easy or difficult for you to disclose your LGBTQ identity to your non-LGBTQ identified mentor?"; "Why did you actively try to find an academic mentor who identifies as LGBTQ"; and "If you are willing, please provide some examples of discrimination that you have experienced or witnessed?" Participants who identified as a race/ethnicity other than White and those who reported being first-generation college students were asked open-ended questions about mentorship with regard to their intersecting identities, and all participants were asked about mentorship with regard to other intersecting identities (e.g., "What would you like us to know about mentorship with regard to the intersection of sexual orientation and/or gender identity and other identities we did not ask about?").

Data Analysis

Quantitative analysis was performed in the STATA Software, Version 14. Descriptive analyses were used to understand the distributions on quantitative items. Bivariate analyses were performed to compare the quality of mentorship provided by SGM mentors compared to heterosexual/cisgender mentors. All analyses were conducted using a team-based approach and guided by the theory and methods of conventional content analysis (Hsieh & Shannon, 2005). We selected this method for its strength in describing phenomena for which existing research or theory is limited. The coding team was led by the first author (IWH), and coding of the transcripts were completed by three additional staff

(RH, EW, and JW, the third, fourth, and fifth authors, respectively). In terms of social locations, the coders and authors comprise faculty and students in social welfare and public health, all of whom have expertise in sexual minority health, and personal experiences with mentorship as SGM scholars.

Data analysis began with researchers reading a subset of qualitative responses several times and highlighting repeating ideas across interviews. We organized these initial codes into a written codebook, discussing the nuances of potential code labels to create a shared understanding. We then iteratively grouped related codes into categories that we organized into broad themes. Independently, team members used the draft codebook to analyze batches of transcripts and to confer about their suggested codes until the group felt confident in the collective reliability of these codes. We then used the codebook to code a portion of the remaining transcripts, working to resolve discrepancies through consensus (Hill, Thompson, & Williams, 1997), and then coded all of the transcripts using this frame.

Over the course of coding process, the focus of coding meetings shifted from a discussion of specific codes and their hierarchical organization to how the most robust themes applied to our key research questions. Themes followed closely from the major categories identified in the data. To enhance the trustworthiness of the analysis, we used multiple sources of triangulation—multiple coders, multiple readings, iterative consensual agreement (Patton, 2002). The research team met regularly for peer debriefings to review and discuss the emergent themes, modifying and refining them following our group deliberations. Our iterative process ensured that themes reflect the data, with team members agreeing on the final themes (Lincoln & Guba, 1985).

Results

Sample Characteristics

Respondent sociodemographic characteristics are described in Table 1. The participants were mostly White (74.8%), followed by Hispanic/Latino (7.2%), Asian/Pacific Islander (6.6%), Black/African American (5.4%), Multiracial (5.4%), and Native American or Alaskan (0.6%). Almost half (48.8%) of participants identified as female or woman, while 29.0% identified as a male or man, 10.8% identified as genderqueer or gender-nonconforming, 4.2% identified as other, 3.0% identified as a trans male or trans man, 3.0% identified as nonbinary, and 0.6% identified as a trans female or trans woman. One participant declined to answer the question on gender identity (but was included in the analysis because of identification as a sexual minority). Over half (51.2%) of participants reported a sexual orientation of gay or lesbian, followed by bisexual (23.5%), queer (16.9%), asexual (4.8%), pansexual (3.0%), and other (0.6%). Over half (51.8%) of participants indicated that they were currently in school.

The most popular field of study among our sample was psychology (33.1%), followed by public health/prehealth (21.1%), social work (19.3%), medicine/premedicine (12.0%), nursing/prenursing (7.8%), two or more health fields (3.6%), neuroscience (1.9%), dentistry/predentistry (0.6%), and pharmacy (0.6%). Almost a third (30.9%) of participants were first-generation college students. A first-generation college student was defined as someone who completed or is pursuing a bachelor's, master's or doctorate degree and whose parents or legal guardians have not attended a 4-year college. Finally, 12.7% of our sample was born outside of the United States.

Table 1. *Demographic Characteristics of Study Sample (N = 166)*

Total	166	
	#	%
Race/ethnicity		
White	124	74.8
Black/African American	9	5.4
Hispanic/Latino	12	7.2
Asian/Pacific Islander	11	6.6
Native American or Alaskan Native	1	.6
Multiracial	9	5.4
Gender identity		
Male/Man	48	29.0
Female/Woman	81	48.8
Trans female/Trans woman	1	.6
Trans male/Trans man	5	3.0
Genderqueer/Gender-nonconforming	18	10.8
Nonbinary	5	3.0
Specified an identity not listed	7	4.2
Decline to answer	1	.6
Sexual orientation		
Gay or Lesbian	85	51.2
Bisexual	39	23.5
Queer	28	16.9
Pansexual	5	3.0
Asexual	8	4.8
Specified an identity not listed	1	.6
Currently in school		
Yes	86	51.8
No	80	48.2
Field of study		
Dentistry/Predentistry	1	.6
Medicine/Premedicine	20	12.0
Neuroscience	3	1.9
Nursing/Prenursing	13	7.8
Pharmacy	1	.6
Psychology	55	33.1
Public Health/Prehealth	35	21.1
Social Work	32	19.3
Two or more health fields	6	3.6
Highest completed degree		
High school diploma/GED	18	10.8
Associate	8	4.8
Bachelor	38	22.9
Master	61	36.8
Doctorate (PhD, MD)	37	22.3
Trade certificate	3	1.8
Decline to answer	1	.6

