

New Research

Mentoring and Career Transition Needs of Senior Faculty in Family Medicine

To the Editor:

In 2008, 23% of the 4,810 members of the Society of Teachers of Family Medicine (STFM) were 55 years of age or older. We sought to identify the mentoring and career transition needs of senior faculty in family medicine, so we developed a Web-based questionnaire asking subjects about basic demographic information, leadership positions, retirement plans, career transition issues, career satisfaction, mentors, and other issues relevant to being a senior faculty member. We gained IRB approval, and STFM sent the survey electronically to all 1,108 STFM members who were over the age of 55.

One third of eligible subjects provided responses. Two thirds of respondents were males and one third females. Two thirds of respondents were employed in academic medical centers or university-based residency programs; the other third were employed primarily in community-based practices or hospitals. A majority of respondents had served in academic leadership positions, with a third having served as a clinic or program director and nearly a third having served as chair.

Retirement Plans

Fifty-five percent said that they had considered pursuing other options or a career transition during the previous year, and two thirds planned to retire by age 66, although the majority hoped to remain active in their profession after retirement.

Mentors

About half identified colleagues who had served as career mentors. While significantly more women reported having colleagues as ca-

reer mentors than did men, women reported significantly more difficulty than men in finding mentors. Fifty-four percent of respondents reported that their most helpful mentors were colleagues at institutions different from their home institution or department.

Career Satisfaction

Forty-three percent of respondents reported some degree of career dissatisfaction; males employed in academic settings were significantly more likely to express a level of dissatisfaction compared to community-based male respondents.

Planning Issues

Respondents identified their most important planning issues as retirement and financial planning, finding a new direction or special "niche," and balancing their career and life priorities. Their most significant needs were more time for family and personal activities, making a contribution to the profession, and mentoring the next generation. They expressed concerns about work-life balance in relation to the physical and mental limitations of age and identified concern about maintaining their clinical skills and keeping current.

Conclusions

As the age of family medicine academic faculty continues to increase, our discipline needs to examine its roles and professional needs. STFM should consider organized support programs that could benefit both senior academics and those who are moving into that career stage by continuing this intergenerational conversation that is part of the historical continuity of family medicine.

Acknowledgment: In memoriam for Jack Rodnick, MD, and Carole Bland, PhD.

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Rocking Chair and Empathy: A Pilot Study

To the Editor:

The undergraduate and graduate medical education professional organizations and medical education leaders advocate educational programs to enhance empathy among physicians in training.^{1,2} Enhancement of empathic skills is particularly important in graduate medical education where physicians in training begin caring for their patients without direct supervision.

Recent studies on changes in empathy during undergraduate and graduate medical education present a gloomy picture of erosion of empathy as trainees progress through medical training.^{3,4} This trend is especially critical for specialties that require sustained medical care and face-to-face patient-physician relationships such as family medicine.

The Rocking Chair Project (RCP), a nonprofit organization based in Woodbury, CT, was initiated in response to a need to enhance patient-physician relationships and empathic engagement in patient care in family medicine postgraduate training programs. In partnership with the American Academy of Family Physicians (AAFP) Foundation and local family medicine residency programs, volunteer residents in the RCP are given the opportunity in the second year of their training to choose one of their indigent pregnant patients who is in the second trimester of pregnancy to receive the free gift of a glider rocking chair. Shortly after the baby is born, the chair is delivered unassembled to the mother's home. During a home visit in the postpartum period, the resident assists assembling the

chair while talking with the mother in a friendly manner about child care and well-being. The resident responds to the mother's questions, makes assessments of the home environment, and provides recommendations to the mother about early baby care and its effects on physical, mental, and social development (more information about the RCP is posted on www.rockingchairproject.org).

Methods

In this pilot study, we attempted to assess the effectiveness of the RCP by examining changes in scores of the Jefferson Scale of Physician Empathy (JSPE)^{5,6} in a pretest-posttest design. The study was approved by the research ethics committee of the AAFP Foundation and the participating residency programs. The residents in the participating programs, on a voluntary basis, completed the JSPE (pretest) online in the summer of 2008 and again in the summer of 2009 (posttest).

Results

Fifty-seven residents from 16 programs completed the pretest, and 18 residents completed the posttest. Thirteen residents identified themselves in the pretests and posttests. Ten of them made home visits, and three did not volunteer to participate. We observed an impressive increase of one standard deviation unit in the scores of the JSPE among the residents doing home visits ($P < .01$, by correlated t test), and a decline in the scores of residents not doing home visits. Eight of the 10 residents doing home visits obtained higher JSPE posttest scores; two had unchanged pretest-posttest scores.

Discussion

Despite the study limitations (sample size, lack of control group), these preliminary results are impressive, suggesting that a single intervention can enhance empathic

understanding. These findings encouraged us to design an ongoing 3-year longitudinal study with a larger sample size and inclusion of control groups to examine the short- and long-term outcomes of the RCP.

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Rapid Estimate of Adult Literacy in Medicine: Feasible by Telephone?

To the Editor:

Prior research has demonstrated that health literacy is relevant to patients' abilities to understand informed consent procedures for medical treatments and clinical research. In preparation for a multi-site study to test simplified approaches to informed consent in clinical research, we assessed the feasibility of administering a widely validated health literacy measure, the Rapid Estimate of Adult Literacy in Medicine (REALM), by

telephone. The REALM is a word recognition and pronunciation test in which participants read aloud a list of 66 health and medical-related words to generate a reading grade-level-equivalent score.¹ This test has been validated for in-person administration but not for use by telephone, limiting the study settings in which it can be used.

Methods

To examine the feasibility of telephone administration of the REALM, we recruited participants from an urban outpatient internal medicine clinic serving primarily low- to middle-income individuals of African American descent. Individuals who agreed to participate were escorted to a clinic room with a telephone and study binder containing a laminated REALM instrument (25-point bold Arial font list of the 66 words). Participants were instructed to call a phone number, which was answered by a study team member. Participants' age, gender, and last grade completed were collected. Participants were asked to open the binder and sequentially read out loud the 66 words on the laminated sheet, consistent with usual methods for administering the REALM. The time required for REALM administration by telephone was recorded. Participants received \$5 upon completion. Validated scoring instructions from the in-person version of the REALM were followed. Descriptive statistics and correlations were examined using a Microsoft Access database. The study was approved by the Johns Hopkins Bloomberg School of Public Health Institutional Review Board.

Results

Of the 18 individuals approached, 16 agreed to participate. Ten participants (63%) were female; all 16 were African American. The average age was 52 years (range 32–72). Three had less than a 12th grade education, seven had