



Boston
Children's
Hospital

Until every child is well™

GME ON-CALL

Volume 8, Issue 3 House Staff Spotlight Edition

Message From the Co-Chairs

Alan Woolf, MD, MPH, Debra Boyer, MD

In this special issue of our newsletter *GME On-Call* we pay tribute to our outstanding house-staff by devoting the whole issue to 'Spotlight' stories. These are brief biographies of just a small sampling of residents and fellows who've been nominated by their training program directors. These talented individuals have agreed to reflect on their personal journey, sharing their life experiences, career direction, research interests, and thoughts on work-life balance with all of us. We think our readers will find their stories to be as fascinating as we do. We were struck by the diversity and creativity of these incredibly talented individuals and physicians. We are encouraged by the unique strengths and personal narratives they bring to the clinical care of our patients and their families. You can read their stories and know that they, and all of the other 490 residents and clinical fellows at Boston Children's Hospital, bring a strength of character, passion for pediatrics, and purpose and dedication to their work every day. We applaud them and the faculty who are teaching them to be the skilled clinicians, productive investigators, and effective medical leaders of tomorrow.



House Staff Spotlight: Arielle Spellun

From the beginning: I grew up in Warwick, Rhode Island with my parents, sister and dog, Hershey. As a high school student, I was always involved a variety of extracurricular activities from volunteering in my Jewish community, to participating on sports teams, to playing piano and viola with my high school orchestra and quartet ensembles.

On becoming a doctor: My dad is an adult gastroenterologist and my mom is a primary care nurse practitioner, so I was always surrounded by medicine. Both my parents love what they do, so it was hard for me to not fall in love with medicine from a young age. In middle school, I toyed with the idea of becoming a veterinarian, and I actually helped out with surgeries at a local vet's office. But within a few weeks, I realized that my favorite part was talking to the pet owners, so I decided to stay on the human end of the medical spectrum.

My inspiration: I am inspired by children with hearing loss who couldn't reach their full potential and suffered the developmental, cognitive, and psychological consequences of incomplete access to language during childhood. My hope is that for every clinician I help to educate about sign language, hearing loss and language development, there will be a child they care for who they will help ensure has complete access to language.

My motivation: If I can get a patient to smile or laugh – even if just for a moment – that is always reward enough for me to keep working through the most challenging days. As it says in the Talmud, one of the Jewish texts, if you save one life it is as if



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you have saved the whole world. It's hard as a doctor to not be successful at helping everyone all the time, but I try to keep reminding myself of that quote whenever I need a boost of motivation to keep pushing forward.

My experience: In college at the University of Pennsylvania, I became passionate about American Sign Language (ASL) and Deaf studies after taking an ASL class for fun. I later established an ASL/Deaf Studies minor; there have since been many students to officially graduate with the minor and many more join each year! In medical school, I created a lecture series for first year medical students on Deaf Awareness that has now become a fixed part of the Introduction to Clinical Medicine: Culture and Diversity block for the fourth year in a row.

My work: My main project right now is trying to create a formal curriculum aimed at increasing physician awareness of Deaf culture and childhood hearing loss. My eventual goal is to make deaf cultural competency and impacts of hearing loss on language development a standard part of national medical education, in particular pediatric trainee education.

Why Boston Children's/Boston Medical Center? After spending time working at the Deaf and Hard of Hearing Program at Boston Children's, I knew I wanted to be here for training. In particular, I chose the Urban Help and Advocacy Track (UHAT) because I wanted the extra training in leadership and advocacy, as well as the dedicated time and support to work on my projects as a resident. Having the inspiring and supportive UHAT community as a resource is truly priceless, and I know will lay the foundation for my entire career long term.

Finding work-life balance: I tend to throw myself into my work 200% every day and set expectations for projects outside of work a little too high, so I often come home feeling drained. I've started to try to schedule in yoga breaks, walks outside, and painting afternoons on the days I have off. It's amazing how much of a difference this has made, although I still think I have a long way to go before my own work-life balance feels a little bit more balanced!

Plans for the future: I hope to become a primary care pediatrician focused on complex care. I am amazed at how families adapt to such challenging circumstances and want my career to be dedicated to providing them with the support they need to thrive. I also hope to develop what a medical home for children with hearing loss would look like and possibly integrate this in with the Deaf and Hard of Hearing Program that already exists at Boston Children's.

House Staff Spotlight: Ben Ekstrom

From the beginning: I grew up in Anchorage, Alaska and I am the fourth of seven children in a family with a great love of the outdoors. We enjoyed backpacking, sightseeing, camping, fishing, cross-country skiing, kayaking, and hunting. My wife and I met in high school and were married three years after graduation. We have three children and hope to return to Alaska to raise our children and enjoy the same outdoor experiences. I go back every year to rejuvenate my soul and reconnect with the natural wonders there.

On becoming a doctor: I had planned to be a scientist from a very young age. I never considered the medical field until an experience while I was serving as a missionary for The Church of Jesus Christ of Latter-day Saints in Phnom Penh, Cambodia. I was asked to help translate for Operation Smile for one of their annual missions. I was given the opportunity to observe and translate in the operating room for a cleft palate repair and was blown away by the skill of the surgeon. Then I watched the child emerge from anesthesia with a terrible case of emergence agitation. This left an impression on me, which led to shadowing an anesthesiologist when I returned to the states, and ultimately to deciding to attend medical school.