Overt and Covert Discrimination

Table 2 presents descriptive statistics of students' discrimination experiences. Among our total sample, 76 participants (51.4%) reported having ever experienced discrimination, and 98 participants (66.2%) reported having ever witnessed discrimination based on sexual orientation and/or gender identity in academic settings. When prompted, these participants provided examples of discrim-

Table 2. *Discrimination Experiences of LGBTQ+ Students*

Total	*148 #	%
Experienced discrimination		
Yes	76	51.4
No	67	45.3
Decline to answer	5	3.3
Witnessed discrimination		
Yes	98	66.2
No	47	31.8
Decline to answer	3	2.0

* 148 responses were received out of 166 total survey takers; 18 surveys were incomplete.

ination that they had experienced and/or witnessed. Upon analysis, responses were categorized as overt or covert discrimination. In some cases, overt discrimination manifested as relatively lower pay or lower grades, or not being hired at all, based on sexual orientation and/or gender identity. One participant recalled:

> I had a clinical instructor (I'm in nursing school) flat out tell me that knowing I was gay made her "biased in the way she views me and grades me" because it changed her understanding of my morality. My queer mentor was actually super helpful in that and brought attention to the issue, so while that woman was not reprimanded in any way, my grade went from the lowest in the clinical group (lower than a student who had slept through two clinical days) to just about the average of the group, which was satisfactory for me. (Participant 75, nursing).

Other students expressed having witnessed and experienced overt discrimination in the context of the classroom: "Professors pathologizing nonheteronormative sexualities and gender identities in clinical psych courses, suggesting trans identities are socially contagious, a fad, or indicative of psychotic dispositions" (Participant 30, psychology). One participant remembered "seeing LGBTQ+ posters defaced" (Participant 49, social work), which was an expression of homophobia that created a hostile work environment.

Some forms of discrimination were more subtle. One participant described the potential effects of microaggressions: "Other times I have heard comments that may not be explicitly discriminatory, but do make it clear that open discussion of sexuality and gender is not welcome" (Participant 1, social work). Another participant provided an example of how even unintended perpetuations of hetero- or cisnormativity could potentially affect someone's access to opportunity or career trajectory:

> When I interviewed for medical school I was asked about my husband and plans to have kids on multiple occasions by senior faculty members (always cis men). It was incredibly uncomfortable at that stage in life to try to correct these heteronormative stereotypes while competing for a coveted medical school spot. It often felt like I would be at a disadvantage if I ventured to correct these assumptions so, not wanting to lower my chances of admission, I usually let them go. It was clear that somehow being appealing or attractive to these cis men might improve my chances at admission (Participant 19, medicine).

Several students also reported that another form of covert discrimination was a lack of discussion of SGM-related issues. Some examples include "Lack of discussion completely about sexual orientation and gender identity as variables to be collected" (Participant 9, social work) "Lack of info about LGBTQ+ culture in classes where it would be appropriate to discuss it. (e.g. assumption that all partners are of the opposite gender when discussing relationships in couples therapy)" (Participant 43, psychology); and "Faculty that gloss over a student's comments or points related to something about sexual orientation or gender identity because they either don't know how to respond or are unwilling to address it" (Participant 102, public health). Many of these forms of both overt and covert discrimination were discussed by the same participants, as well as some experiencing only one type.

Mentorship and Disclosure

Less than two thirds of participants (60.8%) reported having had an academic mentor that openly identified as a SGM. Almost all participants (92.2%) reported having had an academic mentor who did not openly identify an SGM (i.e., identified as cisgender and/or heterosexual). These data are presented in Table 3. Among participants who reported having had an academic mentor that openly identified as a SGM, 83.8% rated the quality of mentorship as good or very good. Among participants who had a non-SGM identified mentor, 79.5% rated the quality of the mentorship as good or very good; the difference was not statistically significant ($p = .44$). The overall mean quality of mentorship for SGM identified mentors was 4.32 ($SD = 0.90$); the overall mean quality of mentorship for non-SGM identified mentors was 4.18 ($SD = 0.91$); the difference was not statistically significant ($p = .24$). Among participants who reported having had both an SGM and non-SGM identified mentor, overall mean quality of mentorship for SGM identified mentors ($M = 4.35$, $SD = 0.81$) was similar to that of non-SGM identified mentors ($M = 4.33$, $SD = 0.82$). Participants who reported only having had a non-SGM mentor rated the quality of that mentorship as 3.85 ($SD = 1.11$), on average. A mean quality rating was not calculated for the mentorship of participants who reported only having had an SGM identified mentor because only 3 participants fit this description.

