

## MEDICAL EDUCATION

# #PROUDTOBEGIM WEEK: AN INTERVENTION TO INCREASE TRAINEE GIM AWARENESS

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General internists provide comprehensive care for patients with a wide spectrum of illness, serve as leaders in education, research, and innovation in academic medical centers and healthcare delivery systems, and will play an increasingly critical role in health care delivery in the United States over the next several decades.<sup>1</sup> Nonetheless, only about 20% of internal medicine residents plan to pursue a career in primary care or general medicine and an even lower proportion (2-10%) of medical students express interest in these careers.<sup>2</sup> Furthermore, over the last three decades, the national shortage of primary care physicians has continued to worsen. The Association of American Medical Colleges reports an impending shortage of over 90,000 primary care physicians by 2025.<sup>3</sup>

In 2015, the Society of General Internal Medicine launched the #ProudtobeGIM campaign to increase exposure, awareness, and enthusiasm for general internal medicine (GIM) career paths among medical students and residents. This nationwide campaign has funded pilot #ProudtobeGIM events at a total of 31 institutions over the past two years including at our institution, UT Southwestern Medical Center in Dallas, Texas, one of the largest medical schools in the country with more than 900 medical students. More than half of all physicians in the Dallas-Fort Worth metroplex, the fourth largest metropolitan area in the United States, are trained at UT Southwestern. Despite the enormity and influence of the medical school, the DFW region and Texas as a whole nonetheless faces a critical shortage of primary care physicians.<sup>4</sup>

As a #ProudtobeGIM grantee in 2017, we sought to implement and evaluate the effectiveness of our multifaceted week-long campaign on increasing awareness

and interest in GIM graduate medical education training opportunities and career paths among medical students and internal medicine residents at UT Southwestern, and to identify key target areas for future interventions.

### Program Development

To begin our program development, we convened a planning committee with members from key stakeholder groups, including medical students, internal medicine residents, and GIM fellows and faculty. Our stakeholders suggested the unifying theme for the weeklong lunchtime events of ‘Why I Love My Job as a General Internist’ to challenge existing student perceptions of primary care as being more stressful and less fulfilling than other subspecialties. Because we anticipated a minimum of 50 attendees per day based on our student and resident stakeholders’ estimates, we sought and obtained additional financial and administrative support from both our local Division of GIM and internal medicine residency program to provide free lunch. The \$2,500 added support from these two sources, in combination with the \$1,000 #ProudtobeGIM honorarium, was critical to the success of our campaign.

### Social Media

The national #ProudtobeGIM committee called for the use of social media for both local and national dissemination of our local events. Our planning committee identified distinct preferences for various social media platforms varying by stage of training. Although Twitter is the preferred social media platform of the national #ProudtobeGIM campaign, only selected GIM faculty used Twitter. Medical students preferred other social me-

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dial platforms including Facebook, Instagram and Snapchat, whereas most residents had minimal professional engagement with social media. We initially filed for and obtained a PokeStop to increase our event visibility to Pokemon GO players, but local use of Pokemon GO decreased substantially by the time of our campaign. E-mail was the most effective medium for reaching all trainees. We invited trainees to attend daily lunchtime events through e-mail and social media announcements via Facebook, Instagram, and Snapchat.

### #ProudtobeGIM Events

We held five consecutive lunch sessions organized around the theme “Why I Love My Job as a General Internist,” with a 10-minute TED-style talk and 30-minute panel Q&A session focused on a different GIM career phenotype each day, starting with an overview of the diversity of academic GIM phenotypes on day 1, followed by sessions focused on GIM leaders and innovators (day 2); GIM expert clinicians (day 3), GIM clinician-researchers (day 4), and GIM clinician-educators (day 5). The TED-style talks were given by a different, featured faculty member each day and centered around that faculty member’s personal story and motivations for selecting his/her GIM career path. The panel consisted of 3-4 faculty members representing the featured GIM phenotype. Audience members participated in the Q&A by submitting written questions to the panel during each session. Trainees had opportunities before and after the event to mingle with invited speakers and panel discussants, and to make use of our social media photo booth.

