



Boston  
Children's  
Hospital

Until every child is well™

# GME ON-CALL

Volume 6, Issue 1 Fall, 2014

## Message From the Co-Chairs Alan Woolf, MD, MPH, Debra Boyer, MD

The annual July transition of house-staff at BCH went very smoothly. We welcome the new trainees coming from all over the country and the world, as well as those who are returning to the hospital in new roles. In the GME Office, we are focused on a number of very promising developments in medical education at BCH.



A new Task Force on Strategic Planning in Medical Education, first convened by the Hospital's leadership last February, has been working all summer, and will issue a report on an exciting new vision for medical training later this Fall. Read details about its ongoing work elsewhere in this newsletter.

BCH had its first site visit from the ACGME's two-person team, Drs. Elizabeth Wedemeyer and Carl Patow. This 2-day prescribed visit, termed the Clinical Learning Environment Review (CLER), was conducted throughout the hospital on September 3<sup>rd</sup> and 4<sup>th</sup>. Thanks to all our program directors, teaching faculty, administrators, and hospital leadership who participated. The CLER visit was an opportunity to showcase the educational innovations that we have put in place at BCH. Such initiatives make medical training here so special. The CLER visit also gives us the benefit of the ACGME's perspective on how we can improve our medical education programs and activities going forward.

**Comings & Goings:** We want to take this opportunity to thank **Carly Winokur** outgoing program coordinator for the Rheumatology Fellowship Training Program for her superb contributions to the fellowship over these past several years. We want to extend a warm welcome to **Simone Guida**, the new program coordinator for Pediatric Rheumatology.

We'd like to welcome **Nicole Dombrowski**, new program coordinator for Pediatric Anesthesiology and congratulate **Andrea Odian**, formerly the program coordinator of Pediatric Anesthesiology, on her promotion to program manager for Anesthesiology's training programs. Many thanks to **Michelle Chung**, outgoing program manager for Pediatric Anesthesiology for her diligence and time served.

Welcome to **Page Metcalf** program coordinator for Pediatric Nephrology. She replaces Susanne Engelmänn; thanks to Susanne for her service.

**Dr. Kyle Kurek** has left his role as program director for the Pediatric Pathology fellowship and will be leaving the hospital for a new position; **Dr. Lisa Teot** has been appointed as his replacement. Our congratulations to Lisa in her new position and our thanks go to Kyle for a job well done!

**Dr. Christine Greco** is stepping down as associate program director for Pain Medicine; thank you to Chris for all her hard work in starting and developing the program; **Dr. Luke Wang** will take over the associate program director responsibilities.

## Inside this issue:

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Educators

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### GME STAFF

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## GME ON-Call

### Message from Co-Chairs continued

In conjunction with the Boston Combined Residency Program (BCRP), the GME Office again is sponsoring the core curriculum “Strategies for Academic Success (SAS)” during the 2014-15 academic year intended for residents and fellows. This outstanding and innovative hospital-wide trainee development program includes four sessions each academic year and covers curricular content in the areas of leadership and teaching skills, the pursuit of a ‘professional development plan’, and quality improvement research. Our new GME educators, Drs. Diane Stafford and Ariel Winn, and Debra Boyer, the GME Committee Co-Chair, have been working closely with Dr. Ted Sectish of the BCRP to develop the curricular offerings planned for the 4 sessions that are anticipated over the academic year. The first session of **SAS** is already completely filled and will be offered on **Monday, November 17<sup>th</sup>** from **1:30-5:00pm** in the Enders Building.

The Boston Combined Residency Program (BCRP), ably led by Drs. Ted Sectish at BCH and Bob Vinci at Boston Medical Center, the GME Office’s educator Dr. Ariel Winn, and by the BCRP’s Chief Residents, Drs. Eric Zwemer, Katherine Schlosser, and Jess Creedon has continued to put forward new ideas to promote the scholarly interests and careers of BCH residents. One such new idea – that of sorting the program’s 135 residents into affinity groups called ‘Resident Academies’, has been rolled out over the past academic year. Discover some of the details of the purposes and functioning of these new academies elsewhere in this edition of *GME On-Call*.