Of the 153 participants who had academic mentors that did not identify as SGM, two-thirds (66.6%) indicated that they had dis-

Table 3. *Mentorship Experiences of LGBTQ+ Students*

Total	166 #	%
Have had an LGBTQ academic mentor		
Yes	101	60.8
No	54	32.6
Don't know	11	6.6
Have had a non-LGBTQ academic mentor		
Yes	153	92.2
No	6	3.6
Don't know	7	4.2
Disclosed LGBTQ status to non-LGBTQ mentor*		
Yes	102	66.6
No	42	27.5
Decline to answer	9	5.9

* This question was only asked of those who indicated they have had a non-LGBTQ mentor (153 respondents).

closed their SGM identity to their non-SGM identified mentor (see Table 3). Participants who had disclosed their SGM identity to their non-SGM identified mentor provided insight into what made this disclosure process easier or more difficult. Responses were grouped into the following five subthemes: content of work, individual characteristics of the mentee or mentor, characteristics of mentor–mentee relationship, institutional environment, and societal culture.

Several participants expressed that when the focus of their work was on social justice, SGM health, or other SGM-related content, it made it easier to disclose their identity. When asked what made disclosure easy or difficult, one participant wrote: "It was in the context of multicultural discussions in classes, so I knew those professors were at least supportive enough to openly discuss LGBTQ+ issues in a non-judgmental way" (Participant 39, psychology). On an individual level, some participants indicated that pride in or acceptance of their own identity made them feel comfortable with or even inclined to disclose their SGM identity to their mentor. One participant asserted "I am unapologetically out as queer. I can't imagine not being open about my identity in any capacity, and certainly not in a mentoring relationship" (Participant 9, social work). Individual characteristics of the mentor also affected mentees' decisions to disclose, as exemplified by the response: "[My] mentor was a person of color, explicitly focused on social justice, and very vocal with other faculty and students. Always calling people out on their prejudices and demanding inclusion" (Participant 6, social work).

On an interpersonal level, several participants cited the nature of the mentee–mentor relationship as a reason why disclosure of SGM identity was made easier or more difficult. For instance, a participant responded "I had to ensure that they were trustworthy and build our mentor relationship over time in order to open up" (Participant 44, nursing). Other participants expressed that the climate of their institution (e.g., campus, classroom, hospital system, city) played a role in disclosing their identity to their mentor:

> I never once thought about not disclosing. First, I am a very open and out person. But also, it's a nonissue at my university and especially in the two departments where I completed degrees. The university is very LGBTQ+ friendly to start with. The two departments I completed degrees in (social work and community psychology) are both focused on social justice, and the faculty are all vocal about their support for LGBTQ+ students and communities. One of the department's formal research centers is dedicated to research with the LGBTQ+ community. Some of the faculty are LGBTQ+ and they are also out. I'd say in the current cohort about 50% of the students identify as LGBTQ+. So . . . it was a nonissue. I never hesitated (Participant 49, social work).

Finally, perceptions of societal attitudes toward SGM communities affected the ease with which participants disclosed their own SGM identity. Some students expressed that disclosing their identity was made difficult by uncertainty about how their mentor would react. One participant explained "I'm always unsure of how straight folks will react or if it will change how they act around me" (Participant 34, psychology). Responses like these indicated that some participants pointed to stigma and past experiences as reasons why they feared that mentors might retaliate, judge, or act differently toward them upon learning their SGM identity.

Recommendations for Mentors

Prompted by open-ended questions, participants shared their thoughts on how mentors can effectively mentor SGM students in the health sciences as well as what mentors of SGM students need to consider. Responses were grouped into the following three subthemes: Self-education and awareness, active skills and strategies, and advocacy (see Table 4).

Self-education and awareness refers to the practice of mentors educating themselves on SGM culture and history (so as to avoid speaking offensively), the unique barriers SGM students may face, and resources that may be useful to SGM students. Education can be thought of as a preparatory step to mentoring SGM students. However, as highlighted by one participant, the education process is never complete:

> Do not rely on your students to educate you on what it is to be LGBTQ+—do your own homework. Read about queer history, pay attention to news about policy around LGBTQ+ folks, go to events, ask questions and LISTEN. Basically if you're not a member of the community, learn how to be an ally. And that learning doesn't ever stop, it's a lifelong thing (Participant 34, psychology).

Another participant pointed out the importance of self-education surrounding SGM-related issues, not just for non-SGM mentors, but also for mentors who openly identify as SGM:

> Mentors should be open-minded, and listen to the lived experiences of their LGBTQ+ students when relevant topics come up. Especially if they are not LGBTQ+ themselves, they should consider looking up resources on allyship and be aware of LGBTQ+ identities. Even if they are LGBTQ+, modern resources may be a good place to start due to the generational differences in how people are identifying now as opposed to how they identified in the past. They should try not to make too many assumptions based on the "label" alone that individual students choose for themselves (Participant 54, psychology).

Many participants emphasized the importance of mentors familiarizing themselves with the unique obstacles SGM students may face in higher education. Commonly noted obstacles included: how to navigate academia/the health field as an SGM person, mental health disparities and minority stress, discrimination, the "coming out process" and more. One participant explained how mentors need to be aware of the role identity might play in an academic setting:

> LGBTQ+ students are often in more danger than their peers just for being who they are, especially with the current volatile reactions surrounding them. Additionally, many LGBTQ+ students are at risk for psychiatric disorders and may not have anyone to turn to about these issues because they can stem from how they are treated for their identity and they may not have anyone they trust enough to confide in about this (Participant 79, psychology).

