ID #: 14ME

Belonging, Wellness, and Institutional Culture: Exploring the Impact of Peer Mentoring on Medical Students with Disabilities

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ABSTRACT

Objectives
- Examine whether disability-affirming peer mentoring may support belonging, well-being, and inclusion among first-year medical students at CUSM.

Methods
- Ongoing mixed-methods pilot study using surveys and interviews; analyses were descriptive only.

Results
- Preliminary findings showed high scores across belonging (4.14), wellness (4.41), inclusion (4.14), and support (4.23), with qualitative themes of reduced isolation and increased support.

Conclusions
- Early findings suggest disability-affirming peer mentoring is feasible and may support belonging in medical education.

INTRODUCTION

This ongoing pilot study uses survey and interview data from first-year medical students at California University of Science and Medicine (CUSM) to examine whether a disability-affirming peer-mentoring program may support belonging, well-being, and perceived institutional inclusiveness. It also explores experiences related to stigma, disclosure, mentorship, and identity development. It was hypothesized that mentorship would be associated with more favorable perceptions of belonging and support.

- Disability is a common but underrecognized dimension of diversity in medical education.[1]
- More than 1 in 4 U.S. adults live with a disability, yet disability remains under-disclosed in medical training.[1,2]
- Low disclosure may reflect stigma, fear of bias, and procedural barriers, which may contribute to isolation, reduced well-being, and lower belonging.[1,3]
- Mentorship has been identified as a promising support strategy for learners with disabilities.[4]
- There is limited research on disability-specific peer mentoring in medical education.[4]

METHODS

RESULTS

Table 1. Study Characteristics of Interim Participants

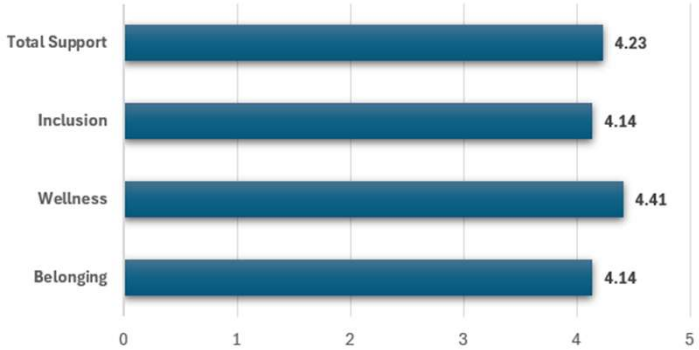
Characteristic	N	Percent
Age		
22–24	6	55%
25–29	4	36%
30–34	1	9%
Sex		
Male	7	64%
Female	4	36%
Disability Disclosure		
Yes	6	55%
No	5	45%
Disability Category		
ADHD	3	27%
Chronic Condition	1	9%
Physical/Learning	1	9%
Preferred Not To Disclose	1	9%
LEEDS Mentorship Participation		
Yes	3	27%
No	8	73%

Interim sample n = 11. Disability status and LEEDS mentorship participation were separate variables. Disability category percentages are based on the full sample.

Figure 1. Preliminary Qualitative Themes from Interview Responses

Illustrative quotations are de-identified excerpts selected to represent preliminary themes from semi-structured interview responses.

Figure 2. Preliminary Mean Scores Across Study Domains



Bars represent mean scores for the interim sample (n = 11) on a 0–5 scale. Comparisons between mentored and non-mentored students were not performed at this stage.

CONCLUSIONS

- This pilot demonstrates the feasibility of studying disability-affirming peer mentorship in medical education.
- Early descriptive findings suggest potential benefits for belonging and perceived support.
- Preliminary findings are consistent with prior literature highlighting belonging and mentorship as important elements of inclusive learning environments[3,4,5].
- Qualitative themes suggest reduced isolation and stronger support.
- Recruitment is ongoing, so conclusions remain preliminary.
- The small sample and low mentorship participation limit interpretation.
- Larger follow-up samples are needed before comparative claims can be made.
- Next steps include completing recruitment, expanding qualitative coding, and testing mentored vs non-mentored differences.

CLINICAL IMPLICATIONS

This work may inform low-cost, replicable strategies to strengthen disability inclusion in medical education beyond accommodation compliance. Improving belonging during training may strengthen institutional culture. Better support for disabled learners may help build a more inclusive physician workforce. This may have downstream implications for accessibility and patient-centered care. These implications are promising but not yet confirmed by the current preliminary sample.

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ACKNOWLEDGEMENTS

We thank the CUSM LEEDS Office for administrative support and guidance, and we are grateful to the mentors and student participants whose time and perspectives made this pilot possible. We also acknowledge the CUSM study team for project development, recruitment, and analysis.