

TABLE

Outline of Intervention for 2019 and 2020

Timing	2019	2020 (Adjustment for COVID-19)
15 minutes	<ul style="list-style-type: none"> Introduction to the neighborhood and exercise presentation 	<ul style="list-style-type: none"> Introduction to the neighborhood and exercise presentation (virtual)
15–30 minutes	<ul style="list-style-type: none"> Groups are divided up and assignments are given 	<ul style="list-style-type: none"> Timed email goes out with group assignments and destinations Interns travel to campus to meet their group
90 minutes	<ul style="list-style-type: none"> Neighborhood exploration, take and send photos Faculty member collects photos to share 	<ul style="list-style-type: none"> Neighborhood exploration, take and send photos Faculty member collects photos to share Travel home
30 minutes	<ul style="list-style-type: none"> Wrap-up reflections and photo-sharing 	<ul style="list-style-type: none"> 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.

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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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yet are underrepresented in medicine and medical training.¹ LGBTQ trainees often face discrimination and as such may experience significant anxiety in deciding whether to come out during the residency application process if they do not perceive institutions and training programs as inclusive.

Residency program recruitment represents a key, largely unexplored opportunity for institutions to mitigate this anxiety, demonstrate an LGBTQ-inclusive climate, and enhance the gender and sexual diversity of their training programs.² At our residency program, LGBTQ residents had developed an informal practice of offering to meet with applicants, averaging 5 meetings per year. This practice was coordinated by the residents themselves, rather than by the residency program. We sought to intentionally signal the inclusive climate of our residency program in order to improve program diversity, while maintaining applicant trust and confidentiality.

Intervention

During the 2019–2020 residency recruitment season for the department of medicine, all applicants received a pre-interview survey to gauge their interest in a number of optional interview day experiences. This included an item allowing applicants to opt-in to a confidential, one-on-one, informational interview day “chat” with a current LGBTQ-identifying resident volunteer. This 30-minute “LGBTQ Applicant-Resident Chat,” or LGBTQARC, was built into applicants’ personalized interview day schedules. The opt-in survey explained the intervention’s goal as offering LGBTQ applicants a safe space to explore the inclusivity of our training environment. It also confirmed that participation in the program would be confidential from recruitment leadership and have no impact on the applicant’s ranking.

Integration into the existing interview day infrastructure simplified logistics and minimized administrative burden. Efforts were made to pair each applicant with 1 of 5 available volunteer residents. Due to busy resident schedules, several applicants were unable to be paired with an available LGBTQ resident on their interview day. In these cases, applicants were connected to 1 of the 5 LGBTQ resident volunteers after the interview day.

Outcomes to Date

Of 521 total interviewed applicants, 32 (6.1%) opted into the inaugural LGBTQARC intervention. Previously, only 5 applicants per year were engaged via the informal process. Overall, 8.5% of the class recruited in 2019–2020 identified as openly LGBTQ, as

compared to 3.9% of the classes recruited prior to the intervention in 2017–2018 and 2018–2019.

For the 2019–2020 recruitment cycle, 7 openly LGBTQ-identifying interns matched to our program, compared to only 3.3 residents per year in the 2 years prior. All 7 interns elected to organize the LGBTQARC initiative for the 2020–2021 recruitment cycle. This signals the intervention’s sustainability, as the additional recruited interns now contribute to future implementation of the program.

Our program administrator found the initiative highly feasible to implement, particularly given the ease of folding the LGBTQARC intervention into the existing interview infrastructure. The limited availability of LGBTQ residents to interview each interested applicant was a challenge given busy workloads and the small number of current LGBTQ residents. However, with an increased number of LGBTQ-identifying residents in the program, this challenge is likely to be mitigated.

Future work will focus on program evaluation via development of a survey assessing the impact on applicant decision-making and well-being. This survey will be sent to all applicants who opt into the program in future recruitment cycles.

Overall, LGBTQARC provides a safe opportunity for LGBTQ-identifying future physicians to explore the inclusivity of a training program. It is a feasible, sustainable way to build residency classes that better reflect the patient population we serve in the United States.

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NEW IDEAS

A GME Wearable Breast Pump Program: An Innovative Method to Meet ACGME Requirements and Federal Law

Setting and Problem

Lactation facilities can be expensive to build and maintain, and space is often limited in clinical learning environments. Even if the spaces are available and unoccupied, they may not be conveniently located to resident work areas.

To meet the Accreditation Council for Graduate Medical Education (ACGME) requirement I.D.2.c) and the Fair Labor Standards Act (FLSA), Kansas University Graduate Medical Education (KUGME) interviewed female resident physicians and practicing physicians in December 2019 who were either actively or previously expressing milk while providing patient care. Barriers around expressing milk were identified to be time, physical space, clinical work productivity, and milk production. Although both the University of Kansas and the University of Kansas Health System maintain spaces to accommodate lactating individuals, these may be difficult to schedule, may not be close to resident work areas, may require interruption of clinical activities to utilize, and may not provide secure storage for the expressed milk.

Intervention

During the interviews it was suggested that a wearable breast pump could eliminate many of the barriers identified above. A wearable breast pump is discreet and fits into a standard nursing bra, providing wireless and hands-free expressing. Added benefits are that they are lightweight, portable, easy to clean and assemble, quiet, and managed through a smartphone app.

KUGME reviewed our FMLA data and found that on average, 8 female residents experience childbirth per year.

Because wearable breast pumps are not currently covered by health insurance and could be cost prohibitive for residents who live on a tight budget (approximately \$500 per unit), KUGME purchased 3 Elvie wearable pumps in December 2019 to provide female residents a convenient option to express milk while fulfilling educational and clinical training expectations. KUGME also purchased 5 mini fridges to loan to residents so they can securely store their milk close to their clinical space if they desire (examples shown in FIGURE).

Both were provided on loan for up to 1 year. KUGME asks residents to purchase their own accessories (supply bags, bottles, seals, shields, valves, portable cold transport containers, and support bras).

We updated our FMLA checklist and policy and procedure manual, and we notify residents semiannually of the benefit.

Outcomes to Date

Demand has greatly exceeded expectation and KUGME has now purchased a total of 9 wearable breast pumps and 7 mini fridges. Additional requests are evaluated as they arise.

Early resident feedback is uniformly positive, and it appears that most residents prefer the wearable breast pumps option over a fixed space lactation facility because wearable breast pumps:

- Increase the length of time a mother can more easily provide breast milk to their infant
- Increase milk supply
- Increase satisfaction, reducing stress
- Require less setup and expression time than standalone breast pump models, increasing the number of opportunities for expression sessions
- Allow mothers to express milk inconspicuously while working, commuting, or moving around their clinical sites, which can create more efficient time management and eventuate leaving

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