Many participants also indicated that it is beneficial for mentors to learn about resources that are available to SGM students so that they can pass this information along to their mentees. Resources included SGM-related grants and fellowships, local LGBTQ+ centers, and courses that support student interests. One participant expressed that mentors should think about, "suggestions for queer and trans affirming fellowships, ideas for self-care, connecting students with other queer and trans researchers" (Participant 9, social work).

Table 4. *Elements of Effective Practice for Mentoring of LGBTQ+ Students*

Self-education and awareness	• Mentors can educate themselves about general LGBTQ+ culture and history so as to learn how to speak in an affirming, rather than offensive, manner. It may be useful to read literature, keep updated on current events, and to actively listen to the lived experiences of others. • Mentors can learn about the unique barriers that LGBTQ+ may face in academic and professional settings. Commonly noted obstacles included: how to navigate academia/the health field as an LGBTQ+ person, mental health disparities and minority stress, discrimination, the "coming out process" and more. • Mentors can seek guidance from LGBT+ resources in the institutions where mentors work and teach (e.g., Campus LGBTQ+ Centers), and utilize national resources, such as the Sexual and Gender Minority Research Office of the National Institutes of Health. • Mentors can familiarize themselves with resources that are available to LGBTQ+ students so that they can pass this information along to their mentees. Resources may include LGBTQ+-related grants and fellowships, local LGBTQ+ centers, and courses that support student interests.
Active skills and strategies	• Mentors can approach their mentoring relationships with a generally inclusive attitude of openness, listening, acceptance, understanding, respect, sensitivity, and compassion. • It is an affirming practice to use appropriate names and pronouns, which can be elicited by asking in a respectful manner. Mentors can start by offering their own pronouns in an attempt to normalize the practice. • Mentors should avoid making assumptions about their mentee's sexual orientation and gender identity. This includes being mindful not to believe stereotypes about gender and sexuality. • Mentors can practice cultural humility, which, as posited by Tervalon and Murray-Garcia (1998), includes accepting that individuals are experts on their own experiences and identities regardless of the "competence" of others.
Advocacy	• Mentors can advocate for their students by calling out micro-aggressions and discrimination, and by being otherwise vocally supportive of the LGBTQ+ community. • Mentors can encourage their colleagues to include LGBTQ+ related content in their classes as well as to be open to providing mentorship to LGBTQ+ students. • Mentors who do identify as LGBTQ+ can act as role models in their field that may not have prominent representation of openly LGBTQ+ individuals.

Active skills and strategies refer to how mentors conduct themselves when interacting with mentees. Whereas some responses included general suggestions for supportive behaviors (e.g., "openness," "listening," "acceptance," "understanding," "respect," "sensitivity," "compassion"), others were more specific. A common theme was the practice of humility, which includes recognizing personal bias and potential gaps in knowledge and always being willing to learn more. As posited by Tervalon and Murray-Garcia (1998), competence connotes an end to achievement rather than the practice of humility which is an ongoing process. One participant expressed the importance of humility:

> It's Ok to mess up—slip up with a pronoun, use the wrong name, not know a term, and so forth. If you've misgendered someone (accidentally), just say whoops, apologize briefly, and keep going—do NOT burden someone with your guilt and shame. And if you're confused or unsure about names/gender pronouns/terms/and so forth, it's always fine to respectfully ask. Just make sure you're not relying on your students to supply you with all your information (Participant 34, psychology).

In addition to avoiding assumptions about appropriate pronouns and names, many participants recommended actively avoiding any assumptions about their mentee's sexual orientation or gender identity. According to one response, mentors "need to be mindful that not all stereotypical images are true (e.g., lesbians must have been sexually abused, feminine appearing women are straight, etc.)" (Participant 29, public health). One participant endorsed normalizing the practice of disclosing pronouns:

> Many LGBTQ+ students gauge whether or not their mentors are LGBTQ+ friendly before even considering coming out to them. Even if the mentor is cisgender and heterosexual, introducing oneself with their name and pronouns helps indicate that they are aware of some of the needs of their LGBTQ+ students (Participant 112, Medicine).

Careful choice of language was another active strategy that appeared frequently in participants' responses. In addition to "respecting pronouns" (Participant 27, psychology), participants suggested "being careful around medicalized terms related to sexuality and gender" (Participant 3, psychology), and that "many words can often be seen as derogatory to the LGBTQ+ and not to the cisgender/heterosexual community" (Participant 41, social work).

