

## LETTERS TO THE EDITOR

## Peer Mentoring of Women Physicians

*To the Editor:*—The need to advance women in academic medicine has been reported, with emphasis on the need for new structures and broader visions for mentoring.<sup>1</sup> Surveys of women staff members at our tertiary-care academic medical institution agree with this assessment.

Our institution has conducted staff satisfaction and work-life balance surveys for all physicians several times. Disparate results for male and female physicians in a 2003 survey led to a follow-up survey later that year of 68 women physicians. Fifty-eight (85%) responded.

This second survey addressed underlying causes of dissatisfaction, including work versus home demands, clinical responsibilities versus academic aspirations, isolation at work, need for flexibility, partner-specific issues, and issues with division or departmental chair or work colleagues. Two major areas were identified as contributors to dissatisfaction among women physicians. Of all respondents, 93% identified work demands versus family demands as a major contributor (40% strong impact, 41% moderate to high, 12% moderate). Clinical practice demands adversely affected the academic aspirations of 84% (29% strong impact, 38% moderate to high, 16% moderate).

A follow-up meeting in January 2004 was attended by 47 women physicians (about 69% of those on staff). Further information was gathered with an electronic audience response system. Most of the 47 attendees were in their 40s (one-third in their 30s). Seventy-six percent were married or in a committed relationship; 47% were married to another physician or professional. Seventy percent had children; of those, 40% had children 6 years old or younger. Twenty-five percent were interested in childbearing within the next year. Fifty-eight percent worked full time, but 41% wanted to reduce their work hours. Although the academic rank of this group clustered at the lower levels (2% full professor, 5% associate professor, 44% assistant professor, 39% instructor), 83% were interested in academic advancement. To that end, 74% wanted an academic mentor. Thirty percent indicated an interest in being a work-life balance mentor, but most did not feel capable of being an academic mentor.

Many of these women physicians are actively building families and nurturing relationships, typically in partnership with another busy professional, which sets the stage for imbalance. Despite their busy personal and professional lives, they expressed an as-yet-unmet desire to progress academically.

In contrast to traditional dyadic mentorship, novel approaches may be required for academic advancement of women. We are exploring other models to facilitate academic progress and advancement of junior women faculty members in an institution without an adequate number of senior women academicians for one-to-one mentoring relationships.—**Anita P. Mayer, MD,<sup>1</sup> Janis E. Blair, MD,<sup>2</sup> Julia A. Files, MD,<sup>3</sup>**  
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## REFERENCE

1. **Pololi L, Knight S.** Mentoring faculty in academic medicine: a new paradigm? *J Gen Intern Med.* 2005;20:866-70.

## The PRIME Curriculum Clinical research training during residency: Response to Kohlwes et al.

*To the Editor:*—We read with great interest the article titled “The PRIME Curriculum. Clinical Research During Residency” by Kohlwes et al.<sup>1</sup> This article discusses an apropos issue and effectively addresses the importance of clinical research training along with internal medicine clinical training. However, we would like to comment on certain issues.

Firstly, we feel that the potential success of the PRIME curriculum has been underreported as recruitment of residents to this curriculum was strongly based on commitment to ambulatory medicine. This selection criteria excluded residents committed to a subspecialty career from involvement in the clinical research curriculum. Although published data on the volume of clinical and basic research conducted by residents contemplating subspecialty careers are lacking, it has been our experience that these residents have been prolific.

It would also have been nice if the authors were able to compare research productivity of residents in the PRIME curriculum with categorical internal medicine residents.

Secondly, the authors have not sufficiently addressed the issue of publication of case reports, one of the most common research activities conducted by medicine residents.<sup>2,3</sup> While case reports do not comprise hypothesis-based research and cannot substitute for it, they certainly play a crucial complementary role. This is primarily due to the fact that they can be published early when the hypothesis-based project is still in the preparatory phase. Consequently, it can be a confidence building step for residents by providing effective exercises in literature review, medical writing, poster presentation, and publication that will be critical to the success of a future hypothesis-based project later in their career.

Finally, we would like to add that providing clinical research training during internal medicine residency programs would require restructuring of the curriculum by replacing some of the inpatient rotations with outpatient rotations to incorporate the didactics of research methodology. It will be an important step toward the training of future academic clinicians.—**Naseema Gangat, MBBS,** *Division of Internal Medicine, Mayo Clinic, Rochester, MN, USA.*

## REFERENCES

1. **Kohlwes RJ, Shunk RL, Avins A, Garber J, Bent S, Shlipak MG.** The prime curriculum. Clinical research training during residency. *J Gen Intern Med.* 2006;21:506-9.