

Recruiting underserved students to healthcare through online mentoring

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What problem was addressed:

Health professions programs' efforts to reach underserved groups are often hindered by distance, location, timing, funding, and program capacity. This impacts recruitment of rural, remote and underserved populations, leading to the ongoing underrepresentation of diverse health professionals. This problem was highlighted when the COVID-19 pandemic paused health professions programs' in-person outreach and recruitment activities, as it revealed the continued disadvantage that groups historically lacking access to these services have always faced.

What was tried:

Rural eMentoring BC (ReMBC) was developed at the University of British Columbia, in partnership with the Rural Education Action Plan, to determine whether online mentoring could overcome these challenges and promote health professions to British Columbia's rural and remote youth¹. ReMBC mentees virtually received 1:1 personalized knowledge, advice and support from a current health professions student, and formed a novel, relevant, and invaluable connection¹.

What lessons were learned:

Since 2016, ReMBC has reached hundreds of students across BC and has inspired and supported many of them to pursue health professions¹, even through the pandemic, leading us to consider

how the lessons we learned could be generalized to address the systemic barriers of in-person outreach.

Program uptake was most successful when we allied with high schools, and was crucial for overcoming issues with participant access to technology. However, getting schools to buy in was challenging. One key to forming sustainable relationships with schools was offering flexible participation. Asynchronous written communication between dyads removed scheduling constraints, and schools had agency over when to offer the program, participation length, staff involvement, and were able to monitor students' progress.

Meeting schools' needs also increased engagement. We designed ReMBC to supplement career education, including creating a semi-structured curriculum with discussion prompts and activities informed by career education courses. We also incorporated topics that mentees valued and wanted to discuss, including addressing commonly discussed barriers to pursuing health professions education, like finances, grades, length of schooling, and moving to an urban area for school.

Once schools were recruited, engaging mentees was the next challenge. Matching dyads based on their backgrounds and preferences improved engagement, especially in participants from equity-deserving backgrounds, and fostered meaningful relationships that sometimes even continued beyond school requirements. We were able to find compatible matches for mentees by offering flexible involvement for mentors, enabling us to easily recruit a diverse pool of mentors and overcome mentee capacity issues. Though longer-term data is being collected, we believe these longitudinal connections will sustain student interest in health professions in a way that short-term outreach initiatives, such as presentations, camps and events, cannot.

Based on ReMBC's experiences, we advise programs considering using online mentoring for recruitment to: ally with high schools by meeting their needs, create a curriculum that addresses the barriers to pursuing health professions as identified by your participants, and to create compatible matches by offering flexible involvement to mentors. By providing equal access to educational and career support, online mentoring can, over time, promote diversity and retention of health professions students.

1. Oshiro J, Wisener K, Nash AL, Stanley B, Jarvis-Selinger S. Recruiting the next generation of rural healthcare practitioners: the impact of an online mentoring program on career and educational goals in rural youth. *Rural and Remote Health*. 2023; 23(3).

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