Finally, advocacy refers to mentors openly supporting and fighting for their SGM students. Participants challenged mentors to "work with other faculty to ensure LGBTQ+ populations are discussed in classes" (Participant 43, psychology) and to "encourage [their] colleagues to mentor LGBTQ+ students" (Participant 106, medicine). Some participants expressed the importance of calling out microagressions, while others asserted the general "need to be vocally supportive of the LGBTQ+ community, in order to remove the stigma of queerness and . . . give queer students a known outlet through which to disclose any issues they may be having [with regard to] their status as a sexual/gender minority" (Participant 13, nursing). Another participant described the desire for mentors to be both role models and advocates:

> I think they need to consider that if possible could they should set an example by being out in their department, both with their colleagues and students. This not only makes it much easier for students to identify them as a potential mentor, but can make it more acceptable for students to be out. They should also consider the importance of modeling involvement in the community and to an extent activism. This can be through small things, like trying to educate members of the campus community or making their classrooms a more accepting

> environment. There isn't much of a point to having an LGBTQ+ mentor if they aren't involved beyond just holding an identity (Participant 23, neuroscience).

Intersectional Identities

Participants were asked about several intersecting identities, including race/ethnicity, class, ability status and immigration status; in this section we highlight data from first-generation college students and students of color as two examples of intersectional identities. Participants who indicated that they were a first-generation college student and/or a person of color were asked to share their thoughts about mentorship with regard to the intersection of sexual orientation/gender identity and these other identities. One theme that emerged was a lack of representation of people who hold these intersecting identities in the field, especially in positions of power. Consequently, students indicated that it was difficult to find mentors who shared their multiple intersecting identities. One participant, a person of color, stated "it is important to put queer people of color in visible positions" (Participant 16, public health). A first-generation college student wrote:

> It's hard enough to find an LGBTQ+ mentor, it's nearly impossible to find both LGBTQ+ and first generation together. I have been able to find first generation-identified faculty separately, and can talk to them about that (although these faculty are also hard to find). I've had to accept what I can find. Sometimes it is hard that my LGBTQ+ mentor assumes that I hold similar [socioeconomic status] privileges to her when I do not, and I have found myself wanting to remind her that I do not have easy access to such things. It's a mixed bag and I guess I just find myself having to be grateful for whatever I can find, and hope they are amenable to learning about me, since I know I will not find the perfect mentor (Participant 60, psychology).

In addition to facing incorrect assumptions about socioeconomic status, lack of familial support was identified as a barrier to success by participants who identified as both LGBTQ+ and as first-generation students. For example:

> They may also be pressured to not pursue college, as it is something that none of their other family has ever needed to find employment. Many of those who are first-generation college students are the children of immigrants whose families may be more traditional and may not be as accepting of someone being LGBTQ+, someone who understands these things from experience would be able to better assist the students with these issues (Participant 79, psychology).

Participants who were racial/ethnic minorities and those who were first-generation students both provided examples of potential benefits of having a mentor with whom they share multiple intersecting identities. One first-generation student discussed the importance of shared experiences:

> The combination of the two makes it that much more challenging to establish trust and find safety. I was fortunate on both counts to be able to connect with advisers and mentors who could understand this challenge in me and be supportive. Not everyone is as lucky (Participant 55, psychology).

Conversely, a participant explained the harm that can result from only having mentors who share an LGBTQ+ identity but who are not people of color:

> First, given the ways that power is distributed in higher education, a White mentor may invalidate a mentee of color in ways that are more impactful than would be the case with a White mentee. This is particularly challenging when one's expertise on one's own community is met with suspicion/disbelief from someone who has never been a member of that community. This creates a situation where a POC [person of color] may feel like an intellectual impostor but also a racial impostor. Also, LGBT POCs with White mentors may be subject to bearing the burden of problematic statements and actions perpetrated by their mentors. While many allies mean well in their work, it has historically been the case that White LGBT individuals do the majority of research examining LGBT POCs. The decision to inhabit that space rather than making room for POCs has consequences, which may be visited upon the mentee (Participant 70, psychology).

In contrast, others felt that sharing at least the SGM identity with their mentor was enough, as exemplified by the response "It's nice to have someone who can relate, but it is not a requirement that they are also first-generation status. Identifying as LGBTQ+ is more of a connection" (Participant 40, psychology).

Respondents proposed the practice of self-education and awareness as key to effectively mentoring students with intersecting identities. One student emphasized the importance of understanding unique barriers that students with intersecting identities may face. They wrote: "Mentors should be aware of intersectionality and how factors such as race, class, gender and sexuality can all lead to higher chances of mentees being discriminated against within their department, workplace, etc." (Participant 74, medicine). Similarly, another participant spoke about the need to recognize contextual factors as they relate to intersecting identities and the associated obstacles:

> Mentors (read gay White men, as they are often the ones in positions in power) need to understand the complexities of mentoring LGBTQ+ students of color. Being ignorant of the issues we continue to face as a result of our racial identity, socioeconomic status is not acceptable. While I am Black and gay, the Black part is the root of about 90% of the issues I face in society as not everyone can readily tell that I'm gay but the Black part is hard to disguise (Participant 118, public health).

Finally, all participants were asked to comment on any other identities that may intersect with sexual orientation/gender identity and what role this intersection may play with regard to mentorship. Age, religion, physical/mental ability, socioeconomic status, and citizenship as they intersect with sexual orientation and/or gender identity were all identified as important to consider when mentoring SGM students. Participants reported that consideration of age is important in mentorship relationships not only because of differences in life stages but also because of generational differences. One participant explained how age can intersect with sexual orientation:

> I am older (50's), and went to grad school late in life (at 49). The experiences of a gay man who came out pre-AIDS and the experiences of the current young generation of gay men are profoundly different, and our perspective and history is in danger of being lost. This younger generation did not grow up conflating sex with death. Fear and grief are no longer perceived barriers to becoming intimate. So, generational differences within the LGBT community are, I believe, profoundly different (Participant 24, psychology).