Don’t forget to put some important GME dates in your smartphone. Upcoming **meetings of the GMEC** will be held on **Wednesday, October 15<sup>th</sup>** from **4-5 pm** and on **Monday, November 10<sup>th</sup>** from **5-6pm**, both in the **Gamble Room** in the house-staff library. All training program directors, associate directors, coordinators, and resident/fellow representatives are invited to attend. Also please make a note of the next scheduled retreat of the **BCH Academy** in the afternoon of **Wednesday October 1<sup>st</sup>** in Folkman Auditorium in the Enders Building. The **Teaching Academy at HMS** will hold its semi-annual ‘Medical Education Day’ on **Tuesday October 28<sup>th</sup>** in the Tosteson Center of the MEC on Longwood Avenue. Finally the **GME Office** will be holding its semi-annual retreat for training program directors, associate program directors, coordinators, and other interested faculty on **Monday, November 17<sup>th</sup>** from **8:00am-12:30pm**. We will have presentations on the CLER site visit report, the final report of the BCH Task Force on Strategic Planning, and hands-on work concerning different aspects of trainee assessment.

There are a lot of exciting events this Fall to keep you moving forward towards your goals in GME!

### GME Office Welcomes Drs. Ariel Winn and Diane Stafford

The Office of GME would like to warmly welcome Drs. Ariel Winn and Diane Stafford as our new medical educators.



**Dr. Diane Stafford** is the Program Director for the Division of Endocrinology fellowship program. She is a graduate of the Harvard Macy Institute’s Program for Educators in Health Professions and was recently appointed Chair of the Training Council and Program Director of the Pediatric Endocrine Society. She has been a member of the CoPS research group.



**Dr. Ariel Winn** was newly appointed Associate Program Director of the Boston Combined Residency Program (BCRP) and the recently graduated Chief Resident of the BCRP. She is a member of the Boston Children’s Academy and launched and continues to develop the BCRP Academies. Dr. Winn is particularly interested in trainee professional development and is excited to work with the GME Office.

### GMEC Members AY2015

Lisa Albers-Prock, MD  
*Developmental Medicine*

Catherine Bartolomucci  
*Pediatric Otolaryngology*

Miya Bernson-Leung, MD  
*Child Neurology*

Sarah Bixby, MD  
*Pediatric Radiology*

Debra Boyer, MD  
*Pediatric Pulmonology*

David Brown, MD  
*Pediatric Cardiology*

Patricia Chang, MD  
*Pediatric Radiology*

Isabelle Chase, DDS  
*Pediatric Dentistry*

Jane Choura  
*Pediatric Radiology*

Bartley Cilento, MD  
*Pediatric Urology*

Stacey Croteau, MD  
*Pediatric Hematology/  
Oncology*

Lisa DelSignore, MD  
*Pediatric Critical Care*

Pierre D'Hemecourt, MD  
*Pediatric Sports Medicine*

Katherine Evitts  
*GME*

Michael Ferguson, MD  
*Pediatric Nephrology*

Sarah Forman, MD  
*Adolescent Medicine*

Stuart Goldman, MD  
*Child & Adolescent  
Psychiatry*

Holly Gooding, MD  
*Adolescent Medicine*

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GMEC Members  
AY2015

Jessica Hughes  
Pediatric Cardiology

Jennifer Kesselheim, MD  
Pediatric Hematology/  
Oncology

Alisa Khan, MD  
Health Services

Young-Jo Kim, MD  
Pediatric Orthopaedics

Robert Kitts, MD  
Child & Adolescent  
Psychiatry

Mary Landrigan-Osser, MD  
Pediatric Anesthesiology

Craig Lillehei, MD  
Pediatric Surgery

Christina Lindgren, MD  
Pediatric Emergency  
Medicine

Frederick Lovejoy, MD  
Medicine

Kiran Maski, MD  
Child Neurology

Krista Matrone, MD  
Medicine

Terry McCarthy  
Pediatric Surgery

Kenneth Michelson, MD  
Pediatric Emergency  
Medicine

Joshua Nagler, MD  
Pediatric Emergency  
Medicine

Tery Noseworthy  
GME

Esther Obeng, MD  
Pediatric Hematology/  
Oncology

CORES Brings Emergency Skills to the Core of Education  
Gi Soo Li, MD EdM

*"We have a patient in respiratory distress who needs an evaluation immediately!" The airway emergency: the junior ORL resident's worst nightmare on call. It is also the one scenario that all ORL residents prepare for, running each possible scenario over and over again in their minds. Foreign body aspiration. Anaphylaxis with tongue swelling. Bacterial tracheitis. Neck trauma from an assault. Epiglottitis. Laryngomalacia. Can we examine the patient awake in the ED? Do we need to take the patient to the OR?? Emergency tracheostomy???*



The Children's Otolaryngology Residents Emergency Skill (CORES) course was originally developed as a boot camp, crash course for new PGY2 otolaryngology residents from the three Boston residency programs (Boston University, Tufts, Harvard) who rotate through Boston Children's Hospital. Faculty from these programs were invited to help teach the course. Since inception 4 years ago, the CORES course has expanded to include the junior residents and mid-level providers (physician assistants and nurse practitioners) from all of the New England Otolaryngology Society (NEOS)

residency programs: University of Vermont, Dartmouth Hitchcock, Albany Medical Center, Yale Medical Center, University of Connecticut, and the three Boston programs.

