

GME ON-CALL

Volume 8, Issue 4 Spring 2017

Message From the Co-Chairs

Alan Woolf, MD, MPH, Debra Boyer, MD

We continue to host a variety of exciting events in medical education here at Boston Children's Hospital this Spring. The final session of the Strategies for Academic Success (SAS) seminars for clinical fellows was held on May 30th. More than 40 BCH fellows have completed this program this year.



The Office of GME organized a celebration of GME Day on April 26th for a seventh year. This year's GME Day included a variety of events, including a scientific abstract poster symposium and awards competition, grand rounds presented by **Dr. Joan Reede**, the Dean of Diversity and Community Partnership at Harvard Medical School, and small group meetings with hospital leadership, pediatric residents, medical educators, and training program directors and coordinators. Read about the details of the grand rounds presentation and the scientific abstract poster symposium and competition elsewhere in this newsletter.

Thanks especially to **Tery Noseworthy**, **David Jung**, and **Katelynn Axtman**, as well as the members of the GME Day Planning Committee, who devoted their time and energies to organizing this annual event and to making sure that all went smoothly. Thanks also to **Dr. Ariel Winn** and **Lori Newman**, who organized this year's research poster symposium and competition. This year we expanded GME Day to "GME House-staff Appreciation Week" at Boston Children's Hospital. Events were scheduled each day during April 24th-28th, including a yoga session, a wine & cheese reception, a medical education poster symposium, and a 'de-stressing' event. House-staff received complimentary gift mugs and candy. Because of its success and the Hospital's support of this program in its inaugural year, it is anticipated that now 'GME House-staff Appreciation Week' will be held annually, with input from trainees themselves through the GME Wellness Subcommittee, led by its chair, **Dr. Diane Stafford**.

The Academy at BCH collaborated with the Office of GME to present three concurrent afternoon workshops also on April 26th. A keynote session on Mindfulness and Well-Being was presented by **Dr. Jamie Heath**. Following her excellent presentation, Academy members dispersed to one of three concurrent workshops: 'Effective Teaching in Ambulatory Settings' (led by educators **Dr. Sarah Pitts** and **Rob Sundel**), 'Effective Teaching in Procedural Skills' led by educators **Dr. Joshua Nagler** and **Michael Goldman** and 'Teaching Surgical Procedures' (led by **Dr. Craig Lillehei** and **Dr. Benjamin Zendejas-Mummert**). The workshops attracted over 50 participants and provided useful information on effective teaching strategies to our educators. The final GME Committee meeting for this academic year will be held in the Garden Conference Room on Wednesday, June 14th, at 4:00pm.

Inside this issue:

Message from the Co-Chairs

New Program Requirements: Duty Hours

Coordinator's Corner

Graduate Student Research Awards

PS/QI Blitz

BCH Community Needs Health Assessment

IPASS wins Eisenberg Award

Dean Reede Strategies

Med. Education Posters

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GME ON-CALL

Comings & Goings: We are pleased to announce that **Dr. David Urion**, the training director for the pediatric neurology residency at BCH, has been elected to serve on the residency Review Committee for Neurology by the ACGME Board of Directors. Dr. Urion's first meeting for the RC will convene in Chicago in January 2018. Congratulations, David! Congratulations also to **Dr. Mindy Lo** who has signed on to become the new training program director of the Pediatric Rheumatology Fellowship Training Program. We also applaud the enormous contributions to medical education of the previous rheumatology training director, **Dr. Rob Sundel**. Dr. Sundel will remain as a senior teacher, mentor, and professor within the division at BCH. Welcome to **Lynne Mills-Fawzy**, new fellowship coordinator for Pediatric Endocrinology. Lynne has previously worked with the Pediatrics residency program.

House-staff Transitions: Once again it is springtime at BCH and that always signals a time of change in GME. Residents and fellows who are finishing their training will soon be packing up and moving on to even greater challenges and opportunities in new professional positions. We want to thank them for their service during their training at BCH, as well as enlivening our Hospital with their energy, enthusiasm, spirit of inquiry, and resourcefulness. And we wish all of them well in their future pursuits, just as we are preparing the welcome for new house-staff arriving on orientation day on Wednesday, July 5th.

