

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

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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

Group (NAPCRG) is taking steps toward this end through the development of a new mentorship workshop and program that creates opportunities for long distance mentorship for protégés who cannot find local mentors. The goal of the program is to “increase the number, quality, efficiency, and productivity of research mentors in family medicine.”⁷ The Grant Generating Project, funded by the Society of Teachers of Family Medicine, the American Academy of Family Physicians Foundation, and NAPCRG, is an opportunity for education and mentorship for new researchers who may not have local assistance for their research activities. While these programs are great resources, individual departments should also expect and support mentorship among their faculty by providing protected time for research and mentoring. Until we establish a stronger research presence within each family medicine department, we should continue to develop opportunities for long distance mentorship and look to our experienced colleagues in other departments.

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FOR PRACTICES LARGE AND SMALL, HERE'S GOOD NEWS ABOUT THE PATIENT-CENTERED MEDICAL HOME

Even with the growing popularity of the patient-centered medical home (PCMH) model of care, some family physicians still think the rewards of transforming their practices into PCMHs are not worth the cost and effort. But if you are one of those family physicians, I encourage you to think again. Recent PCMH developments, including a new TransformMED program designed to help small physician practices transform, may inspire you to change your mind.

TransformMED, which is an independent subsidiary of the AAFP, has been working hard to develop the PCMH as a viable model of care for family physicians and to provide resources to help practices transform to the model. We've been involved in many PCMH pilots across the country, working with insurers, large medical groups, integrated hospital systems, federally qualified health centers, and most recently, a Medicaid program.

As CEO of TransformMED since its inception a few years ago, I've had my fingers on the pulse of the PCMH movement. Today, I'm more optimistic than ever about the potential of that movement and about the ability of family medicine practices, including small practices, to become successful medical homes. Here's why.

Impressive Results

Although the Medicare medical home demonstrations and some other PCMH projects have only recently gotten off the ground, several other groups experimenting with the PCMH model have begun to report impressive results. A briefing paper from the Patient-Centered Primary Care Collaborative summarizes key findings from several of these projects, many of which were conducted in large, integrated-delivery systems.

The briefing paper's bottom line is, "Evaluation findings consistently indicate that investments to redesign the delivery of care around a primary care PCMH yield an excellent return on investment." Quality of care, patient experiences, care coordination and access are demonstrably better, the paper says, and emergency room visits and hospitalizations are reduced. Cost savings, "at a minimum, offset the new invest-