Letters to the Editor

Karl Miller, MD
Editor, Letters to the Editor Section

Editor’s Note: Send letters to the editor to karl.miller@erlanger.org or to my attention at Family Medicine Letters to the Editor Section, University of Tennessee, Chattanooga Unit, Department of Family Medicine, 1100 East Third Street, Chattanooga, TN 37402. 423-778-2957. Fax: 423-778-2959. Electronic submissions (e-mail or on disk) are preferred. We publish Letters to the Editor under three categories: “In Response” (letters in response to recently published articles), “New Research” (letters reporting original research), or “Comment” (comments from readers).

In Response

Breaking Through the Glass Ceiling

To the Editor:

I am writing a letter in response to the article by Smith et al1 regarding nondisparities in promotion rates between whites and nonwhites. The authors used a follow-up survey to obtain information on promotion rates after completion of a primary care faculty development program.

I agree with several points made in the article. Without taking multivariate analysis into account, the authors found that promotion rates for men and women were equivalent, but there was a discrepancy in the promotion rates of minorities compared with whites. After accounting for age, initial rank at the start of the faculty development program/fellowship, and type of appointment (academic versus clinical), the authors stated the discrepancies were minimal.

The authors limited the study by only analyzing promotion rates of participants in academia less than 5 years and more than 6 years. Previous studies demonstrated less-frequent promotion rates of minorities when compared to whites.1 It would therefore have been extremely informative if the authors had included data making direct comparisons of whites versus nonwhites with the same number of years in academia and recorded the time to promotion. Though the promotion rates were equivalent by follow-up, the following question arises—what was the time in years to promotion for whites versus nonwhites?

The authors also made an interesting point that women and minority participants in clinical roles were less likely to be promoted given that they had fewer publications and less research time and opportunity. I believe that as educators, it is our role to make students and residents aware of research opportunities and adequately prepare them to pursue their areas of interest and enhance advancement in their specialties. Faculty development programs/fellowships will play a vital role in the future for women and minorities by increasing these very opportunities.

Vibhuti Ansar, MD
The Medical Center Family Medicine Residency
Columbus, Ga

New Research

Do Morbidity and Mortality Conferences Still Have a Role in Family Medicine Residencies?

To the Editor:

Morbidity and mortality (M&M) conferences are utilized in family medicine residencies for educational purposes, but do they address the Institute of Medicine’s (IOM) concerns for quality improvement1,2 or the Accreditation Council for Graduate Medical Education’s (ACGME) learning objectives (ie, practice management and quality improvement)?3 To begin to answer this question, we surveyed 456 program directors of accredited US family medicine residency programs to ascertain the current state of M&M conferences. We asked if programs offered these conferences, how often, what topics were typically covered, and who planned, presented, and attended them. By gathering this information, we hoped to be more informed to comment on the role of M&M conferences in quality improvement.

Seventy-one percent (322) of the directors responded, and 63.6% (205) of the responding directors reported having M&M confer-

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