New Program Requirements – Duty Hours Changes

The ACGME is implementing new Common Program Requirements that will be effective July 1st, 2017. As part of this update there are some changes to the Duty Hours Requirements that you should be aware of

- Residents/fellows may not work more than 80 hours per week when averaged over 4 weeks. This rule will be strictly enforced. Residents/fellows should be scheduled for less than 80 hours to allow for flexibility when needed.
- Work from home and call from home count towards the 80 hours per week limit
- Call from home/work from home does not initiate a new duty period
- Call from home/work from home needs to be reported only as total amount of time; it is not necessary to log each individual call or work item.
- Clinical and educational assignments for all residents may be scheduled for up to 24 hours, with 4 additional hours allowed for transitions of care and educational activities. PGY1 residents are no longer limited to 16 hours.
- Residents/fellows should have 8 hours between shifts (rather than must). Programs are still expected to schedule residents/fellows to have at least 8 hours between shifts, but this allows for some flexibility to address patient care needs. Residents/fellows must have 14 hours off after a 24 hour shift.
- Night float must meet all other duty hours requirements, but is no longer restricted to 6 consecutive nights.
- Residents/fellows may, in rare circumstances, choose to stay beyond their normal hours or return to the hospital in order to care for one severely ill patient, for humanistic attention to the needs of a patient/family or for a unique educational opportunity. While some of the duty hours rules may be violated in this situation, the resident/fellow's total hours for the week must be no more than 80 hours.

Wellness Information

A great fitness opportunity available in the Fenway Area is at The Handle Bar Indoor Cycling Studio!

All physicians are able to take any spinning class for only \$16. Feel free to stop in and present your valid medical ID at check-in. This offer is only good for walk in riding. Just be sure to wear some comfy clothes that you can sweat in and remember this location does not have changing rooms.

GME ON-CALL

Taxi Voucher Program

Just a friendly reminder for house staff about our taxi voucher Program:

The GME Office offers this great benefit to those who drive or bike to work: if you've worked a shift of 24 hours or more, you feel fatigued and are concerned about falling asleep or can't reasonably get home via public transportation.

Any questions please call Katelynn Axtman at 617-355-4372 or send her an email at Katelynn.axtman@childrens.harvard.edu

- Programs must have a procedure in place to relieve a resident/fellow who is too fatigued to provide safe patient care.
- Call from home/work from home needs to be reported only as the total amount of time spent actually working.

A fellow who is on call from 5 p.m. – 5 a.m. but only spends about an hour total answering calls would log 1 hour, not 12.

- Work from home includes all clinical activities - documentation, phone calls, reviewing patient information etc. It does not include reading, studying or research done from home.

Calling a referring provider, writing a note and reviewing lab results while at home would all count towards duty hours. Reading an article for journal club, reading in preparation for a patient the next day or studying for an in-service exam while at home would not count towards duty hours.

Want more information? Read the requirements, including background and intent here https://acgmecommon.org/2017_requirements.

Coordinator's Corner

Gretchen Sampadian, BS, MHA, Program Manager

For many of us that hold a role in program coordination here at Boston Children's Hospital, our day-to-day activities are rightfully dedicated to addressing the constant administrative demands of our training programs. Very seldom do we find ourselves with opportunities to share our work well beyond the walls of our training programs, departments, and our hospital.

As Program Manager for the Fellowship in Pediatric Critical Care Medicine, I was recently granted the opportunity to diversify my role in graduate medical education through conducting research. In close collaboration with my Division Chief and Program Director, I assisted in writing a manuscript that seeks to describe the growth trends in the number of programs, positions, and applicants in pediatric critical care medicine fellowship training over a twelve year study period. We analyzed all data on programs, positions and applicants through the NRMP® Specialties Matching Service® as well as available training data through the ACGME®, to formulate our results. Throughout the process I was able to expand my skillset in data analysis and reporting, as well as widen my understanding of statistical analysis through collaboration with our Department's dedicated biostatistician. I also took an active role in writing and editing the manuscript. Our manuscript was recently submitted for publication in one of our field's most prominent peer-reviewed journals, Pediatric Critical Care Medicine, and will soon be followed by subsequent studies that focus on job market analysis and graduate performance in our field.



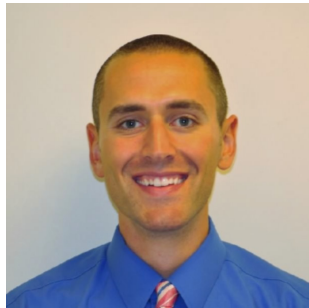
GME ON-CALL

While this type of research opportunity is not always easy to come by for program coordinators, I would encourage all of my colleagues to seek out various ways in which they can share their work beyond the reach of their departments. Whether collaborating on a manuscript, presenting a current program-wide project at a national meeting, or sharing a best practice with other BCH coordinators, we as administrators offer unique perspectives in the area of graduate medical education that are all the more worthwhile when shared. As we look towards expanding the role of the program administrator now and in the coming years, I believe these kinds of endeavors will prove to be truly vital components, both in contribution to academic literature as well as for our own personal development.