The hands-on, one-day course cover basic ORL emergency skills during the morning session, including flexible fiberoptic exams, direct laryngoscopy and rigid bronchoscopy aerodigestive foreign body removal, epistaxis management, surgical airways, sinonasal endoscopy, and otomicroscopy with myringotomy and tympanostomy tube placement. It then culminates in the afternoon with simulated airway emergency scenarios based on crisis resource management principles. These scenarios allow the participants to utilize the newly acquired skills from that morning. As the course is entirely simulation-based, it is intimately involved with the Boston Children's Hospital Simulation Center and its director, Peter Weinstock, MD.

All of the skills trainers were designed and developed by Drs. Gi Soo Lee and Mark Volk, the co-directors of the CORES course. Some are decidedly low-fidelity, such as the piece of glove sandwiched between two ear speculums to mimic an ear canal and tympanic membrane. Others are much more sophisticated: this year a pediatric endoscopic sinus surgery trainer, based off a patient's sinus CT scan, was built using the Simulation Center's 3-D printer. While these trainers vary significantly in fidelity, the end result for the participants is identical: the ability to use actual surgical instruments and optical equipment in a safe, proctored environment and practice specific maneuvers and techniques repetitively. For the airway endoscopy, high-fidelity manikins allowed participants to try different techniques for airway management from bag masking to intubation to bronchoscopy.



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### *CORES, continued from page 3*

Equally important, the residents play with the hardware and learn how to assemble a bronchoscope, understand and use the different types of foreign body optical forceps, and set up an airway endoscopy cart in the operating room with all of the necessary instruments. They are taught *how* to use the instruments – how to manipulate them, where to rest their arms on the patient or bed to minimize extraneous movement, how to balance and focus the microscope, etc. These fundamentals are rarely deliberately taught to surgical residents. This course gives them the opportunity to freely experiment with the instruments without the stress of live-patient encounters.



The two afternoon airway emergency scenarios are designed around common problems frequently encountered by the consulting ORL resident. Working in teams of 2 or 3, they need to evaluate and exam the “patient,” determine the cause of respiratory distress, and manage the situation accordingly. The instructors and manikin controller are able to titrate the situation (alter vitals, exam findings, etc) to keep the participants actively thinking and working. For example, bag-masking the patient only slightly improves O<sub>2</sub> sats; only after providing a simultaneous jaw thrust and neck extension will the patient’s chest

rise appropriately and the O<sub>2</sub> sats improve. The team must make the decision to secure the airway: should it be done on the floor immediately, or is there enough time to take the patient to the operating room? Is there a foreign body aspiration? Does the patient require a formal bronchoscopy? When intubation fails, can the patient still be mask ventilated? How about an LMA? Does the tracheostomy kit need to be opened?

These first few weeks are critical, as the course has been given rave reviews from both the participants and the instructors. Nearly unanimously, based on pre- and post-surveys administered during the day, the participants leave feeling more comfortable with the skills and scenarios. Much of this can be attributed to the timing of the course: it takes place during the second or third weekend of July, shortly after the new junior residents’ start on July 1. These first few weeks are critical, as gives new residents some exposure to the skills, equipment, and emergency scenarios during live patient encounters at their own institutions. Undoubtedly, during that time, the resident begins to understand how little they truly know. They all fumble with the instruments, since few have been taught how to properly build and use them. They bring this newfound knowledge, or lack thereof, to the CORES course. Because the subject matter is now totally *relevant*, their ability and willingness to learn the material is enhanced exponentially.

Needless to say, the CORES course has been a smashing success. In the past four years, 57 junior residents and 17 mid-level providers have participated. Faculty members from all of the NEOS programs have helped teach. This past July, the course moved from the ORL clinic space to the main OR complex at Boston Children’s Hospital. Here, four operating rooms, the Skills Simulation Center in the back of the OR, and adjacent conference space were taken over by 18 eager participants. Each year, the skills trainers become more advanced, and the airway simulations more refined. The course is indebted to the hard work of the Simulation Center staff who sacrifice a gorgeous July weekend annually to help run the course. And as long as the potential airway emergency nightmare looms over each junior resident, ORL and the Simulation Center will continue to provide this exciting course every year.

