Caregiver Support Critical to the Nephrology Workforce

By Bridget M. Kuehn

For Megan Prochaska, MD, MPH, a nephrologist and assistant professor of medicine at The University of Chicago Pritzker School of Medicine, Chicago, IL, working at an institution that supports her role as a caregiver of two young children has allowed her to thrive as a clinician-researcher. In addition to having a flexible culture that supports and values caregivers, she has been able to take a 12-week parental leave after the birth of each of her children.

“I can prioritize those things where and when I need to and not feel like I’m going to be punished or have negative consequences in my professional life,” she said. That flexibility has helped give her the comfort and confidence that she needs to simultaneously pursue her professional goals, she expressed.

That kind of support is essential, according to a pair of recent reports from the National Academies of Sciences, Engineering, and Medicine (NASEM). One report highlights the difficulties that physicians and scientists face in juggling the demands of their careers and caregiving for children, elders, spouses, or other relatives or being pulled between multiple types of caregiving (1). Women, particularly women of color, shoulder a disproportionate burden of these responsibilities and may be sidelined from careers in research and medicine without support, the report notes.

As many as 4 in 10 clinician-investigators leave their field within the first 10 years of being appointed to faculty, partly because caregiving is unsupported in their workplace (2). The second report lays out how institutions can better support caregivers (3).

“Early career is a very critical stage in terms of attrition from the biomedical research workforce,” said Rasheed Gbadegesin, MD, MBBS, FASN, a pediatric nephrologist, Wilburt C. Davison Distinguished Professor of Pediatrics, and Associate Dean for Physician-Scientist Development at Duke University School Medicine in Durham, NC. “This is a stage of life where so many things are happening: People are having families, and parents are getting older. In addition to clinical and research responsibilities, those caregiving responsibilities just show up.”

Across the country, programs and organizations are experimenting with different approaches to helping nephrologists and kidney disease researchers navigate their careers and caregiving responsibilities. These concepts include a push to make professional meetings more family-friendly, institutional support for family leave and flexibility, and efforts to provide supplemental funding for researchers facing.

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Early Medical Student Involvement Is Key to Bolstering Interest in Nephrology

By Tejwinder Sandhu, Olivia Schreiber, and Vinay Srinivasan

Nephrology fellowship programs continue to face challenges in filling positions, with only 66% of positions filled for the appointment year 2024 National Resident Matching Program Medical Specialties Matching Program, including medicine and pediatric specialties (1). Although several strategies have been proposed to improve recruitment along the nephrology trainee continuum, there is growing concern that demand may soon surpass the supply of the existing nephrology workforce (2–6). Fostering interest in nephrology at the resident level may be too late; therefore, we urge medical education leaders to invest more resources in early nephrology experiences for medical students to combat these alarming trends. Here, we highlight how engaging with medical students as early as the second year of medical school can both spark and maintain interest in the subspecialty.

In his second year of medical school, one of the authors (T.S.) encountered a nephrology mentor who developed a project for him—to create patient-centered materials on glomerular diseases and emerging therapeutics for the Glomerular Disease Study and Trial Consortium (GloemCon). Creating these educational materials ignited a deeper curiosity in nephrology for T.S.; his involvement with patient education, especially concerning emerging therapeutics, highlighted nephrology as a field teeming with diagnostic and therapeutic innovations, challenging in research and medicine without support, the report notes.

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Eating for kidney health
The latest dietary recommendations, plus emerging approaches from AI to K+.

CKCC model
Recent updates from CMMI aim to mitigate RTA effects.

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Going beyond duty-hour restrictions.
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the misconception that nephrology is a specialty with limited future prospects.

The second author’s (O.S.) interest in nephrology emerged from her personal experience with a loved one who received peritoneal dialysis for kidney failure. By the second year of medical school, O.S. discovered nephrology mentors who identified projects that suited both her interest in nephrology and science writing. She submitted a case report and literature review on fibillary glomerulonephritis and now contributes editorials for the GlomCon newsletter, a weekly publication reaching over 6000 nephrology fellows and attendings worldwide. The author participated in a month-long nephrology Visiting Student Learning Opportunities program during her fourth year of medical school and continues to tutor students in the preclinical nephrology course.

Both authors attended ASN Kidney Week 2023, yet another opportunity to expel the unfair position that nephrology lacks in diagnostic or therapeutic advancement. The authors’ stories send a compelling message that is lacking in the current literature: Early engagement in medical education is essential to sow the seeds so that the next generation of nephrologists may grow.