Graduate Student Research Awards



Martin Berger



Chris Goodell



Michael Hong

The Graduate Student Research Awards (GRSA) sponsored by NuSmile Pediatric Crowns® was established in 1989 for pediatric dentistry residents and recent graduates. After completing the application process, the AAPD Council on Scientific Affairs selects eight finalists to present their research during AAPD 2017. Finalists receive complimentary registration to the Annual Session for themselves and a guest, reimbursement for travel expenses, a cash award and plaque presented during the General Assembly at the Annual Session. A matching cash award is presented to each finalist's training program. Chris Goodell (PGY2) and Michael Hong (PGY2) were both chosen as finalists for the GRSA competition. Dr. Goodell was awarded the Ralph E. McDonald, which is an award presented to the Graduate Student Research Award recipient judged to have accomplished the most outstanding research project. The recipient receives an additional cash award. Established in 1991, the award honors Ralph E. McDonald, AAPD past-president and editor emeritus. The AAPD Council on Scientific Affairs selects the recipient.

The Sunstar®/AAPD Post-graduate Research Fellowship Program was established for the purpose of promoting and supporting innovative research by residents in pediatric dentistry. The Sunstar® Research Fellowships are possible through the generous support of Sunstar Americas, Inc. Up to three (3) pediatric dental residents are selected each year to receive a year long research fellowship. The AAPD Council on Scientific Affairs selects the recipients on a competitive basis from

The PS/QI Blitz

Shawana Bibi, Resident, Pediatrics

STUDY: Piazza AJ, Brozanski B, Provost L, et al. SLUG Bug: Quality Improvement with orchestrated testing leads to Neonatal Intensive Care Unit (NICU) Central Line-Associated Blood Stream Infections (CLABSI) reduction.

Benefits for Employees

Friendly Reminder: Working Advantage is a great new way to receive discounts on shows, movie tickets, trips, waterparks, clothing, etc. To learn more please visit:

<https://workingadvantage.com/childrenshospital>

This offer is only for Boston Children's Hospital Employees! The referral code can be found on the GME page on the internal web site under "Discounts for House Staff" then by clicking on "Employee Discounts" page and scrolling down to Working Advantage.

<http://web2.tch.harvard.edu/gme/mainpageS2739P20.html>

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National Resident
Matching Program
Data

2017 appointment year was the largest in history for specialties matching service.

10,410 applicants for 9,776 fellowship positions offered by 4,176 programs across 62 subspecialties.

At 81.5% the match rate for applicants was the highest on record.

Source: Pediatrics, January 2016

Brief Study Summary: SLUG Bug study (Standardizing Line care Under Guideline Recommendations) was carried out with the purpose of preventing CLABSIs by providing better practice recommendations to neonatal providers in care of central venous catheters (CVCs).

Background Context: Central line associated blood stream infections (CLABSI) are a significant source of morbidity and mortality, specially involving neonatal population. The attributable cost of CLABSIs to care is reported at \$ 69000 per event. While the risks associated with CVCs are well-known, their importance at providing nutrition, fluids and medications is also well-recognized. Therefore attempts to reduce CLABSI rates impact NICU outcomes tremendously.

What was the aim of study? The aim of SLUG Bug was to reduce baseline CLABSI rates by 15 % over 12 months in NICUs. A second objective was to use orchestrated testing to identify important CLABSI prevention practices.

Methods: Inclusion criteria: CHND (Children's Hospital Neonatal database) membership and agreement to participate, Level III NICU designation, >40 admissions annually, >25 inpatient beds, >50 % of admissions being outborn. A survey was developed and distributed to NICUs to describe specific CLABSI prevention policies. This benchmarking survey, literature review and expert opinion were used to develop a CLABSI reduction clinical practice recommendation. Each institution was then asked to define local CVC care practices and identify improvement opportunities. Evidence is well established for hand hygiene, central line insertion, dressing changes and root cause analysis; however, certain other practices involving central line care vary widely. Authors used Orchestrated testing (OT) as an innovative method to identify potential best practices. A 2 fractional factorial design matrix of 8 distinct factor/level combinations (test groups) was developed using 4 factors: 1. Sterile vs. clean tube changing technique, 2. Hub care compliance monitoring vs. no monitoring, 3. CVC access limitation vs. no limitation, 4. CVC removal tracking vs. no tracking. Each center selected the practices in 1 of 8 test groups.

Primary Outcome: CLABSI rates according to National Healthcare Safety network's definition.

Analysis: Monthly CLABSI rates were analyzed as time series outcome variables using Statistical Process Control Charts (Shewhart u charts). Study -It software was used to analyze each of the 4 factors' effect and their interactions.

