leadership roles was consistently named as a major strength of the program.

Successful graduates from the program should be prepared to move directly into a leadership position in rural and community health. Since the first fellowship class graduated in 2017, the fellowship has produced 7 graduates. Since graduation, fellows have gone on to positions in medical education leadership, policy, and leading innovative clinical programs with rural and underserved populations.

References

1. Committee on the Governance and Financing of Graduate Medical Education; Board on Health Care Services; Institute of Medicine. *Graduate Medical Education That Meets the Nation's Health Needs*. Eden J, Berwick D, Wilensky G, eds. Washington (DC): National Academies Press (US); 2014.
2. Armstrong E, Parsa-Parsi R. How can physicians' learning styles drive educational planning? *Acad Med*. 2005;80(7):680-684. doi:10.1097/00001888-200507000-00013

Stephanie W. Sun, MD, MS, MPH
Director, Rural Health Leadership Fellowship, Massachusetts General Hospital
Instructor in Medicine, Harvard Medical School

Aislinn O'Keefe, MBA
Program Manager, Rural Medicine Program, Massachusetts General Hospital

Matthew Tobey, MD, MPH
Director, Rural Medicine Program, Massachusetts General Hospital
Assistant Professor, Harvard Medical School

Corresponding author: Stephanie W. Sun, MD, MS, MPH, Massachusetts General Hospital, swsun@mgh.harvard.edu

NEW IDEAS

Facilitated Peer Mentorship for Women Internal Medicine Residents: An Early Intervention to Address Gender Disparities

Setting and Problem

A gender gap persists in academic medicine, most clearly demonstrated in disparities in advancement in rank and leadership roles. Though the number of women entering medicine has been steadily rising for decades, the number of women in prominent positions such as medical school deans, full professors, and department chairs remains low.[1] One potential solution to address this continued gender disparity has been intentional mentorship and sponsorship for women trainees and junior faculty.

Past literature has suggested that newer mentorship models, unique from the traditional mentorship dyad, may be more effective for women.[2] Multiple mentoring or peer mentorship models allow for increased collaboration and can foster a sense of community. We hypothesized that facilitated peer mentorship (pairing multiple mentees with senior group facilitators) may benefit residents by fostering community building and collaboration with their peers, in addition to receiving guidance and mentorship from senior faculty. Additionally, this mentorship model allows for flexibility in terms of time commitment and engagement at different times in the academic year, which may align well with resident schedules. While successful use of these novel mentorship models has been previously described for women faculty,[3] there is a paucity of literature about their use at the resident level.

Intervention

We developed a faculty-facilitated peer mentorship program for the women residents in our internal medicine residency program and women faculty volunteers from our department's Clinical Excellence Society (which recognizes well-established, respected clinicians in our department). We recognize the nonbinary nature of gender identity; for the purpose of this program, all residents identifying with she/her pronouns were invited to participate. Groups of 4 to 5 residents (categorical, primary care, medicine-pediatrics, and transitional) were paired with 2 faculty facilitators. Resident groups were intentionally composed of individuals in differing years of training (postgraduate year [PGY]-1 to PGY-4). Residents were paired with at least one faculty

DOI: http://dx.doi.org/10.4300/JGME-D-22-00765.1

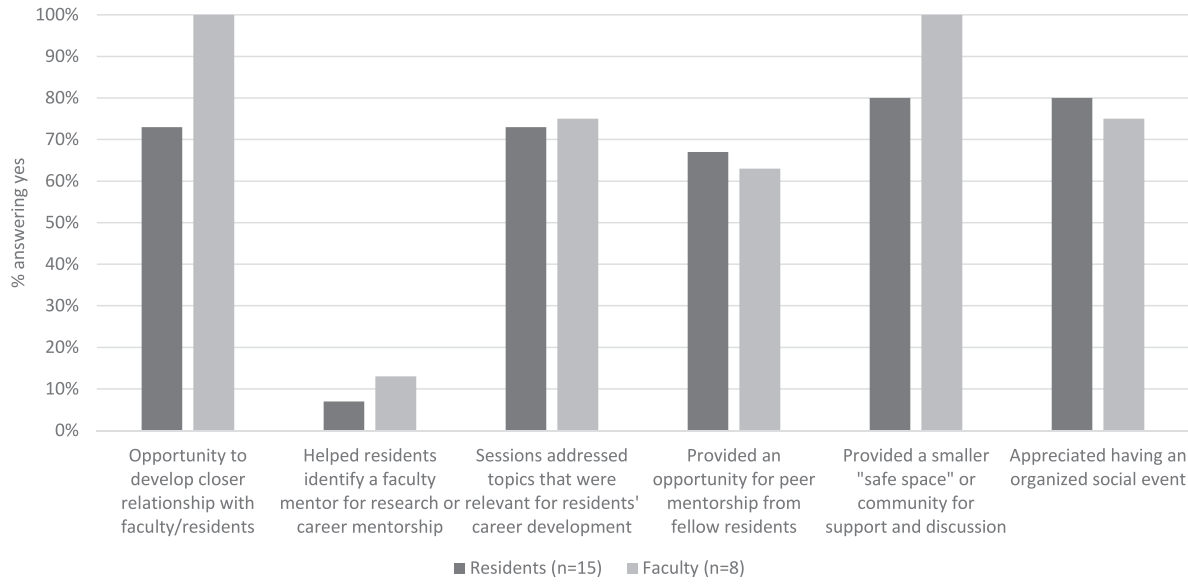

FIGURE
Achievement of Mentoring Program Objectives

member with a similar clinical interest (ie, a future career in hematology) or an interest outside the hospital (ie, balancing parenting and a career in medicine).