### GMEC Members AY2015

Andrea Odian  
*Pediatric Anesthesiology*

Benjamin Paret  
*Pediatric  
Gastroenterology*

Sarah Pitts, MD  
*Adolescent Medicine*

Reza Rahbar, MD  
*Pediatric Otolaryngology*

Christina Ronai, MD  
*Pediatric Cardiology*

Paul Rufo, MD  
*Pediatric  
Gastroenterology*

Gretchen Sampadian  
*Pediatric Critical Care*

Lynda Schneider, MD  
*Allergy & Immunology*

Ted Sectish, MD  
*Medicine*

Janet Shahood  
*Medicine*

Tanvi Sharma, MD  
*Pediatric Infectious  
Diseases*

Diane Stafford, MD  
*Pediatric Endocrinology*

Cynthia Stein, MD  
*Pediatric Sports  
Medicine*

Joan Stoler, MD  
*Medical Genetics*

Marybeth Sweeney  
*Pain Medicine*

David Swenson, MD  
*Pediatric Radiology*

Paul Tannous, MD  
*Pediatric Cardiology*

## GME ON-Call

**GMEC Members  
AY2015**

Catherine Taylor, MD  
*Medicine*

David Urion, MD  
*Child Neurology*

Anne Vaccaro  
*Medicine*

Michelle Walters, MD  
*Pediatric Radiology*

Ari Wassner, MD  
*Pediatric Endocrinology*

Ariel Winn, MD  
*Pediatrics*

Alan Woolf, MD  
*Environmental Health*

Christopher Yuskaitis,  
MD  
*Child Neurology*

## The Academies in the BCRP: Scholarly Homes for Trainee Academic & Professional Development

Ariel Winn, MD

In addition to training expert clinicians, many training programs for physicians seek to develop future leaders in academic medicine. To achieve this, program leaders must consider not only how to develop and cultivate residents' differentiation into their future clinical home, such as hospital medicine or pediatric cardiology, but also how to facilitate and support their differentiation into a scholarly home, for example in clinical research, quality improvement, and/or medical education. Fellowship directors and department chairs often note that fellows and early career faculty may not be as developmentally advanced in identifying and developing a scholarly niche as they would like. Indeed, at the time of graduation in June 2013, only 62% of residents in our residency program, the Boston Combined Residency Program in Pediatrics (BCRP), agreed with the statement, "I have identified resources and strategies to aid in the achievement of my career goals." Thus we wanted to develop a way to address these needs by grouping residents into cohesive teams, or 'academies', so that they could learn from and be supported by faculty and each other longitudinally over the course of their training experience.

To give residents the resources they need to become future leaders in academic medicine, the Boston Combined Residency Program created four Academies in Investigation, Innovation, Medical Education, and Community/Global Medicine. This program was successfully launched in July 2013. Every resident joins one Academy at the beginning of intern year and participates throughout residency.

The goals of the Academies are to promote mentoring, support resident scholarly activity, and help residents develop the knowledge and skills needed for starting and advancing in an academic career. Residents participate in various in-person, protected time modalities including hour-long interactive lectures, small group workshops and seminars and evening networking events. The formal curriculum provides an average of one hour dedicated time each week, with approximately one afternoon or evening session for each Academy each month. Residents also meet with Academy leaders and core faculty to discuss and strengthen individual mentorship and projects outside of the formal curriculum.

The program has had many early successes. For example, the number of interns who were able to identify a mentor at end of the intern year increased from 54% pre-Academies to 71% post-Academies. Of those interns, 41% reported that the academies were helpful in assisting them to find a mentor and 33% reported that they found at least one mentor through the Academy structure. We are excited to continue to expand the program in the coming academic year.

## GME ON-Call

## Craig Lillehei, MD Named Chair of Surgical Education at Boston Children's Hospital



**Dr. Craig Lillehei**, Program Director for Pediatric Surgery, has been named the first Chair of Surgical Education at Boston Children's Hospital. Dr. Lillehei has been on the surgical faculty since 1986 and has served as program director since 2004. He is also the recipient of several departmental teaching awards and was the first recipient of the Robert P Masland Award for Medical Student Education, given by Harvard Medical School. Congratulations to Dr. Lillehei!

