

Do Mentors Matter in Graduating Pediatrics Residents' Career Choices?



Rachel A. Umoren, MD, MS; Mary Pat Frintner, MSPH

From the Department of Clinical Pediatrics and the Department of Pediatrics-Neonatology, Indiana University School of Medicine, and Regenstrief Institute, Inc (Dr Umoren), Indianapolis, Ind; and Department of Research, American Academy of Pediatrics (Ms Frintner), Elk Grove Village, Ill

The authors have no conflicts of interest to disclose.

Address correspondence to Rachel A. Umoren, MD, MS, 1050 Wishard Blvd, RG 5, Indianapolis, IN 46202 (e-mail: rumoren@iu.edu).

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ABSTRACT

OBJECTIVE: Little is known about the association between mentorship and career choice during residency in pediatrics. This study examines graduating residents with mentors who provide career advice and the relationship between having a mentor who is a subspecialist and having a subspecialty practice goal.

METHODS: National, random samples of 1000 graduating pediatrics residents were surveyed each year from 2006 to 2012; 4197 (61%) responded. Responses were pooled across years to examine mentor specialty and career goal at time of residency graduation. Multivariable logistic regression was used to examine relationships between mentor specialty and career goal at the time of graduation.

RESULTS: Most (87%) residents reported having a mentor who provided career advice during residency; the proportion linearly increased from 83% in 2006 to 87% in 2012; $P < .05$. Forty-five percent of those with mentors had a mentor who was a subspe-

cialist; 55% had a generalist as a mentor. Overall, 45% of residents had a subspecialty career goal at time of graduation. After controlling for career goal at the start of residency and resident characteristics, residents with a subspecialist mentor were more likely to have a subspecialty career goal at time of graduation (adjusted odds ratio = 5.25; 95% confidence interval, 4.41–6.25). Residents who were male, without children, without debt, not married, not minority, and from larger residency programs were also more likely to have a subspecialty career goal at the time of graduation from residency.

CONCLUSIONS: Almost 9 in 10 pediatric residents have a mentor who provides career advice. Although multiple factors shape decisions about careers, mentor specialty is one factor that might encourage residents to pursue fellowship training.

KEYWORDS: residents; mentors; career choice

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WHAT'S NEW

Nearly 9 in 10 graduating pediatrics residents reported having a mentor who provided career advice. When controlling for goals at the start of residency, graduating residents with a subspecialist mentor had 5 times the odds of having a subspecialty career goal compared with residents who had a generalist mentor.

MENTORS ARE INCREASINGLY recognized as crucial to success in the career development of young physicians.^{1–3} Surveys of program directors of graduate medical education programs report the proportion of programs offering mentorship vary from 49% in US Internal Medicine programs⁴ to 65% in Canadian postgraduate programs.⁵ When mentoring programs are available, the mentoring activities are often loosely monitored and the outcomes poorly evaluated.⁴

The Residency Review Committee for Pediatrics mandates that the program must provide a system to assist residents in career planning: “The individualized curriculum must be determined by the learning needs and career plans of each resident and must be developed through the guidance of a faculty mentor.”⁶ Although faculty advisers might fulfill this role, faculty mentors should match specific

expertise with a resident's needs or professional interests and are in a position to offer career advice.⁷ Successful mentoring relationships are characterized by reciprocity, mutual respect, clear expectations, personal connection, and shared values.⁸ Structured mentoring programs have been described in multiple specialties with outcomes of increased resident satisfaction, knowledge attainment, improved clinical skills, increased research interests, correction of deficiencies, and career advancement.^{7,9,10}

Although previous research indicates the benefit of mentorship during residency, little is known about the degree to which mentoring occurs in pediatrics residency programs and its effect on residents' career choices. Current shortages of pediatric specialists in many areas and primary care pediatricians in rural and other underserved areas have been reported,¹¹ which highlight the importance of understanding career choices and considering the strategic engagement of residents during training. The focus of this study was to explore the relationship of mentors who provide career advice during pediatric residency and the choices by graduating pediatric residents to pursue generalist or subspecialist careers. The objectives were to determine 1) the proportion of pediatric residents nationally who report having a mentor who provided career advice, and 2) the relationship between having a mentor

who is a subspecialist and having a subspecialty career goal at the time of graduation from residency.

