

Making It Personal; Mentoring Future Family Docs

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*“Teach your children well,
And feed them on your dreams
The one they picked, the one you’ll
know by.”¹*

January is National Mentoring Month, and the new year marks the official start of a campaign sponsored by the Society of Teachers of Family Medicine (STFM) to encourage family physicians and family medicine educators to mentor premedical students for a career in family medicine. The program is called “Future Family Docs,” and the new Web site will be rolled out this month at www.futurefamilydocs.org.

Our Society’s Special Task Force on the Future of Family Medicine (FFM) set “increasing the pipeline” of family physicians as a special priority. It’s important that we all consider contributing in a significant way to this effort.

No, the story is not new. The concern over the decrease in graduating medical students who choose family medicine has been with us for some time. We have had a decline since 1997 of Liaison Committee on Medical Education (LCME)-trained fourth-year students who match in family medicine residencies. Approximately

8.4% of the 16,066 graduates of US medical schools between July 2004 and June 2005 were first-year family medicine residents in 2005, compared with 9.2% in 2004 and 9.3% in 2003.² International medical graduates made up 35.5% of first-year residents in 2004 and 38.4% in 2005.²

There have been considerable efforts by the American Academy of Family Physicians (AAFP) to support medical student interest, most notably, a consistent, strong recognition for the value of family medicine interest groups (FMIGs) at the department level. The AAFP has also funded research directed at the reasons for interest (or lack thereof) in family medicine.³ Others within the family have developed initiatives related to student interest, and STFM has the lead responsibility for the FFM Recommendation #8, “Promoting a sufficient family medicine workforce.”

The focus of our efforts center on premedical school recruitment, particularly for ethnic underrepresented students and students of rural origin.

It is time for a “call to action” for family physicians and family medicine educators. We must make the job of mentoring students for careers in family medicine personal and real. Let’s begin a vigorous effort, a campaign to share who we are and what we do with students, of every age. Let’s “recruit our replacement, plus one.”

We have debated and studied. The debates and studies will con-

tinue, the comprehensive, evidence-based program may be some years off. We can begin programs of discovery and experimentation. We can continue and share successful programs. We can work with partners who share our interest. Let the mentoring begin!

This campaign requires optimists. We apologize for any frayed cynical nerve ending that we may expose. But as Joe Scherger, MD, MPH, has reminded us, “This will require generation of strategic optimists, a generation with more dreams than memories, . . . a generation that wakes up each morning and not only imagines that things can be better but also acts on that imagination every day.”⁴ There are still many of us, probably most of us, who feel grateful for the privilege of practicing family medicine. If we can share our enthusiasm more openly, more purposefully, more generously with our young patients, it will bring even more meaning to our days.

The champions of this project have been Janice Benson, MD; Terry Steyer, MD; Charles Mouton, MD, MS; and Stacy Brungardt, CAE. They and their colleagues, Terri Kulie, MD; DeDe Willis, MD, MBA; and Carman Whiting, MD, have done the research, made the connections, and delivered the Web site. It will include a “toolkit” (doesn’t every project?) that will collect, inventory, and convey resources, best practices, and inspiring stories on mentoring students for a career in family medicine. Most notably,

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it will include resources for mentoring programs at the premedical, high school, middle school, and elementary school levels. It has simple, powerful ideas to share. We would welcome and be grateful for your good ideas in exchange. It will have a search function that connects to the Family Medicine Digital Resource Library (FM-DRL) at www.fmdrl.org. It will link to other resources sponsored by organizations that share overlapping missions, including the Association of American Medical Colleges, National AHEC Association (Area Health Education Centers), and www.mentoring.org, an excellent resource on effective mentoring.

Like family medicine, mentoring is both a science and an art. Effective mentoring may take up to 4 hours per month, for at least 9 to 12 months. So, why, when resources are so tight, would we launch a program that involves more volunteer time and more energy and has an unknown and possibly low “pay-off?” I guess it depends on what we would consider a payoff. If medical students come from rural areas, communities of color, or immigrant communities, they are more likely to choose family medicine and become important health resources and leaders in their communities.^{5,6} Any program may have long-term benefits “down the pipeline” for the individuals and community, even if family medicine is not their ultimate career choice. One AHEC program documented that 65% of the students in their pipeline pro-

gram are working in some type of health career.

It has become personal; it has become a mission within me, to offer the children in my practice practical advice on getting into a health career. I had just never thought of it as mentoring. It was a little volunteer time here and a brief recommendation there. It was an off-hand comment like “I hope your grades are good enough to get you into medical school so you can take over my job and I can retire.” It was the thought that it was somebody else’s job to interest my patients in a career in family medicine or medicine at all. Wasn’t it self-evident that medicine was a great job?

But the “right” students may need help in getting into college and medical school. Even with a 15%–30% increase in medical school class size, there is no guarantee that admission committees will take students any different than the ones they take now. Research shows an increasing gap between the economic (and therefore educational) background of medical school entrants and “regular people.” Our children can get into medical school, but the children in our practices in rural or urban medically underserved communities are much less likely to successfully attain the goal.

So will a Web site change the world? No, but a generation of family physicians who know what it is to love their job, enjoy their life, and walk in the right path can

simply share what they do with a student or two. That is what it will take, that is all it ever took. We forget that. I look forward to reading your stories, seeing your pictures, and meeting your former patients at STFM meetings! We can be the change we want to see in the world and share that with our children, all of them. We can “*teach our children well and feed them on our dreams. The one they pick . . .*”

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