These experiences need not be unique. Medical educators must act now to maintain and augment the nephrology workforce. Young trainees may express early interest in nephrology for a variety of reasons; attending nephrologists can play a key role in maintaining students’ interest, both through mentorship and identification of personalized, appropriate-level projects. Faculty, with strong teaching skills and a willingness to use new teaching methods, should lead the nephrology-physiology course, as this course tends to “make or break” a student’s ability to envision a career in nephrology (7). They may also choose to advise a medical student nephrology interest group, effectively creating a “nephrology pipeline.” Medical students who rotate on a nephrology elective should be offered additional experiences in outpatient hemodialysis, peritoneal dialysis, glomerular disease, transplant, and other subspecialty clinics if available. The Table further outlines current opportunities for medical students interested in nephrology.

Expanding the resident nephrology experience is important and should be continued; however, work must begin early and continue throughout a medical student’s training to make a significant impact. Mentorship is the key agent in synthesizing specialists: the first two authors continue to engage in nephrology research, education, and patient outreach with encouragement from enthusiastic mentors. Practicing nephrologists know that nephrology does not just begin and end with hyperkalemia in patients with kidney failure; it is an exciting field that offers a wide breadth of pathology and opportunity to make a difference in patients’ lives. However, nephrologists alone will not be the ones to save their profession. Education leaders and faculty must recognize that to effectively combat the declining match rates, work must be done to engage medical students now so that they can envision a future career in nephrology.

The authors report no conflicts of interest.

Table. Overview of medical student opportunities in nephrology

<table>
<thead>
<tr>
<th>Program</th>
<th>Eligible audience</th>
<th>Description of program</th>
<th>Learn more</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nephrology Interest Group</td>
<td>M1, M2, M3, M4</td>
<td>The interest group offers mentorship, project identification, and physician panels for medical students interested in nephrology.</td>
<td>Home institution</td>
</tr>
<tr>
<td>ASN Kidney Students and Residents (STARS)</td>
<td>M1, M2, M3, M4</td>
<td>STARS is a program designed to stimulate interest in nephrology careers through tailored events and networking opportunities; participants also receive travel support and complimentary registration to attend ASN Kidney Week.</td>
<td><a href="https://www.asn-online.org/grants/travel/details.aspx?app=MSR">https://www.asn-online.org/grants/travel/details.aspx?app=MSR</a></td>
</tr>
<tr>
<td>ASN Kidney Tutored Research and Education for Kidney Scholars (TREKS)</td>
<td>M1, M2, M3, M4</td>
<td>TREKS offers a week-long research course and mentorship to medical students interested in nephrology.</td>
<td><a href="https://www.asn-online.org/treks/">https://www.asn-online.org/treks/</a></td>
</tr>
<tr>
<td>ASN Kidney Mentoring and Awareness Program for Students (MAPS)</td>
<td>Premedical, M1, M2, M3, M4</td>
<td>MAPS offers mentoring and kidney disease awareness programs for premedical and medical students who are interested in nephrology.</td>
<td><a href="http://www.asn-online.org/education/training/students/maps/">http://www.asn-online.org/education/training/students/maps/</a></td>
</tr>
<tr>
<td>ASN Kidney Week</td>
<td>M1, M2, M3, M4</td>
<td>Kidney Week offers free registration for medical students to attend the event with numerous learning opportunities and lectures.</td>
<td><a href="https://www.asn-online.org/education/kidneyweek/">https://www.asn-online.org/education/kidneyweek/</a></td>
</tr>
<tr>
<td>Nephrology electives</td>
<td>M3, M4</td>
<td>Inpatient and outpatient experiences are available in various areas such as transplant, home dialysis, peritoneal dialysis, hemodialysis, c-salt, and glomerular disease.</td>
<td>Home or away institution</td>
</tr>
<tr>
<td>Research opportunities</td>
<td>M1, M2, M3, M4</td>
<td>Opportunities are available in clinical, basic science, and quality improvement research in nephrology.</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Student-led patient outreach</td>
<td>M1, M2, M3, M4</td>
<td>Community-based initiatives are available for hypertension, diabetes, and kidney disease screenings led by students.</td>
<td>Home institution</td>
</tr>
</tbody>
</table>

References

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Correction

The Findings article “Taurolidine and Heparin Lock Product Lowers CRBSI Risk” published in January 2024 Kidney News contained an inaccurate report of event rates among groups studied by the “LOCK IT 100” (Study Assessing Safety & Effectiveness of a Catheter Lock Solution in Dialysis Patients to Prevent Blood-stream Infection) trial.

The original article stated, “Event rates were 0.3 for heparin only versus 0.46 for taurolidine and heparin per 1000 catheter days. The hazard ratio for CRBSI was 0.28 in the taurolidine and heparin group.”

The sentences should read:
“Event rates were 0.46 for heparin only versus 0.13 for taurolidine and heparin per 1000 catheter days. The hazard ratio for CRBSI was 0.29 in the taurolidine and heparin group.”