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From the Association of Family Medicine Residency Directors

Ann Fam Med 2010;8:373-374. doi:10.1370/afm.1154.

THE FAMILY MEDICINE MATCH: BULL MARKET OR DEAD CAT BOUNCE?

This year's national Match Day results were somewhat encouraging to America's family medicine residency program directors. This year, 73 more training slots in family medicine were offered than last year[1] and US seniors filled 98 more positions than in 2009. However, only 7.3% of US medical school senior applicants matched with a family medicine residency program, and US schools are still producing fewer US family medicine residency entrants (only 44.8%) than medical schools of other nations. To put it in perspective, since 1999 the total of family medicine positions offered in the match has declined 635 positions (from 3,265 to 2,630), and filled positions have decreased 293 (from 2,697 to 2,404) as the nation struggles with exploding health care costs and access to primary care.

Medical school Web sites trumpeted this year's outcome, however. One Boston-based school wrote that 50% of their just-matched class are "headed into primary care specialties, including internal medicine, pediatrics and family practice [sic]."[2] The AAMC put out 2 press releases on Match Day[3,4] stating,

> The AAMC is extremely encouraged that more graduating US medical students this year chose primary care for their residency training. The increases for family medicine, internal medicine, and pediatrics in this year's Match are welcome steps in the right direction for improving our health care system and our nation's health.[4]

Family medicine program directors do not seem to be as sanguine as the AAMC and many of its member institutions. Perhaps it's because, according to a 2008 study published in the *Journal of the American Medical Association*, only 2% of medical students choosing internal medicine were planning on becoming general internal medicine physicians.[5] Hopefully it is not lost on medical school deans that entry into an internal medicine or pediatrics residency does not insure that the ultimate product is a primary care physician.

To use a stock market analogy, is this the beginning of a bull market for student interest in family medicine or in reality only a "dead cat bounce" (a small uptick after a precipitous fall)? Are we more likely observing a halo effect resulting primarily from the widespread coverage of health care reform and spotlight on our nation's primary care crisis during the past year?

What is the responsibility of American medical schools and our hospital-based graduate medical education system to produce actual "in-the-trenches" primary care physicians anyway? Long-term workforce trends in primary care, internal medicine, and pediatrics are problematic to meeting our nation's primary care needs. Only 7.3% of US seniors choosing family medicine will clearly not get it done either, nor will use of retail clinics, independent nurse practitioners, and other workaround strategies, all touted to be solutions.

We believe medical school deans need to take a much more proactive leadership role in disinfecting the often toxic medical school environment that prospective generalists currently need to endure before choosing a primary care career.

Additionally, current Medicare GME caps are hospital-specific but not specialty specific. Decisions about the size and type of residency programs are largely determined by hospital CEOs who report to boards and/or shareholders. Hospital CEOs are judged primarily by the financial performance of the institution in a health care system that still rewards subspecialty and procedural care and the ability to bring in research funding. Additionally, there is currently much less accountability on quality and health outcome indicators of the population served by the institution than these consumption-driven revenue streams. New models of primary care-oriented sponsoring institutions such as teaching community health centers need be explored and supported.

America's family medicine residencies can produce a primary care workforce that will cut health care costs and improve outcomes if given the support. As recently-enacted national health care reform begins, real physician workforce reform to create realignment via better use of public dollars is essential. Making US medical schools financially accountable for their inherent social (and fiscal) contracts with the public and

insisting on accurate reporting of projected primary care physicians coming from our schools would be important first steps.

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From the North American Primary Care Research Group

Ann Fam Med 2010;8:374-375. doi:10.1370/afm.1155.

THE IMPORTANCE OF MENTORSHIP FOR SUCCESS IN FAMILY MEDICINE

Mentorship can play a large role in a family physician's personal and career development. Furthermore, by building a better and more productive work force, mentorship can shape the field of family medicine as it builds a niche within academic medicine and the research arena. The purpose of this brief article is to highlight the importance of mentorship, identify its major components, and address a few individual and institutional barriers to mentorship and steps to overcome them.

Mentorship is a type of formal social support that is important for medical professional development for both career selection and advancement.[1,2] Social support can be categorized into 4 types: (1) Emotional support—providing empathy and trust, (2) Instrumental support—providing concrete assistance, (3) Informational support—providing advice and information, and (4) Appraisal support—providing constructive feedback and encouragement.[3,4] Although each type of social support is important, mentors should not feel like they need to provide all 4 types. Often fellows and beginning academic clinicians create their own networks of several mentors who offer complementary types of support. Some mentors can have very specialized skills important for a specific project, while others can develop a trusting relationship that spans a mentee's entire career. Each mentor relationship is important to the mentee's development and can fit together with other experiences to complete the jigsaw puzzle that is their career. While providing mentorship during an individual's official education and training is common, it is important to continue seeking and offering mentorship in the early career years and beyond. Mentorship plays an important role in the success of early careers, particularly in academic medicine.[5]

Academic physicians, unfortunately, may be hesitant to provide mentorship, perhaps because they feel they do not have enough experience or time. Mentees, however, need mentors with varied levels of experience. More experienced mentors provide perspective and opportunities, while less experienced mentors, who have just completed the work that the mentee desires to accomplish, can provide more direct assistance. Often less experienced mentors, even someone who is simply 1 year more advanced than the mentee, can provide crucial and more up-to-date advice. Even if mentors have limited time, just spending a short 30 minutes with a mentee can be very helpful. Mentors can provide as much or as little time as they have available; the key is to be up-front with the mentee about how large a role one can feasibly play. Newer faculty should also note that the role of mentee and mentor can be held simultaneously, just as during medical training the roles of both student and teacher are often held simultaneously. Experience with one role can strengthen the other.

Although mentorship is usually provided at an individual level, the benefits are seen at both the individual and organizational levels. Therefore, organizational changes should be made that promote mentorship within a department by removing institutional barriers and incentivizing mentorship. This is especially important if we desire to improve the research capacity of family physicians. Even if family physicians are provided with similar research training as pediatricians and internal medicine doctors, they receive less mentorship after fellowship, are less likely to hold clinician/researcher faculty positions, and publish fewer articles per year.[6] If we desire to increase the participation and productivity of family medicine in research, then we have to ensure that we are building a strong foundation, and that cannot be done without providing mentorship to new researchers.

The North American Primary Care Research