

FROM THE SOCIETY

SGIM PTBGIM Campaign Continues to Spread

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The need to attract and train more physicians interested in practicing general internal medicine (GIM) increases. In 2015, SGIM created the Proud to Be General Internal Medicine (PTBGIM) committee as an effort to increase awareness about the flexibility and scope of GIM as a career choice for medical students and residents. A 2016 study in the *Journal of General Internal Medicine* by Long et al, indicated that residents do not choose a career in GIM due to concerns about inability to address patient's social needs, burnout, need for mentorship, and lack of exposure to dedicated outpatient experiences.¹ The PTBGIM campaign is working to battle these challenges through a series of grants to institutions, ranging in spectrum of size and scope, to help promote a culture of pride and awareness about GIM careers and opportunities. This past year PTBGIM has grown from sponsoring six institutions in 2015 to 20 institutions. In addition, a social media Tweet Storm #ProudtobeGIM was instituted for the first annual PTBGIM week starting January 23, 2017. With the help of Fenton marketing, a set of infograms was developed after focus group interviews and disseminated as part of the campaign highlighting the diversity and strengths of a career in GIM. Feedback from institutions that were awarded grant funds revealed an increased number of students and residents attending the national conference as well as a reinvigorated faculty cohort that were #ProudtobeGIM.

This past year, through grant funding, we supported events that reached out to more than 1,500 students, residents, and faculty nationwide. Supported institutions were asked to use the material developed by the campaign and available on the SGIM Web site, including our #ProudtobeGIM video, supplemental slide decks, and infograms. In addition, institutions were encouraged to create a social media presence on twitter and Facebook. There was a huge diversity in event types with some institutions holding a single large event with career panels and story slams, while others devoted a full week to smaller events targeting diverse groups. The University of Texas Southwestern had the highest participation rate with more than 300 attendees for a week-long set of events with each day highlighting a different GIM career "phenotype." Oregon Health Sciences University hosted more than 200 attendees at a local event space where GIM faculty and trainees shared their own live music, story-telling, art work and their love for their career choice. Three grants funded highly rated "speed dating" events where trainees briefly met and talked one on one with GIM faculty who were in different career paths. Other groups held lunch events with TED style or table topic talks and several groups headed to micro-breweries and happy hours for interactive guided networking events.

To highlight the impact of these events, we have included a perspec-

tive piece from a new intern whose pivotal moment of choosing a career in GIM was impacted by the University of Pennsylvania's Primary Care Story Slam:

"A Pivotal Moment":

"I attended a 'Proud to be General Internal Medicine' story slam as a fourth-year medical student without a perfect sense of who I was or what I should be proud of. True, I had some idea after completing residency interviews, but I felt uninspired. My inclination towards primary care had become a pro/con list. I was being too rational, trying to anticipate future needs of a career still in its infancy.

And so I found myself in a small conference room with an intimate crowd and few pretenses that this event would provide any more clarity than countless hospital tours and PowerPoint presentations had. The gathered residents and attending physicians soon launched into their short personal stories—the moment when they realized that this was the career for them, or the interactions that lent meaning to their daily challenges. Some were drawn from patients they had cared for since their days as a resident. Many were uplifting, a few evoked tears, and a surprising number set at funerals had both effects.

The focus was always a relationship, or a person, rather than any dramatic moment, and illuminated not just the nature of their work but also the character of those involved. Each

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story highlighted why that physician was proud to be in primary care—not why they wanted ME to do primary care. In hindsight, the power of the event lay in the realization that everyone had volunteered their evenings to relive these experiences that sustained them, not just for my benefit, but for all of theirs. I walked home with other primary care-bound classmates as we spiritedly debriefed. We had all witnessed how rewarding and meaningful such a career could be.

I tweaked my rank list that night for the final time.

I realize now, on my first primary care outpatient block, how the story slam didn't just inspire me but

primed me. I approach each new patient visit with hope and intrigue. Will this be someone I'm still caring for in thirty years? I am already anticipating the stories we may tell."

—Nilan Schnure, MD, Internal Medicine, PGY-1

Even without grant funding, we hope that all of our SGIM institutions will participate in #ProudtobeGIM week each year on social media and with an event of any size or shape. We are excited to be able to fund another round of institutions in the upcoming year. Look out for announcements for other ways to get involved with the PTBGIM commit-

tee in the near future. Feel free to reach out to discuss ideas for local and regional events. To see our available resources, videos, slide decks, and information on how programs have planned for these events, please visit our Web site at <http://www.sgim.org/career-center/proudtobegim>.

References

1. Long T, Chaiyachati K, Bosu O. et al. Why aren't more primary care residents going into primary care? A Qualitative Study. *J Gen Intern Med.* (2016) 31:1452. <https://doi.org/10.1007/s11606-016-3825-9>.

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