

## The Effectiveness of the URM Mentorship Platform in Promoting Scholarly Productivity

Dear Editor:

Scholarship and mentorship play a vital role in academic medicine. However, previous literature has demonstrated that many medical students underrepresented in medicine (URM) often need additional support to engage in scholarly activities. To this end, the URM Mentorship Platform at the Medical College of Wisconsin (MCW) is a peer and faculty mentoring program designed to foster collaborative networks, promote peer support, and facilitate interactions between students and faculty.

This platform, which started as a pilot program supported by Kern Institute in the 2020-2021 academic year with 2 peer mentors and 4 mentees, has now completed its third year. We have found this platform effective in increasing scholarly productivity.<sup>1</sup> The program is an innovative platform to promote mentorship and scholarship among URM medical students at MCW with support from general internal medicine (GIM) faculty members who volunteer their time and expertise, along with student leads. With ongoing departmental faculty support, despite the end of funding in 2021, the efforts have continued to flourish.

Over the past 3 years, the program has seen substantial growth, with over 60 URM students and more than 15 faculty mentors participating, resulting in national and regional presentations, publication in peer-reviewed journals, acquisition of research opportunities and funding, and securing leadership roles at the regional and national levels. The student participants perceive benefits to this mentorship platform, most notably through increased scholarly productivity including case reports, quality improvement projects, letters to editors, and research projects.

Next steps for program improvement include accommodating a larger student body, facilitating additional formal engagement opportunities between students and faculty, diversifying mentee-mentor pairings across classes, and incorporating cases from various subspecialties. Through this, we hope to increase the formal mentorship and training opportunities that previously have been proven crucial to the process of forming new and adept student mentors out of previous mentees and perpetuate the cycle of peer support for future classes.<sup>2</sup>

Based on the effectiveness and the success of the mentorship platform, we anticipate the incorporation of this innovative structured mentorship platform into medical education curriculum to promote scholarship amongst the medical class.

—Naisarg Vanani, BSc; Devesh Kumar, BSc; Nana Danso, BSc; Mark Ehioghae, MSc; Pinky Jha, MD, MPH

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**Author Affiliations:** Medical College of Wisconsin, Milwaukee, Wisconsin (Vanani, Kumar, Danso, Ehioghae, Jha).

**Corresponding Author:** Naisarg Vanani, BSc; email nvanani@mcw.edu; ORCID ID 0000-0001-7916-227X

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## Promoting the Effectiveness of Low-Carbohydrate/ Time-Restricted Diets in the Management of Diabetes

Dear Editor:

Having read “Feasibility Study of a Low-Carbohydrate/Time-Restricted Eating Protocol for Insulin-Using Type 2 Diabetic Patients” by Zimmermann et al,<sup>1</sup> we acknowledge the significant effort and valuable contributions made in this area of research. The writers’ outstanding work provides a strong basis, and our suggestions are meant to expand its impact and reach in this area.

Diabetes is a major health problem and a significant risk factor for cardiovascular diseases, chronic kidney disease, peripheral arterial disease, and diabetic retinopathy.<sup>2</sup> Behind these interventions’ clinical outcomes, the article could benefit from a deeper exploration of the mechanistic underpinnings.

Different mediators, such as insulin-like growth hormone receptor, growth factor-1, and insulin-like growth factor binding protein, affect carbohydrate metabolism under the influence of growth hormone secretions. These growth hormone mediators may have a direct or indirect effect on insulin sensitivity and insulin secretion, which could lead to type 2 diabetes formation and its natural history.<sup>3</sup> Addressing the effect of growth hormone on this method could have improved the study, especially given the wide age range of 18 to 80 years among the participants.

Although the study covers a range of measures, such as A1c levels, body weight, and mental well-being, thorough analysis of further relevant

factors like mean glucose level, time in euglycemic range, medication effect score,<sup>1,2</sup> body composition (measured by dual-energy x-ray absorptiometry), plasma lipid levels, dietary intake, dietary adherence, and weekly adverse events among the time-restricted eating could have further enhanced the research.<sup>4</sup> Also, the study does not consider potential confounders, such as lifestyle changes or drug changes made outside the prescribed regimen, because an intensive diet intervention maintained glycemic control in individuals with type 2 diabetes, averting an increased requirement for glucose-lowering medication.<sup>5</sup>

To develop new approaches for improving patient outcomes, understanding how a low-carbohydrate/time-restricted eating regimen affects the gut microbiota’s composition and function could be crucial. The possible role of gut bacteria in modulating this link is a chance to investigate, even though how glycemic management in insulin affected by nutrition has been studied extensively.

—Saim Mahmood Khan, MBBS; Jawairy Muhammad Hussain, MBBS; Iman Azam, MBBS

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**Author Affiliations:** Karachi Medical and Dental College, Karachi, Pakistan (Khan, Hussain, Azam).

**Corresponding Author:** Saim Mahmood Khan, MBBS, Karachi Medical and Dental College, M Block of in North Nazimabad Karachi, 74600, SP +923363045390, Pakistan, email saimmahmoodkhanrajput@gmail.com; ORCID ID 0009-0001-6023-5835

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