BOX Comments From the Free-Text Portion of the Escape Room Survey

Before Escape Room Implementation (2016–2018)

- "The team-building survival exercise felt bizarre to me. I didn't understand the purpose of it. . .the only conclusion I was able to draw from it was that it was some way to psychoanalyze the candidates, which is a conclusion which is very off-putting to me and is not something I experienced this directly at any other programs."
- "I found it off-putting to be placed in a situation with other applicants and be observed by faculty members. It was uncomfortable given the fact that we were all there to interview for a select number of spots."
- "This was interesting—good analysis of group work and group dynamic. This was the only experience like this I had on the interview trail."
- "I loved this portion of the program!"
- "I really enjoyed this part of interview day. It was fun and helped provide me with some insight about my communication, leadership, and teamwork skills."
- "This activity was actually a lot of fun, and I appreciated that the program cared about how we worked as a group."

Representative Comments Regarding Acceptability of Group Activity After Escape Room Implementation (2019)

- "I LOVED this activity and I thought it was so unique."
- "So much fun."
- "It just made the whole interview day very long."
- "It was great!"
- "This was an excellent way to get a feel for how we would interact as possible co-interns."

We conclude that a well-designed escape room can be highly acceptable while being an effective means of assessing applicant teamwork. The significant investment of faculty time for facilitation and the $3,000 cost for the initial design may be barriers for replication, although an escape room can be utilized by any residency program in collaboration with a skilled designer.

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The authors would like to thank Jessica A. Parascando, MPH, for her work reviewing and preparing the manuscript.

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NEW IDEAS

The GIMboree Experience: Enhancing Joy in Outpatient Medicine

Setting and Problem

Although there is substantial evidence that longitudinal primary care is associated with improved health outcomes and lower health costs for patients, the United States is suffering from a growing shortage of primary care physicians. Residency programs' outpatient learning environments are often undervalued and under-resourced. To address the increasing need for primary care physicians, residencies must find ways to foster awareness and enthusiasm about opportunities in primary care. Within our internal medicine residency program, we developed a monthly primary care community night for residents and faculty called "GIMboree." Our main objectives for these evenings are to increase residents' sense of interest in primary care careers through exposure to general internal medicine (GIM) and geriatrics role models, strengthen medical knowledge related to outpatient medicine through a journal club, and foster a community in which residents feel supported in their outpatient interests.

Intervention

GIMboree meetings are monthly voluntary events that are held off-campus and last 2 hours. They include dinner, primary literature journal article discussion, a faculty member's career story, and time for reflection about GIM clinic. Articles focus on outpatient medicine and are published within the last year. A resident volunteer leads the group through analysis of the evidence and helps lead the discussion. Faculty members host the events at their houses and

DOI: http://dx.doi.org/10.4300/JGME-D-19-00822.1

share their career stories with prompting questions. Clinic reflection allows residents to obtain feedback about a clinic encounter or to discuss joys and challenges specific to outpatient medicine.

We invited Johns Hopkins Bayview Medical Center primary care residents and GIM and geriatrics faculty to attend GIMboree events. At the end of each meeting, residents and faculty were surveyed with Likert scale and open-ended reflection questions. The short answer responses were assessed for common themes across meetings.

Outcomes to Date

GIMboree was piloted between July 2018 and September 2019 with 14 events. During the pilot, resident attendance averaged 7 per evening (range 4–9), and 19 of the 21 eligible primary care residents attended at least 1 GIMboree. An average of 3 faculty attended per evening (range 2–5). The divisions of GIM and geriatrics at our institution provided funding for the cost of dinner for these evenings. The average cost per evening was $85.

Surveys of participants reflect that GIMboree is popular among residents and faculty. To residents, the most satisfying aspects of the intervention include the off-campus atmosphere, time to eat dinner and socialize with other residents, and hearing from the faculty member(s). The main reported barriers to participation include conflicting clinical duties and personal obligations.

Preliminary analysis of the qualitative results reveal 3 main themes: (1) excitement about a career in primary care medicine ("Love that you can have a long-term relationship with patients and fulfill a role that no one else is able to for the patient"); (2) growing sense of community ("I love hearing about others' experiences—their joys and challenges—that normalize our experiences in training and challenge us to always continue to improve"); and (3) goals for self-improvement ("I will be more brave about discussing risks with patients and building a network of colleagues").

In 2019, GIMboree received an Accreditation Council for Graduate Medical Education *Back to Bedside* grant to allow for further study and expansion of the program to include internal medicine and internal medicine-pediatrics residents from 2 other residency programs. GIMboree is an innovation in medical education that could be adapted by other fields such as family medicine, pediatrics, and obstetrics-gynecology to grow excitement for primary care and the sense of community among trainees. We look forward to the evolution of GIMboree and hope to create a guide for starting GIMboree-like projects in other residency programs.

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NEW IDEAS

Using a Location-Sensing Time-Keeping App to Help Track Resident Work Hours

Setting and Problem

Resident work hour restrictions are often a source of consternation for program directors, administrators, and residents alike. While policies regarding work hour limitations garner most of the attention, the actual reporting of work hours still relies on self-tracking and self-reporting by residents. This means that work hour reporting essentially operates on an "honor system," despite the potential conflicts of interest for residents, leading some to question the accuracy of reported work hours.

Another factor affecting the accuracy of work hours is that it is genuinely difficult and laborious to track them. At most institutions, the resident is solely responsible to track their work hours. However, residents are often not given any tools to do so precisely. It is also very rare for work hours to be tracked in real time, which leads to many residents estimating their work hours post hoc, sometimes weeks later.

To combat this issue, a more proactive approach to assist residents in tracking work hours is sorely needed. Previous studies have explored the efficacy of work

DOI: http://dx.doi.org/10.4300/JGME-D-19-00546.1