

Family Medicine Updates



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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-half² 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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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,

and little availability of patients who can share experiences of encountering implicit bias in clinical settings.

This led The EveryONE Project from the AAFP to introduce its comprehensive Implicit Bias Training Guide, available at <https://www.aafp.org/implicit-bias>, to promote awareness of implicit bias among primary care physicians and their practice teams, and provide resources for instructing health care professionals on how to reduce its negative effects on patients.

Training Guide Components

The Implicit Bias Training Guide includes a facilitator's guide that provides an overview of what implicit bias is and how it operates in the health care setting.

The resource also offers a participant's guide that allows learners to follow along with activities that include self-assessments, case study examples, small-group discussions, and the development of a post-training implementation plan.

In a series of videos that can be shared during training, people who are minorities, LGBTQ, or amputees communicate the harms of implicit bias from their perspectives as patients who regularly experience bias.

The Implicit Bias Training Guide also includes customizable PowerPoint presentations to help family physicians adapt implicit bias training by audience and setting, covering:

- an overview of implicit bias
- science and health effects of implicit bias
- mitigation of implicit bias in clinical practice
- creation of a safe and inclusive learning environment

And in the near future, Implicit Bias Training Guide users will be eligible for CME through the AAFP Credit System.

When participants complete the guide's training, they should have a better understanding of the science of implicit bias and its effect on patient health, be more self-aware of implicit biases, and demonstrate a commitment to incorporate mitigation strategies into practice.

Family Physician's Perspective

Andrea Westby, MD, of Minneapolis, who contributed to the Implicit Bias Training Guide, told *AAFP News* that it's essential for physicians and all health care professionals to understand that everyone has implicit biases.

"We cannot be completely unbiased or objective because that's not the way that socialization works or how our brains work," she said. "Implicit bias training, like this toolkit, is really important, as implicit bias impacts how we interact with each other, patients and families, and influences our research and artificial intelligence."

Westby, who teaches family medicine in the University of Minnesota North Memorial Family Medicine Residency Program, said that although everyone has biases, physicians shouldn't just accept them and move on.

"We have a responsibility to do something about these automatic biases, which will improve the way we care for individuals and help us change policies and structures that lead to inequities," she said. "The toolkit highlights strategies to decrease the effects that biases have on decision-making and patient care, but to use these tools, we need to be able to be aware and admit that biases exist."

It's known that stigma and systemic oppression affect health, Westby said.

"By learning to identify how stigma, bias and oppression are perpetuated in the medical system, family physicians can work to effect positive change for patients and communities, individually and systemically," she added. "Our practices can then truly become the healing centers that we imagine them to be."

Westby said she personally finds that case examples, such as the ones provided in the participant's guide, help to illustrate the importance of addressing bias in clinical settings.

"In my experience, real-world cases and outcomes really drive home the teaching points and the negative effects on patient care that happen as a result of biases," she said. "Additionally, the reflective practices about personal identity and exercises in mindfulness are really valuable, as they give participants space to explore their own identities and experiences."

Furthermore, Westby said that considering the extent of socialization in medical training shows why learning about implicit biases and how to address them early in medical training is ideal.

"Medical trainees can learn to identify and address biases before they are ingrained into their practice," she added.

Finally, Westby said it's important to note that recognizing implicit bias and participating in implicit bias training are only part of the process that family physicians need to understand and engage in to provide optimal person-centered care that is culturally safe and effective.

"This type of training is really important and will hopefully start or continue an educational plan for clinicians in the US, but our work does not end here," she said. "Every person deserves safe, appropriate and effective care without fear or stigma, and in order to do this, we need to do our work."

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