Mentoring groups were asked to meet 4 times over the course of the academic year; the logistics of scheduling were managed by the group facilitators with reminder emails from the program organizer quarterly. A general curriculum was provided to group facilitators for each meeting, with an identified topic and related resources or activities. Topics included developing your professional mission statement, strategies for work-life integration, finding a research mentor, and navigating transitions within academic medicine and becoming a leader.

Outcomes to Date

A total of 24 residents and 10 faculty participated in this new mentoring pilot. Faculty and residents were surveyed at the end of the year to assess their experience in the program: 63% (15 of 24) of residents and 80% (8 of 10) of faculty who participated in the program responded to the survey. The majority of resident respondents (86%, 12 of 14) found the program helpful, and 93% (13 of 14) would recommend participation in the program to their peers. Residents attended between 0 and 4 of the peer mentoring sessions, with roughly half (53%, 8 of 15) attending 2 or more. Both faculty and residents found scheduling to be the biggest challenge. Residents and faculty thought that several of our original program objectives were achieved (FIGURE) and found the topics discussed at each session to be relevant to residents (finding a research mentor was identified as the least relevant). All of faculty respondents (100%) found participation in this program to be professionally fulfilling, and all (100%) would recommend participation to their peers.

Robust mentorship is key to success within academic medicine. Developing effective mentorship models is critically important for women early in their careers as a means to address the gender gap in academic medicine. This faculty-facilitated peer mentorship model was well received and perceived as effective by both faculty and residents.

References

1. Lautenberger DM, Dandar VM. The state of women in academic medicine: exploring pathways to equity 2018-2019. AAMC. Accessed April 4, 2023. https://www.aamc.org/data-reports/data/2018-2019-state-women-academic-medicine-exploring-pathways-equity
2. Mayer AP, Files JA, Ko MG, Blair JE. Academic advancement of women in medicine: do socialized gender differences have a role in mentoring? *Mayo Clin Proc*. 2008;83(2):204-207. doi:10.4065/83.2.204
3. Varkey P, Jatoi A, Williams A, et al. The positive impact of a facilitated peer mentoring program on academic skills of women faculty. *BMC Med Educ*. 2012;12:14. doi:10.1186/1472-6920-12-14

Jennifer Reilly Lukela, MD
Clinical Assistant Professor, Vice Chief Clinical Strategy and Community Engagement, Division of

General Medicine, University of Michigan Health System

Mary Finta, MD
Chief Medicine Resident, Internal Medicine Residency Program, University of Michigan Health System

Kayla Secrest, MD
PGY-3, Internal Medicine Residency Program, University of Michigan Health System

Jocelyn Wiggins, MA, BM, BCh, MRCP
Clinical Professor, Associate Division Chief, Geriatric and Palliative Medicine, Medical Director Geriatrics Center Clinics and Turner Geriatric Clinic, University of Michigan Health System

The authors would like to thank the residents and faculty who participated in this pilot program and who offered their feedback to improve future iterations.

Corresponding author: Jennifer Reilly Lukela, MD, University of Michigan Health System, jlreilly@med.umich.edu, Twitter @UMIMEqualMed

NEW IDEAS

Cooking Up Health: Academic-Community Collaboration to Teach Nutrition Education

Setting and Problem

Physicians are at the frontline of advising patients on nutrition; however, only 29% of medical schools teach the recommended 25 hours of nutrition, and fewer than 14% of practicing physicians feel adequately trained.[1,2] Moreover, limited nutrition education in medical school may focus on vitamin deficiencies or treatment for specific disease states rather than general wellness.[1] These outcomes negatively impact not only patients, but also the well-being of physician trainees themselves.

DOI: http://dx.doi.org/10.4300/JGME-D-22-00774.1

Intervention

Our project leverages existing community expertise by collaborating with a nonprofit, Common Threads, to deliver a hands-on nutrition curriculum to family medicine residents. Through a train-the-trainer model, resident physicians later apply what they learned to teach nutrition education to local middle school students. The purposes of this project were to (1) assess the feasibility of conducting a culinary medicine pilot within the context of an existing residency curriculum; and (2) determine the impact of a culinary medicine curriculum combining academic, culinary, and community components to achieve nutrition competencies.

Twenty-three residents at the Northwestern McGaw Family Medicine Residency at Lake Forest were assigned asynchronous learning on the topics delineated in the TABLE, followed by 3 weekly synchronous virtual hourlong culinary training sessions led by Common Threads professional chefs. Topics were selected for their relevance to primary care.

These sessions were followed by a 30-minute debrief and discussion of prework, led by residency faculty. Gift cards were provided to purchase groceries for each recipe. Applying knowledge learned in weeks 1 to 3, residents led three 45-minute classes during weeks 4 through 6 at a local middle school where 80% of students qualify for free or reduced-price lunch. By connecting trainees with local schools, we aim to increase community engagement and positively impact our surrounding community, all while fostering self-care in health professionals around nutrition.

Outcomes to Date

Residents completed validated assessments and follow-up surveys, including the PrimeScreen self-reported dietary intake and others. Following the course, residents showed significant increases in their confidence in nutrition counseling (t=3.8, P=.004), confidence in cooking skills (t=2.8, P=.018), and ability to prepare plant-based meals (t=2.9, P=.016). There was also a significant increase in resident knowledge of plant-based diets (t=0.5, P=.002) and substituting animal-based proteins with plant-based proteins (t=4.3, P=.002). Eighty-one percent (13 of 16) reported a positive or neutral impact on their knowledge due to the virtual nature of the cooking classes.

This pilot demonstrates the feasibility and positive impact of a residency and nonprofit collaboration to launch a culinary medicine curriculum for both resident and middle school learners. This model could be adapted for residents of any specialty with downstream impact on factors related to obesity and