Another pointed out the additional burdens that accompany identification with multiple minority groups, using the intersection of socioeconomic status and sexual orientation and/or gender identity as an example:

> Anything that disadvantages a straight student will disadvantage an LGBT student, but could feel like one extra obstacle if the student's sexual or gender identity is a struggle in any way. For example, if a student is too poor to afford what they need to get their homework done AND their family has refused to maintain a relationship because they do not approve of their kid's identity, that will make it even harder (Participant 71, medicine).

Similarly, another participant recounted their experience as a SGM student with a disability and the implications this had with regard to mentorship:

> For some students, their sexual orientation/gender identity may not be the most salient identity as there are other marginalized identities they hold that are impacting them more immediately. For example, as someone with a chronic illness that is recognized as a disability, my ability status much more profoundly affects my academic performance, as I have to miss class because of complications or because of dealing with a myriad of other associated issues. Because of this, for a long time I did not think at all about my sexual orientation because I simply did not have the time, although this ended up having an adverse impact on my mental wellbeing as I was not processing things that were impacting me on different levels. I think it is important for mentors to get to know their students well, and to understand how the intersection of their identities is impacting their performance in order to best support the student (Participant 113, public health).

Emergent Issues

The issue of sexual harassment emerged as a few participants reported experiences of harassment in academic settings. Harassment was perpetrated by both openly SGM and non-SGM identified mentors. One participant described an incident with a professor who identified as SGM:

> I was sexually harassed by a lesbian professor when I was an undergraduate student. She was a social work professor and was trying to tell me about how attractive I was and that I need to be more confident so I can find a good partner. It was not her place to speak to me in that way and we did not have that type of relationship (e.g., like a friend) . . . she just jumped out and said it one day . . . trying to help me improve my confidence (Participant 7, social work).

Another participant recounted an uncomfortable experience with a non-SGM identified mentor: "I once was asked by a mentor (not in my current program), if I'm 'a top or a bottom.' This person was not LGBTQ+ identified and thought the question was hysterical. It was pretty awkward and humiliating" (Participant 8, social work). These types of experiences were not common among participants but warrant further attention in future research.

Discussion

This work contributes to a growing body of scholarship on the experiences of SGM people in higher education and helps elucidate the ways in which mentors may support SGM students pursuing careers in the health sciences. Most importantly, we heard from SGM identified students themselves, and, through their own words, we were able to glean lessons from their firsthand experiences with mentors, both good and bad. Furthermore, this research begins to explore the ways in which multiple minority identities intersect in the mentoring experience in the academic context for SGM students, contributing to a deeper understanding of strategies mentors may employ in order to meet the needs of students with multiple minority identities.

These data document how SGM students continue to experience various forms of oppression on the bases of sexual orientation and gender identity (SOGI), including microaggressions stemming from hetero- and cisnormativity. Over half of participants reported experiencing outright discrimination and approximately two thirds of participants witnessed discrimination in the academic setting. Furthermore, numerous students described the omission or erasure of SOGI-related identities and issues from the classroom, forms of covert discrimination. Although likely many factors contribute to these problems, all of which were not explored in the course of our research, we must acknowledge that participant responses strongly suggest a broad and outstanding need for consistent and continuous training in higher education across the board. Educators in the health sciences must do a better job of identifying discrimination when it occurs, addressing such discrimination, and ensuring that learning reflects upon issues impacting SGM communities. Participants felt that this work should not fall upon the shoulders of SGM students alone; rather, it should be shared by educators and heterosexual and cisgender students alike.

Because stigma can serve to impede SGM students' academic success, we examined disclosure between a mentor and mentee as one aspect of culturally appropriate mentorship. Participants' sense of feeling safe enough to disclose their SGM identity without negative academic repercussions was one area of inquiry. Participants identified facilitators to disclosure of SGM status to mentors. Although mentors' openness about their own identity was a factor, it was not the only one. This was somewhat surprising given that prior research that indicates many SGM students seek out academic mentors who are openly SGM identified (Lark & Croteau, 1998). Interestingly, in this study, data do not point to the requirement of "identity matching" between mentors and mentees; there were no differences in mentorship ratings between those who had an SGM identified mentor compared with non-SGM identified mentor. Rather, our results highlight the need for all mentors, regardless of how they identify, to commit to deliberate consideration of how SGM students' identities may impact academic and eventual professional achievement and how they might be a resource to SGM students.

The results differ with regard to students that identify with multiple minority statuses, particularly those at the intersections of age, race, religion, ability, socioeconomic status, and educational background as they relate to sexual orientation and gender identity. Participants expressed a sense that there is an overall lack of representation of individuals with such intersecting identities among academic mentors. This was especially true among first-generation and racial/ethnic minority students that felt they were "lucky" to have found a mentor with whom they shared the same multiple intersecting identities.