What were the main findings? CLABSI rates decreased by nearly 20 %. Sterile tube changing technique when combined with hub care compliance monitoring had the greatest impact.

What are the limitations? OT was applied without center randomization that could result in biased estimation of factor effects and unequal line day distribution. Additional practices involved in CLABSI prevention that were not monitored during study could have potentially contributed to low CLABSI rates

BCH Community Needs Health Assessment

All clinical trainees and faculty at Boston Children's Hospital (BCH) are expected to understand and appreciate the disparities of health present in the population of children they care for and how those health needs are being addressed by services offered by the institution. The ACGME Institutional Requirements (effective July 2015) include such language:

III.B.2.a) Describe how the Sponsoring Institution will ensure that residents/fellows have access to data to improve systems of care, reduce health care disparities, and improve patient outcomes.

GME ON-CALL

Over the next few years, BCH has plans to invest substantial resources in support of the local Boston community and beyond. To better understand the needs of the children it serves, BCH conducts a comprehensive health needs assessment every three years. The findings inform the direction of its community health plan to address those identified concerns. The findings of the latest needs assessment in 2016 included some notable statistics:

- 37% of Boston households with children under 18 receive food stamps
- The number of homeless families in Boston increased 25% between 2013 and 2015
- Nearly 1 in 5 children in the Boston area have special health care needs
- 27% of Boston high school students reported feeling sad or hopeless for 2 weeks
- Obesity among black students increased by 2.4% between 2011 and 2015

In consideration of these and other needs and disparities in health, BCH has prioritized a number of health issues to address in a Community health & Benefits Strategic Implementation Plan for

FY17-FY19, including:

- Mental and Behavioral Health
- Trauma Response and Prevention
- Early Childhood/Child Development
- Legal Assistance
- Obesity Prevention/Healthy Eating & Active Living
- Asthma
- Access to Care
- Access to Healthy Food
- Affordable Housing/Homelessness
- Youth Workforce Development & Engagement
- Community Resource Development
- Health Education

The Hospital is working with a number of key community partners to address specific needs in these areas through its clinical programs and services. The BCH goal is to collaborate on programs and services that improve health outcomes and enhance the quality of life for children and families, especially those affected by health, social, economic, racial and ethnic disparities.

For a copy of the needs assessment and for more information about the BCH strategic implementation plan over the next 3 years, faculty and trainees are encouraged to visit the website: www.BostonChildrens.org/community

Updates can be found at the following website: www.BostonChildrens.org/TalkToUs

I-PASS TEAM WINS 2017 EISENBERG AWARD

Congratulations to **Drs. Chris Landrigan, Amy Starmer, Ted Sectish** and the I-PASS team for national recognition of their innovative I-PASS system of structured 'hand-offs' for use during transitions in patient care. The I-PASS Team has won the prestigious 2017 Eisenberg Award. The John M. Eisenberg Patient Safety and Quality Awards recognize major achievements to improve patient safety and healthcare quality.

Each year, the National Quality Forum (NQF) and the Joint Commission recognize the best examples of individual, local, and national efforts to improve patient safety and healthcare quality: original projects or initiatives involving successful system changes or interventions that make the environment of care safer, or that advocate on the patient's behalf.

These innovative projects or initiatives may address new technologies, protocols and

International Medical Graduates in the Match for AY2017

Total IMG Participants:
12,790

Number Matched:
6,638
Non-US Citizen

Non-US Citizen IMG Participants:
7,460

Number Matched:
3769

US Citizen IMG Participants: 5323

Number Matched:
2869

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Alphabet Soup

ECFMG:

Educational
Commission for
Foreign Medical
Graduates

IMG:

International
Medical Graduate

USMLE:

United States
Medical
Licensing
Examination

COMLEX:

Comprehensive
Osteopathic
Medical Licensing
Examination

MCCQE

Medical Council
of Canada
Qualifying
Examination

procedures, education, organization culture, legislation, the media, patient advocacy, systems theory, etc. These awards bring the quality community together to honor groundbreaking initiatives that are consistent with the aims of the National Quality Strategy: better care, healthy people and communities, and smarter spending.

Launched in 2002, the awards honor the late John M. Eisenberg, MD, MBA, former administrator of the Agency for Healthcare Research and Quality. An impassioned advocate for healthcare quality improvement, Dr. Eisenberg was a founding member of NQF's board of directors.