## GME Spotlight– Dr. Lakshmi Ganapathi

Katherine Evitts

*"It's almost like being Sherlock Holmes- people come to you when they can't figure out what's going on"*



**Dr. Lakshmi Ganapathi** may be intrepidity personified. She is the *Indiana Jones* of Infectious Diseases at Boston Children's Hospital- willing to strike out to unknown and potentially dangerous territory and immerse herself in a region's culture to gain understanding of root causes and come up with possible solutions. Dr. Ganapathi is currently in her third year of a dual fellowship in Pediatric Nephrology and Pediatric Infectious Diseases after having completed her residency in Pediatrics at Boston Children's Hospital, as well.

Coming to the United States to train wasn't a plan that was solidified when Dr. Ganapathi left her childhood home of Singapore; her focus had always been in international work. She took the calculated risk of leaving a very stable career trajectory to come to the United States, without pay, to study under mentors and contacts she collected along the way. "It was a really long road. I was trying to figure out what I wanted to do and how best to achieve it. So given the better sense- or glimpse- through having these experiences I thought, 'This is the path that I want to take.'"

**There are several recurrent themes in your past work- An interest in HIV/AIDS prevention and Global Health and Medical Education. They seem to intertwine.**

I've always been interested in working in areas of need and I've really been interested in doing more sustainable health work in global health. Moreover, I've always been interested in Medical Education. For me, meaningful Global Health work is when one lives and works in a country and does research within that context.

*Dr. Ganapathi goes on to describe a formative encounter with a successful Global Health and Medical Education initiative:*

My early experiences probably influenced my decision to be involved in medical education in other settings. When I was in Cambodia [in 2004], I worked in this small NGO-established pediatric hospital in Siem Reap (where the famed Angkor Temple Complex is). There, I met a young British pediatrician who had spent nearly two years of her life establishing a medical education unit. Prior to that, there were no training programs in pediatrics...in the whole country. This initiative has worked out so phenomenally that the hospital is now run entirely by local pediatricians who are published in the field of pediatrics. That was a very influential experience to me to see what medical education could do and what my skills could do further down the road.

*Continued page 7*

## By the Numbers

2011 data on  
Global HIV/AIDS  
Infection

34  
million:

The number globally  
infected with HIV/  
AIDS

Of that number,

3.3  
million

of the infected are  
children

2.5  
million

new infections  
occurred in 2011

1.7  
million

HIV/AIDS related  
mortalities in 2011

## GME ON-Call

## By the Numbers

2011 data on  
Global HIV/AIDS  
Infection , a  
breakdown of  
affected regions:

23.5  
million

Infected in Sub-  
Saharan Africa

4  
million

Infected in  
Southeast Asia

1.4  
million

Infected in  
North America

1.4  
million

Infected in  
Eastern Europe

Reference: UNAIDS  
2012 Report on the  
Global AIDS  
Epidemic  
[www.unaids.org](http://www.unaids.org)

## GME Spotlight, continued from page 6

**You're the recipient of a number of grants- most recently the Patient Safety & Quality Research Grant, Global Pediatric Education Consortium Grant, and the American Society of Transplantation's Young Investigator Travel Award Grant. What's up next for you in terms of study?**

When I came here as a resident, I worked on a study with Christiana Russ that looked at models of successful partnerships to build post graduate training in countries where there were no precedents to such training. . In this first study, we looked at the models that worked in that they were successful in graduating residents who went on to practice as pediatricians in their countries. It was really hard to find these models because many initiatives get off the ground, but many do not produce graduating residents for several different reasons. The next study we're going to be doing is a multi-center study rather in East Africa where I'm going to centers in Uganda, Tanzania, and Kenya. All of these centers regularly receive guest faculty that come and teach. We want to anonymously survey residents, junior faculty, and senior faculty about their experience with the guest faculty.

*Dr. Ganapathi stresses that graduate medical education in other parts of the world is vastly different from what we're accustomed to in the United States. The question that the study is aiming to address is how to make an efficient educational model that fits into local cultural norms and is ultimately instituted and run by local physicians.*

This is one aspect of my life here at BCH and wouldn't have been possible without the Fred Lovejoy Resident Research Grant that I was awarded in 2011. I was supposed to have used this grant my first year of fellowship, but it only took us two and half years to get IRB approvals from the various centers in Africa.<she laughs> But, Dr. Lovejoy has been remarkable. He's made so many concessions and he's really encouraged us.