In some instances, SGM identity was not the most salient identity for students with multiple minority statuses. Assuming what may or may not be of greatest concern to the student could result in mentors being unable to accurately identify barriers faced

by a mentee. This is especially true where a White mentor may not have the ability to recognize and be aware that their racial identity affords them with privilege in the academic setting. For some students racial/ethnic minority status serves as a greater barrier to academic and professional achievement than their SGM identity, something which they may choose not to disclose. These findings underscore the need for academic mentors to consider multiple forms of oppression within the academy when mentoring a student whose identity falls at the intersection of multiple minority statuses.

The data presented here should be interpreted in light of some limitations. First, recruitment was limited to online (e.g., listservs) and in-person venues (e.g., APHA Annual Meeting) that were accessible to the research team, which resulted in a convenience sample. While diverse health disciplines were represented, the results should not be generalized to SGM students overall. Further research with more robust, representative samples of SGM students is warranted. Data were based on self-report, which may be subject to social desirability and other types of bias; the anonymous nature of the online survey may have promoted truthfulness in reporting. A theme we did not fully explore in this research is the role of gender specific to particular fields of health practice and how not identifying as a cisgender male in a field historically dominated by cisgender males may have had an additional impact on the mentoring experiences of SGM students. Finally, we did not explore in this research the manner in which sexual harassment impacts SGM students in higher education. Participants raised this as an issue regardless of whether the perpetrator was SGM identified or non-SGM identified. Future research should investigate to what degree SGM and multiple minority statuses impact students' particular vulnerability to such harassment. Safety, both emotional and physical, in academic spaces demands that we continue to explore how to cultivate healthy, positive, and productive mentorship of SGM students.

Conclusions

Despite its limitations, this study contributes to our knowledge about the unique needs of SGM students pursuing careers in the health sciences. Participants' reflections on past mentorship relationships were fruitful in deriving recommendations for future academic mentors seeking to support SGM students. The key strategies identified include individual, dyadic, and structural level actions on the part of academic mentors. These can be equally applied to mentorship centered on SGM status and mentorship at the intersection of multiple minority statuses. Participants' recommendations call upon academic mentors to (a) commit to a continuous process of self-education and awareness; (b) practice cultural humility by recognizing personal bias(es) and privilege(s) and potential gaps in knowledge; and (c) engage in advocacy to confront oppressive systems in both academic and community settings on behalf of SGM students. By devoting attention to these recommendations, mentors can improve the educational experiences of SGM students, which ultimately may lead to enhanced educational attainment, more productive and fulfilling careers, and better health outcomes for clients and patients.

Keywords: mentorship; sexual and gender minorities; LGBT; health sciences

References

Abdullah, G., Rossy, D., Ploeg, J., Davies, B., Higuchi, K., Sikora, L., & Stacey, D. (2014). Measuring the effectiveness of mentoring as a knowledge translation intervention for implementing empirical evidence: A systematic review. *Worldviews on Evidence-Based Nursing, 11,* 284–300. http://dx.doi.org/10.1111/wvn.12060

Akerlund, M., & Cheung, M. (2000). Teaching beyond the deficit model: Gay and lesbian issues among African Americans, Latinos, and Asian Americans. *Journal of Social Work Education, 36,* 279–292. http://dx.doi.org/10.1080/10437797.2000.10779008

Almeida, J., Johnson, R. M., Corliss, H. L., Molnar, B. E., & Azrael, D. (2009). Emotional distress among LGBT youth: The influence of perceived discrimination based on sexual orientation. *Journal of Youth and Adolescence, 38,* 1001–1014. http://dx.doi.org/10.1007/s10964-009-9397-9

Birkett, M., Espelage, D. L., & Koenig, B. (2009). LGB and questioning students in schools: The moderating effects of homophobic bullying and school climate on negative outcomes. *Journal of Youth and Adolescence, 38,* 989–1000. http://dx.doi.org/10.1007/s10964-008-9389-1

Bowleg, L. (2008). When Black + lesbian + woman ≠ Black lesbian woman: The methodological challenges of qualitative and quantitative intersectionality research. *Sex roles, 59*(5–6), 312–325.

Cohen, M. S., Jacobs, J. P., Quintessenza, J. A., Chai, P. J., Lindberg, H. L., Dickey, J., & Ungerleider, R. M. (2007). Mentorship, learning curves, and balance. *Cardiology in the Young, 17,* 164–174. http://dx.doi.org/10.1017/S1047951107001266

Cook, D. J., Griffith, L. E., Cohen, M., Guyatt, G. H., & O'Brien, B. (1995). Discrimination and abuse experienced by general internists in Canada. *Journal of General Internal Medicine, 10,* 565–572. http://dx.doi.org/10.1007/BF02640367

Duchscher, J. E. (2009). Transition shock: The initial stage of role adaptation for newly graduated registered nurses. *Journal of Advanced Nursing, 65,* 1103–1113. http://dx.doi.org/10.1111/j.1365-2648.2008.04898.x

Grbic, D., & Sondheimer, H. (2014). *Personal well-being among medical students: Findings from an AAMC pilot survey*. Retrieved from https://www.aamc.org/download/377520/data/april2014aib_personalwellbeingamongmedicalstudents.pdf

Grossman, A. H., & D'Augeli, A. R. (2004). The socialization of lesbian, gay, and bisexual youth: Celebrity and personally known role models. In E. Kennedy & A. Thornton (Eds.), *Leisure, media and visual culture: Representations and contestations* (pp. 203–225). Brighton, UK: Leisure Studies Association.