We also circulated a sign-up sheet each day for participation in our one-on-one GIM mentoring program: Career Conversations Over Coffee. After the #ProudtobeGIM week, we matched mentees with mentors by career interest, sent an introductory e-mail, and asked each

dyad to schedule an initial in-person meeting at their convenience.

### Program Evaluation

We had between 80-90 attendees during the first two days, when residents received explicit permission to attend in lieu of their usual noon conference, and consistently had about 50 attendees over the remaining three days, without a drop-off in attendance. Thematic analysis of written question slips submitted by audience members during the Q&A elicited 5 distinct themes that we found that trainees were most interested in learning more about:

1. how GIM was distinct from other primary care fields, particularly family medicine, and whether similar academic career opportunities were available outside of GIM;
2. GIM job satisfaction, especially given media coverage on physician workload and burnout;
3. balancing diverse professional responsibilities—the diversity of potential responsibilities in a GIM career path was both attractive and daunting to trainees;
4. fair compensation compared to other subspecialties; and
5. opportunities for post-residency training, particularly among trainees interested in non-traditional career paths in management, research, health information technology, and innovation.

After the week of events, 30 mentees had follow-up, one-on-one career discussion meetings with 34 mentors (some mentees met with more than one mentor per their identified career interests). Of these, 60% of trainees and 67% of mentors responded to an online survey to evaluate their experience. Most trainee respondents were medical students (88%) who expressed interest in clinician-educator (44%) or clinically oriented (44%) career paths. Mentees

reported most commonly discussing the scope of clinical responsibilities (87%), work-life harmony (87%), and job satisfaction/burnout with mentors (73%), consistent with topics that were most frequently raised during the panel Q&A sessions. Less than half of mentee respondents (47%) were aware of GIM career paths before our #ProudtobeGIM week; after the events, 100% were aware ( $p < 0.05$ ). Mentor respondents were predominantly clinician-educators (57%), reflecting the expressed career interests of matched mentees, and reported similar topics of discussion. All mentors found their one-time meeting to be a fulfilling mentorship experience, and many expressed interest in ongoing, longitudinal participation through free response comments.

### Discussion

Overall, our inaugural #ProudtobeGIM week at UT Southwestern was well-attended, generated insightful discussion, and was successful in improving awareness of academic GIM careers among trainees. An unanticipated additional benefit was a renewed sense of enthusiasm, pride, and community among GIM faculty and staff, who also attended daily events to learn about colleagues’ career paths, excitedly brandished #ProudtobeGIM pens, and pinned #ProudtobeGIM buttons to their white coats. Many asked members of the planning committee if #ProudtobeGIM would become an annual tradition at the medical school.

To our knowledge, the approach promulgated by the national #ProudtobeGIM campaign represents an innovative catalyst for increasing GIM awareness and interest among trainees. However, coupling #ProudtobeGIM with longitudinal interventions, such as the development of primary care curricula, is likely needed to mean-

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ingly influence trainees' career preferences towards primary care.<sup>5</sup> Although implementing a new student curriculum may be out of reach for most institutions in the short term, programs could consider other longitudinal strategies such as appointing and supporting a standing #ProudtobeGIM champion or committee; convening GIM student and/or resident interest groups with the guidance of a GIM faculty advisor; and increasing ongoing visibility and exposure to academic GIM faculty among trainees in other forums outside of a one-time #ProudtobeGIM event. To sustain such a local campaign would require ongoing financial support from local institutions and GIM divisions, as

well as protecting faculty time to lead the planning and evaluation efforts. Outside of local institutional initiatives, GIM as a whole will also need to meaningfully address physician burnout, lower compensation, and high workload to attract more trainees to the field, which are specialty-wide concerns that were echoed by our #ProudtobeGIM attendees.

### References

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