METHODS

We analyzed data from 7 years of the American Academy of Pediatrics (AAP) Annual Survey of Graduating Residents, 2006 through 2012. Data have been collected with this survey each year since 1997, and findings have provided insight into resident characteristics, training, career intentions, and job search experiences.^{12–14} The survey is administered annually to a national sample of 1000 graduating pediatric residents during and after their last year of training (May through August). Residents are contacted up to 4 times through the mail and up to 4 times by e-mail, for up to 8 contacts. The e-mail includes a link to the online survey and the mailed survey includes a postage-paid return envelope. The surveys include core questions that are repeated each year and thematic questions that vary from year to year. This study focused on questions that were common across all 6 years including 1) resident characteristics, 2) having a mentor who provided career advice, 3) the mentor's specialty, 4) plan to practice primary care at the start of residency, and 5) career goal at time of graduation. Surveys for this study were approved by the AAP Institutional Review Board.

SAMPLE

In the years 2006 through 2012, 1000 graduating residents were randomly selected each year from an AAP database that includes residents from all US categorical pediatrics residency programs. Residents from combined training programs, such as Medicine and Pediatrics, were not included in each sample.

MEASURES

CAREER GOALS AT THE START OF RESIDENCY AND AT THE TIME OF GRADUATION

All residents were asked 2 questions related to their career intentions: 1) career goal at the start of residency: "At the time you first entered residency, did you plan to practice primary care?" and 2) career goal at time of graduation: "Please describe your future clinical practice goal." Response options for the first question included yes, no, and uncertain, and the second question included the following options: primary care, primary and subspecialty practice, subspecialty practice, hospitalist, and not entering clinical practice. Responses for the second question were categorized as follows: general pediatrics (primary care and hospitalist) and subspecialty (subspecialty and combined primary care and subspecialty) care; those not entering clinical practice were excluded from the analyses.

PRESENCE OF A MENTOR

To assess the presence of a mentor who provided career advice, residents were asked 1) if during their residency there was a physician who they identified as a mentor

and who provided career advice, and 2) the specialty of that individual. Individual mentor specialties were entered as open-ended responses by the resident.

Responses on mentor specialty were categorized as follows 1) No mentor, 2) generalist (general pediatrics, family medicine, internal medicine, hospitalist, academic medicine, emergency medicine [not including pediatric emergency medicine]), and 3) subspecialist (allergy, cardiology, critical care, developmental/behavioral pediatrics, adolescent medicine, endocrinology, gastroenterology, hematology/oncology, infectious disease, nephrology, neonatal-perinatal medicine, pediatric emergency medicine, rheumatology, sports medicine, surgery, anesthesiology, dermatology, genetics, neurology, pathology, psychiatry, toxicology, child abuse, other). If respondents identified 2 mentors including a generalist and a subspecialist mentor, they were coded to the subspecialist group.

ANALYSES

Data on sex and age were available in the AAP database, from which the sample was drawn. We used chi-square and t-tests to compare gender and age of the respondents to those of non-respondents to assess potential response bias.

Responses were pooled across years to examine resident characteristics, mentor specialty, and career goal on graduation. We used chi-square tests to examine the relationship between resident characteristics and having a mentor, and linear association chi-square tests to examine whether having a mentor changed across survey years.

Logistic regression was used to examine the influence of mentor specialty and resident characteristics on having a career goal of subspecialty practice at time of graduation, while controlling for career goals at the start of residency (primary care, no primary care, or uncertain). Other predictor variables included: survey year, sex (male or female), minority race (yes: Hispanic/black or African American/Native American, or no: white, non-Hispanic/Asian/other), marital status (married or unmarried), have children (yes or no), have educational debt (yes or no), medical school (in or outside the United States), and program size (≤ 15 or > 15 residents per class). Many of these characteristics have been linked to differences in career intentions.^{12,13}

The number of cases in each statistical analysis varied slightly because of missing values for specific questions. An α level of .05 was used to determine statistical significance.

RESULTS

Adjusted response rates to the survey varied from a low of 57% in 2010 to a high of 64% in 2012; the combined response rate was 61% ($n = 4197$). Most residency programs were represented within the study results by at least 1 respondent. The mean number of programs represented across the survey years (2006–2012) was 176; the total number of pediatrics programs reported in 2011 and 2012 was 198.^{15,16} There was no significant age difference between the study respondents (mean age = 31.4

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