

Editor's Note: Are there still novel interventions in graduate medical education? Yes! Each fall we receive an array of New Ideas submissions that briefly describe feasible interventions that have been implemented at least once with preliminary evidence of success in terms of outcomes and acceptability. Our 2021 New Ideas reveal there is opportunity in crisis. Innovations include a virtual psychiatric teaching clinic, the use of daily chief scrums to manage residency crises, speed mentoring around scholarship, and LGBTQ-focused residency recruitment. Congratulations to our 2021 New Ideas authors and to all members of our community who continue to demonstrate that innovation thrives in graduate medical education.

A Beautiful Day in the Neighborhood: Creating Community and Community-Level Knowledge for First-Year Residents

Setting and Problem

Intern orientation is a place for residency programs to establish shared values, program expectations, and institutional priorities. It is also an opportunity for members of an intern class to spend meaningful time together. Additionally, understanding their future patients' communities and local resources is important to understanding patients' social determinants of health (SDoH). Rapidly building interns' knowledge around these key principles is a challenge, especially via experiential learning. Over a decade ago, our program began an orientation exercise with the goal of introducing interns to the community. This day is attended by all 23 interns in our program (8 internal medicine, 8 psychiatry, 7 transitional year). In 2019, we updated it to include a more explicit focus on SDoH. In 2020, we adapted the exercise to adhere to COVID-19 social distancing guidelines.

Intervention

Our first day of orientation is dedicated to relationship-building among interns and program leadership; the afternoon of this day consists of a "Neighborhood Exploration" exercise (TABLE). The session begins with a presentation introducing interns to the demographics, health statistics, and health concerns of residents of the city where they will train. We also summarize SDoH and introduce our institution's SDoH screening forms. The

interns are divided into groups and each group is assigned an SDoH component (housing, employment, food, transportation, or pharmacy) and given a relevant destination to walk to (ie, elderly/disabled housing complex, grocery store, subway station). Interns can opt-out if they have physical barriers to the activity. They are also provided with a local interest news article about their respective location or SDoH topic; examples of articles include coverage of a local labor dispute and interviews with tenants about rising housing costs and displacement. Interns then walk to and from the destination, observe the neighborhood, introduce themselves to people if appropriate, and take photos. The full group reconvenes on campus. Program leadership shares each group's photos and invites group members to share their observations in a closing reflection.

In 2020, we adjusted this exercise for the COVID-19 era. The introduction to the exercise and closing reflection occurred remotely. Interns traveled to the hospital and met their groups for the exploration after the introduction. Smaller groups were used this year to allow for social distancing, and masks were required.

Feedback was gathered via an end-of-day feedback form, with a 5-point Likert scale grading satisfaction for each activity and opportunities for open-ended comments.

Outcomes to Date

In 2020, 15 out of 17 interns who filled out the survey rated the exercise 4 or 5 out of 5 on a satisfaction scale. Three of 12 interns who listed a favorite activity for the day listed the Neighborhood Exploration. Qualitative feedback included: "The exploration activity was very useful in both getting to learn more about the surrounding community and learning about my co-interns," and "It was good to learn about the neighborhood and the neighborhood resources," suggesting the activity met its goals. Prior feedback that the walking destinations were too far away led to changes in the destinations 2 years ago.

This exercise can easily be adapted to programs of any discipline. It would especially be of high value for community programs where the majority of patients

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TABLE

Outline of Intervention for 2019 and 2020

Timing	2019	2020 (Adjustment for COVID-19)
15 minutes	Introduction to the neighborhood and exercise presentation	Introduction to the neighborhood and exercise presentation (virtual)
15–30 minutes	Groups are divided up and assignments are given	- Timed email goes out with group assignments and destinations - Interns travel to campus to meet their group
90 minutes	- Neighborhood exploration, take and send photos - Faculty member collects photos to share	- Neighborhood exploration, take and send photos - Faculty member collects photos to share - Travel home
30 minutes	Wrap-up reflections and photo-sharing	Wrap-up reflections and photo-sharing (virtual)

live in the surrounding neighborhoods. It is easy to plan, requiring one faculty member with knowledge of the neighborhood who can assign walking destinations and introduce the exercise. This experiential learning exercise to reinforce SDoH concepts and introduce first-year residents to the neighborhood in which they will care for patients has been well received for many years, and it may be especially beneficial as COVID-19-related restrictions limit usual community activities.

Rebecca Rogers, MD

Assistant Program Director, Internal Medicine Residency Program, Department of Medicine, Cambridge Health Alliance, Harvard Medical School

Amber Frank, MD

Program Director, Adult Psychiatry Residency Program, Department of Psychiatry, Cambridge Health Alliance, Harvard Medical School

Slava Gaußberg, MD

Program Director, Transitional Year Residency Program, Department of Medicine, Department of Emergency Medicine, Cambridge Health Alliance, Harvard Medical School

Priyank Jain, MBBS

Associate Program Director, Internal Medicine Residency Program, Department of Medicine, Cambridge Health Alliance, Harvard Medical School

Richard Pels, MD*

Chief of Medicine, Department of Medicine, Director of Graduate Medical Education, Cambridge Health Alliance, Harvard Medical School

Rachel Stark, MD, MPH*

Program Director, Internal Medicine Residency Program, Department of Medicine, Cambridge

Health Alliance, Harvard Medical School

* Contributed equally to the work as co-senior authors.

Corresponding author: Rebecca Rogers, MD, Cambridge Health Alliance, Harvard Medical School, rrogers@cha.harvard.edu, Twitter @RebeccaRogersMD

NEW IDEAS

The LGBTQ Applicant-Resident Chat: LGBTQ-Focused Residency Recruitment as an Opportunity for Increasing Diversity, Representation, and Inclusivity in Medical Training

Setting and Problem

Health care professionals who identify as lesbian, gay, bisexual, transgender, and queer (LGBTQ) contribute significantly to improving the care of LGBTQ patients

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