Dean Reede Outlines Strategies Promoting Diversity and Inclusion

Dr. Joan Reede, the Harvard Medical School Dean for Diversity & Community Partnership, was the visiting professor for GME Day at Boston Children's Hospital in 2017. Her Grand Rounds presentation on April 26th was entitled: Breaking Down the Barriers to Diversity and Inclusion. She presented an outline of how impediments to achieving a truly integrated system of health care may thwart our goals in training effective health professionals and addressing the future health care needs of people living in the United States. It is a changing population: it is projected that by the year 2065, America's population will be 46% White, 13% Black, 24% Hispanic, 14% Asian, and 3% all others. Dean Reede pointed out that 25% of children in the U.S. live in an immigrant family and 89% of immigrant children were born in the U.S., whereas only 3% of medical school faculty are under-represented minority women and only 4% are under-represented minority men.



Dean Reede emphasized the value of diversity for addressing complex issues, such as disparities in income and social status, education, and bias, all of which impact health outcomes. She observed that the ACGME's written goals for the Clinical Learning Environment (CLE) include: "enhance the safety and quality of clinical care and remove health disparities, both today in the teaching environment as well as tomorrow in the future practice of our graduates." And yet recent survey data show that many current trainees do not know the priorities of their own institution in addressing health disparities within the local community that the hospital serves; and many residents and fellows get only generic training in cultural competency, if any training at all.

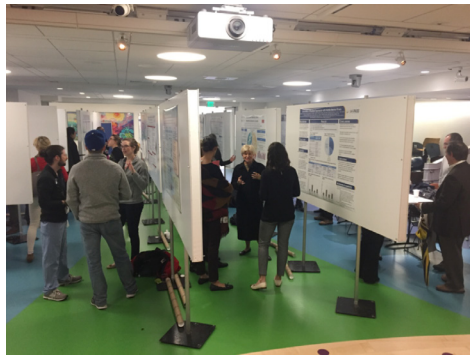
Dean Reede pointed out the need not only to recruit under-represented minority faculty, but also to retain them in the Harvard system. She discussed those factors, such as a lack of co-authorship or networking and relative professional isolation, which contribute with career dissatisfaction. Such factors may adversely impact the academic career aspirations of not only minority faculty, but also women faculty, Gay, Lesbian, Bi-sexual, transgender (GLBT) faculty, and those who are disabled.

GME ON-CALL

Dean Reede concluded her presentation on a very positive note. She described innovative and successful programs at Harvard which nurture present and future health professionals from underrepresented minorities. She described in particular, four programs within the Office for Diversity Inclusion and Community Partnership: the Biomedical Science Careers Program, the New England Science Symposium, the Visiting Clerkship Program, and the Commonwealth Fund Mongan Fellowship in Minority Health Policy. Such programs showcase strategies that can be employed to promote inclusion and better position our graduates to meet the future needs of the population they will serve in pediatrics.

2017 Medical Education Research Poster Symposium

The 2017 Medical Education Research Poster Symposium was held in the Patient Entertainment Center at BCH on April 25th. More than 20 research abstracts were presented by both house-staff and faculty on topics ranging from prevention of resident burn-out to intern comfort levels with their ability to perform endotracheal intubation. In an awards competition for best research abstract, submissions were rated by a panel of judges for the quality of their: 1. Concept, 2. Methodology, 3. Educational Impact, and 4. Poster Presentation. Winners of the awards' competition received their certificates at GME Day Grand Rounds. The two winners were:



- Dr. Katherine Brunsberg for her abstract entitled: "Association of Resident Depression with Harmful Medical Errors". Her co-authors on the project were Drs. Chris Landrigan, Briana Garcia, Carter R. Petty, Ted Sectish, Arabella L. Simpkin, Nancy D. Spector, Amy J. Starmer, Daniel C. West, and Sharon Calaman.
- Dr. Katie Greenzang for her abstract entitled: "Responsibility for Patient Care in Graduate Medical Education: Defining and Assessing "Ownership" Of Clinical Care". Dr. Greenzang's co-authors were Drs. Anna Revette and Jennifer Kesselheim.

All participants in this year's symposium are congratulated on the excellence of their work in advancing the science underlying strategies to promote medical education and training.

Questions? Contact the GME Office

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617-355-4372

Save the Date

Medical
Education
Fall Retreat:
October 6th from
12:30pm-4:30pm

Patient Safety Grand
Rounds,
sponsored by the
House Staff
Quality Council:
Wednesday, March
14th, 2018 12pm

GME Committee
AY 2018 Monday
September 11th
5:00-6:00pm
Byers A & B
Conference Room

Association of
Pediatric
Program
Directors (APPD) Fall
Meeting
September 27th-
29th 2017.
Arlington, VA

ACGME National
Meeting
Orlando, Florida
March 1st-4th 2018