Family Medicine Updates

MENTORING IN FAMILY MEDICINE EDUCATION

Teaching. Coaching. Advising. Mentoring. Mentoring is, and should be, different. Mentoring should reflect a gift of time that for some may span decades. Mentoring is about more than "giving advice," it should encompass motivation and empowerment that stems from truly understanding the mentee. It can be an opportunity to hold up a mirror for another to see themselves and who they can become.

As leaders in academic family medicine, we are concerned with the decreasing tenure of senior leaders and unfilled junior faculty positions. The transition of talent from education to corporate leadership can be alarming. How are we as a profession going to pass on the wealth of expertise? How will we ensure our oral history survives the technology generation?

Research in academic medicine indicates that mentoring has an important impact on career choice and guidance, faculty retention, as well as personal development.[1] Though the research is limited, less than one-half[2] of faculty nationally report having a mentor. These studies don't discriminate between formal and informal mentoring, nor the length of these relationships. The reasons for the paucity of mentoring in academic medicine are varied. The demand for increasing revenue generation increases demands on clinical time, resulting in less time for professional development. Faculty researchers and faculty administrators are also finding more of their available time claimed by the demands of funders and sponsoring institutions, leaving professional development as a passing priority.

Fewer than 50% of physicians self-identify as having a formal mentor. Yet, most family physicians can reflect on the teachings of an adored teacher, advisor, or coach. In fact, most of us chose the path of family medicine because of these experiences. Information can easily be passed on by books or through electronic media, but the real value of who we are as a profession is much more than what we know; it is what we do. To grow the influence of family medicine and in kind, provide the health care our nation needs, we must focus our efforts on those who teach family medicine. As family physicians we train our residents to see patients as people. Our mission as teachers of family medicine is to teach and encourage students and residents to build lasting relationships based on trust and transparency with those who seek their care. Please, continue to teach, advise, and coach but open yourself to mentorship. A mentor relationship is powerful and special. It should be chosen, not assigned. Open yourself and use the experience as a two-way mirror. Reflect your history, your path, your joy to show the way to our future. As teachers of family medicine, we owe our faculty colleagues nothing less. The AFMRD will be working on developing mentorship resources and programming in the next few years and encourages all our members to engage in these endeavors.

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References

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2. Palepu A, Friedman RH, Barnett RC, et al. Junior faculty members' mentoring relationships and their professional development in U.S. medical schools. *Acad Med.* 1998;73(3):318-323.

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THE EVERYONE PROJECT UNVEILS IMPLICIT BIAS TRAINING GUIDE

Implicit bias has been proven to be widespread among health care professionals, leading to negative patient outcomes.

Exacerbating this problem is the fact that formal medical education and training often lacks curriculum on identifying and reducing implicit bias in clinical practices. Faculty looking to incorporate this training into their programs can face barriers that include limited subject matter experts, few mitigation strategies in practice for participants to observe and demonstrate,