'Guy Stuff': Male Adolescents and Their Physicians Gather Around the Dinner Table

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I had committed to saying "no" more often—no to more projects, meetings and demands on my time. I was well into my second year of residency but, despite having survived internship year, the promised relief was not yet manifest. I was deeply tired and fighting to keep hold of the sense of purpose that had once felt so certain in medicine. "Find joy in the journey" is one of my life mantras. Yet, to be perfectly honest, at that point I was gritting my teeth and (barely) surviving. So when one of my preceptors asked if I wanted to be involved in meeting weekly with a group of young men from our clinic to explore and consider how best to address their psychosocial concerns with a focus on mentoring, I took a deep breath and…agreed. What can I say? Old habits die hard.

We began an eight-week series of meetings with a group of young urban men under the generous support of the Arnold P. Gold Foundation. The project, which we fondly named "Guy Stuff," brought together trainees and a group of male at-risk teens and young adults from our Medicine-Pediatrics ("Med-Peds") residency clinic, with the goals of improving understanding of the complex psychosocial needs of this population, and exploring a variety of mentoring models with them, including group and peer mentoring. As the faculty leader who conceived of the project tells the story, the idea was born out of a patient visit with a teenage boy she had taken care of since birth. He walked in, gave her a big hug, and then proceeded to tell her about his recent activities which, if discovered, could have landed him in jail. This got her thinking about ways to build on the trusting relationship many of these young men had with their physicians in order to help them navigate common adolescent hurdles in ways that are not possible during typical well-adolescent visits.

The group consisted of five trainees (three Med-Peds residents, one Pediatrics resident and one Child Psychiatry fellow); two faculty leaders (a primary care Med-Peds physician and a child and adult psychologist); and 10 male clinic patients ranging in age from 14–22 years. We met together for eight consecutive weeks, with each session lasting just over three hours. The first two hours involved the whole group, and the final hour consisted of trainees and faculty to debrief and plan. We began each session by eating a homemade dinner together. As the weeks passed, we were delighted to observe some youths arriving early, so they could help prepare the meal. Each gathering was devoted to a different topic, and after dinner we began group discussions and activities. Topics included peer pressure, emotions, relationships, gender, sexuality and contraception, substance use, and non-violence and conflict resolution. During the relationship session, an improvisation actor helped us explore verbal and non-verbal communication. A physician with extensive experience caring for LGBTQ+ youth and adults led small group discussions during the gender and sexuality night. For the session on non-violence, a local community leader from the Institute for the Practice and Study of Nonviolence, who had been incarcerated for gun violence, taught conflict-resolution techniques, and cautioned against the lure of gangs. For the evening on substances, we "flipped" the classroom, and trainees asked the young men about the presence, use, and role of marijuana in their communities and schools; this model aimed to demonstrate that youths can mentor people older than themselves. Activities included painting self-portraits on tiles at the first and final meeting, as part of a mural project in our clinic, and baking apple calzones and cranberry bread. We dedicated our final session, just before Thanksgiving, to debriefing the group's experience and eating Thanksgiving dinner together, complete with turkey, mashed potatoes, and gravy.

I initially joined the group because of an interest in exploring ways primary care practitioners can engage patients outside of standard office visits. I also thought it would be valuable to learn something more about a population I find to be a somewhat enigmatic, namely teenage boys. I wasn't sure what to expect. Would the guys show up? Would they participate? However, the Guy Stuff group far exceeded my expectations. Remarkably, all 10 young men completed the group, with a 95% show rate. Attendance for trainees was challenging, given competing work responsibilities, including duty hours and scheduled vacations. I participated in seven of the eight meetings, and overall, the trainees had a 72.5% attendance rate. During our time together, there was a unique and valuable exchange of information. We taught the guys about topics we believed were pertinent to their health and wellbeing, and they taught us how to be better doctors for them by offering a window into their lives, and showing us that patients can mentor their physicians. They opened up about their challenges, fears, hopes, and the people and issues important to them. I especially relished talking with

the guys around the dinner table, outside of the structured programming. Several of them expressed that they usually ate alone or had *never* had "family dinner." I believe it sent a powerful message to them that their doctors cared enough about them to spend time with them in the evening, eating, talking, and exploring difficult topics. As we debriefed at the end, the guys stated that the group had helped them imagine a wider range of potential mentors, including their own doctors. Other comments included, "I feel like I gained more confidence to voice my opinion," and, "[It is easier] to talk to others about my life and see things from a different point of view." Other young men stated they had learned about "patience," "life-learning skills," and "to control my anger." One youth stated, "This has been one of the best experiences of my life."

I came away from the group more empathic and better equipped to care for this population. Not only that, I can also say with certainty that this endeavor reminded me of the power of primary care, of establishing long-lasting, trusting relationships, and of being concerned with the entirety of a patient's life. There is no question that the work is complex and the challenges many. But I am grateful for the mentor who invited me along on this project, and opened my eyes to the value and enjoyment of seeking creative ways for physicians to engage and connect with our patients. Perhaps the antidote to burnout in primary care isn't learning to say "no" more often, but rather learning to lean in, create new models and systems where the old ones are lacking, and perhaps even occasionally trade in our checklists and computer screens for a paintbrush or a home-cooked meal shared with patients around a dinner table.

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