Harper, S. R. (2013). Am I my brother's teacher? Black undergraduates, racial socialization, and peer pedagogies in predominantly white postsecondary contexts. *Review of Research in Education, 37*(1), 183–211.

Hill, C. E., Thompson, B. J., & Williams, E. N. (1997). A guide to conducting consensual qualitative research. *The Counseling Psychologist, 25,* 517–572. http://dx.doi.org/10.1177/0011000097254001

Horn, S. S., Kosciw, J. G., & Russell, S. T. (2009). Special issue introduction: New research on lesbian, gay, bisexual, and transgender youth: Studying lives in context. *Journal of Youth and Adolescence, 38,* 863–866. http://dx.doi.org/10.1007/s10964-009-9420-1

Hsieh, H. F., & Shannon, S. E. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research, 15,* 1277–1288. http://dx.doi.org/10.1177/1049732305276687

Lark, J. S., & Croteau, J. M. (1998). Lesbian, gay, and bisexual doctoral students mentoring relationships with faculty in counseling psychology. *The Counseling Psychologist, 26,* 754–776. http://dx.doi.org/10.1177/0011000098265004

Lincoln, Y. S., & Guba, E. G. (1985). *Effective evaluation*. New York, NY: Jassey-Bass.

Mansh, M., White, W., Gee-Tong, L., Lunn, M. R., Obedin-Maliver, J., Stewart, L., . . . Garcia, G. (2015). Sexual and gender minority identity disclosure during undergraduate medical education: "in the closet" in

medical school. *Academic Medicine, 90,* 634–644. http://dx.doi.org/10.1097/ACM.0000000000000657

Means, D. R., Beatty, C. C., Blockett, R. A., Bumbry, M., Canida, R. L., & Cawthon, T. W. (2017). Resilient scholars: Reflections from Black gay men on the doctoral journey. *Journal of Student Affairs Research and Practice, 54*(1), 109–120.

Merchant, R. C., Jongco, A. M., III, & Woodward, L. (2005). Disclosure of sexual orientation by medical students and residency applicants. *Academic Medicine, 80,* 786. http://dx.doi.org/10.1097/00001888-200508000-00017

Patton, M. Q. (2002). Two decades of developments in qualitative inquiry: A personal, experiential perspective. *Qualitative Social Work: Research and Practice, 1,* 261–283. http://dx.doi.org/10.1177/1473325002001003636

Qualtrics (n.d.). *Qualtrics Homepage* [Website]. Retrieved from https://www.qualtrics.com/

Ragins, B. R., & Kram, K. E. (2008). *The handbook of mentoring at work: Theory, research, and practice*. Thousand Oaks, CA: SAGE Publications.

Rankin, S., Weber, G., Blumenfeld, W., & Frazer, S. (2010). *2010 National College Climate Survey* [PDF file]. Retrieved from https://www.campuspride.org/wp-content/uploads/campuspride2010lgbtreportssummary.pdf

Rush, K. L., Adamack, M., Gordon, J., Lilly, M., & Janke, R. (2013). Best practices of formal new graduate nurse transition programs: An integrative review. *International Journal of Nursing Studies, 50,* 345–356. http://dx.doi.org/10.1016/j.ijnurstu.2012.06.009

Rybarczyk, B. J., Lerea, L., Whittington, D., & Dykstra, L. (2016). Analysis of postdoctoral training outcomes that broaden participation in science careers. *Cell Biology Education*. Advance online publication. http://dx.doi.org/10.1187/cbe.16-01-0032

Sánchez, N. F., Rankin, S., Callahan, E., Ng, H., Holaday, L., McIntosh, K., . . . Sánchez, J. P. (2015). LGBT trainee and health professional perspectives on academic careers—Facilitators and challenges. *LGBT Health, 2,* 346–356. http://dx.doi.org/10.1089/lgbt.2015.0024

Sausa, L. A., Sevelius, J., Keatley, J., Iñiguez, J. R., & Reyes, M. (2009). *Policy recommendations for inclusive data collection of trans people in HIV prevention, care & services* [PDF file]. University of California, San Francisco, Center of Excellence for Transgender HIV Prevention. Retrieved from http://www.transhealth.ucsf.edu/pdf/data-recommendation.pdf

Tervalon, M., & Murray-García, J. (1998). Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. *Journal of Health Care for the Poor and Underserved, 9,* 117–125. http://dx.doi.org/10.1353/hpu.2010.0233

van Eps, M. A., Cooke, M., Creedy, D. K., & Walker, R. (2006). Student evaluations of a year-long mentorship program: A quality improvement initiative. *Nurse Education Today, 26,* 519–524. http://dx.doi.org/10.1016/j.nedt.2006.01.009