#### What attracted you to Infectious Diseases as a discipline?

One of the most poignant experiences I've ever had occurred prior to even attending medical school. I had no skills- my job was basically to transport women and children to the hospital. This was in 1999 through an organization called World Vision which established a facility for marginalized women and children with HIV and AIDS in Chennai, India. Many of the patients had been repatriated from the sex trade or infected by their husbands. Due to the stigma of the disease, once their husbands passed away, their family members no longer accepted them and their infected children. Many of these poor, illiterate women had really no means of supporting themselves and no access to care. At this point, with the epidemic in India, there were many initiatives targeting prevention, but there were few people who were willing to take in end-stage terminally ill AIDS patients and actually care for them in a hospice facility. This organization was certainly doing prevention, but they also set up a hospice and this is where I volunteered. I remember a woman bringing in a ten year old girl who was emaciated and dying of AIDS. The end was definitely near and it was such a hopeless situation. I just remember being in that room with this dying girl and I felt completely helpless; A few years later when I returned to work again in the same facility, I saw remarkable progress. The organization had worked hard to provide access to anti-retroviral therapy and lives were being changed. I always carry that memory in my mind – particularly in my weakest moments as a physician. I think that's what motivated me to go into medicine and then onto infectious diseases.



*Continued page 8*

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### Was that experience also pivotal in combining your interests of Pediatrics and Infectious Diseases?

I never knew I wanted to be in Pediatrics until much later when I did my intern year and really worked in Internal Medicine and Pediatrics and got a sense for which I liked better. But the interest in pediatrics grew when I spent some time in Cambodia working in Angkor Hospital for Children and also with a local non-governmental organization [SiRCHESI] that worked with sex workers to prevent HIV and AIDS. Going from working with sex workers to Pediatrics was actually very complementary. This was 2004, when Cambodia had one of the highest prevalence of HIV/AIDS in Southeast Asia.. Anti-retroviral therapy was actually available then, but we were seeing far too many patients who were diagnosed far too late. It made a lot of sense for me to work with women because that was a good way for me to address mother-to-child transmission early enough. It made a lot of sense to actually understand the social context in which I was also treating patients within the hospital, so it wound up being a very complementary view of everything.

### And now you've entered the Nephrology portion of your dual fellowship. How does Nephrology tie in with Infectious Diseases?

I loved Infectious Diseases for a lot of reasons. One is that it involves every single body part- it really traverses a lot of different systems. From a medical standpoint, it's a very gratifying field- it's very diagnostic. It's almost like being Sherlock Holmes-people come to you to figure out what's going on. I love that so much of Infectious Diseases is actually prevention so you can really integrate public health prevention with treatment. I do see a growing need in immunocompromised patients such as organ transplant recipients. When I was in training, I had a lot of exposure to these patients and I saw that the biggest morbidity was from infections in this group. Even if they had a successful transplant, there was a huge risk from infection and yet, there is little research being done in that area mostly because it's a growing field. I realized that I cared more than just dealing with infections.. I cared about the quality of their lives, I like having longitudinal relationships and I wanted to be responsible for a cohort of patients that I could see throughout their lives and see them grow.

*Dr. Ganapathi was recently elected to the American Society of Transplantation's Infectious Diseases Community of Practice in a role meant to highlight the need for training and research in pediatric transplant infectious diseases.*

### Do you have any words for medical school students or up-and-coming residents?

I love what I do. There's something that I learned from Marvin Harper. He's one man who does about ten different things. He sat me down one day and we had a long conversation and he said, "I've always made a point to do just what I like to do. I think that's the model I've tried to adopt. I've been very fortunate that people around me have been very supportive of me. I've been fortunate to seek mentors who, to me, define the model of success that I want. That's the one piece of advice I'd give to fellows and residents- seek out the people that you admire the most, the people who have been able to integrate the things that you hope to do one day without losing themselves in the process. You may not do anything big, you may not make the news, but you can still do work that is meaningful to you and have an impact.

#### Questions? Contact the GME Office

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Katherine Evitts– Sr. Administrative Associate

617-355-4372

Daniel Herrick– Data Coordinator

## Upcoming Events

### GME Fall Retreat

Monday,  
November 17th  
Innovations in  
Medical  
Education

### Strategies for Academic Success

Monday,  
November 17th  
Career  
Development

Friday,  
December 12th  
Academic  
Productivity

Monday,  
January 26th  
Professionalism

Monday,  
March 30th  
Quality  
Improvement

Tuesday,  
May 12th  
Teaching &  
Leading

Please RSVP to  
Kacee Evitts