My motivation: Three major things motivate me: first, the individual patient and his or her needs. I receive a great deal of satisfaction from trying to deliver a perfect experience to each patient. Second, I keep my ultimate goal of returning to Alaska in mind. I will be practicing in a location with fewer resources and less backup, so I am trying to learn everything I can to practice independently. Finally, I have been looking to fill the needs of patients in my home state, as there are currently no pediatric pain providers in Alaska.

Choosing Pediatric Pain Medicine as a specialty: Pain management is one of the most difficult and most rewarding aspects of anesthesiology.

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rewarding aspects of anesthesiology. These patients can be intimidating and highly stress provoking. But during residency I learned that relieving pain is a very special opportunity that turns a difficult encounter into a chance to make a difference in a patient's life. After deciding to pursue a pediatric anesthesiology fellowship, I determined that I wanted to make pain management a part of my practice as well.

My experience: I was very fortunate to train in institutions that made education a major part of their strategic plans. I attended the Medical College of Wisconsin, a freestanding medical school whose first purpose is to educate physicians for Wisconsin and the world. They have a very active global health mission: I was able to return to Cambodia for a pediatric surgery elective and attend a global public health elective in Dhulikhel, Nepal. I completed my anesthesiology residency in Seattle at Virginia Mason Medical Center, a special institution that puts the patient as the top priority for every decision and every strategy!

Finally, I would be amiss if I didn't mention that I joined the Army National Guard in 2008 as a first year medical student and have been a medical officer since graduating in 2012. I have had the honor of providing medical support to the heroes who have, do, and will put their lives at risk to protect the freedom and security of our nation. It has truly been a privilege!

My work: I am currently in the second half of my pediatric anesthesiology fellowship. The majority of my time is spent providing sedation or general anesthesia, but I also have rotations in pain medicine, regional anesthesia, post anesthesia care unit, preoperative clinic, and intensive care medicine.

Why Boston Children's Hospital? I came to Boston for the breadth of experience in patient care and to learn from the nation's most experienced and expert clinicians in pediatric pain management. The pediatric anesthesiology fellowship is also highly renowned, so I applied for both years. Boston is a long way from home, but I believe that it was necessary to come here to obtain the training and knowledge I need to practice independently in Alaska. I looked at every ACGME and non-ACGME pediatric pain fellowship in the country, and I determined that Boston Children's has the program best suited to my career goals and needs.

Finding work-life balance: I spend as much time as possible with my wife and children. We love to explore Boston and New England. I try to never bring work home with me. I try to participate as much as possible in their evening routines on weekdays – dinner and dessert, brushing teeth, saying prayers, and stories at bedtime. On the weekends and on vacation, my ideal recreation – anything outdoors – is generally adaptable to taking children along.

Plans for the future: I plan to return to Alaska in 2018 to establish the first pediatric pain management clinic for the state. I also plan to balance my practice with time in the hospital providing anesthesia services and inpatient pain consults.

Acknowledgment: I would like to acknowledge my wife, Sarah, who is a retired occupational therapist and mother of our three daughters, Lizzy, Jane, and Phoebe. She is graciously tolerating my extended fellowship training and has such a great attitude about being so far from home. She loves learning about the history of New England and has read our children about every book on pilgrims or Massachusetts in the public library. She is also looking forward to returning to Alaska once my training is complete.

House Staff Spotlight: Jessica Tsai

From the beginning: I grew up in the Bay Area in Sunnyvale, California. Both of my parents are engineers, so I grew up surrounded by science. My dad was involved with start-ups long before they were commonplace. I credit the Bay Area for my love for innovation, delicious food and the outdoors.

On becoming a doctor: Growing up, I wanted to be everything including a professional basketball player, a tap dancer, an astronaut, and even a marine biologist. Becoming a doctor had certainly crossed my mind because my family had an incredible relationship with my pediatric cardiologist. I knew I enjoyed science but beyond that I was unsure. It wasn't until college that I decided to pursue a career in medicine.



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My inspiration: I didn't really know I wanted to work in pediatrics until I worked with a pediatric neuro-oncologist in medical school. During my PhD, we were required to work on clinical skills maintenance. I worked in a weekly continuity clinic in pediatric neuro-oncology and fell in love with it. I thought both the patient acuity and continuity were incredibly special.

My motivation: For me, my patients are what drive and motivate me. I'm part of a research track where I get 12 months of research time in the lab during my three years of pediatrics residency. I love the freedom of the lab, and I love thinking about and doing experiments. But, my patients remind me constantly to be grateful and push me to think outside of the box in the lab. Caring for them reminds me why I do what I do, and being overjoyed to go to work every day is such a great feeling.

My experience: I completed my training (college, MD, Neurosciences PhD) at Stanford University. I did a lot of research in college studying the molecular biology of sleep. During my PhD, I studied synapse maintenance and axon targeting using fruit flies as a model system. At Stanford School of Medicine, I was heavily involved in the free clinics as a manager at Arbor Free Clinic.

My work: I'm a second year pediatrics resident in the Boston Combined Residency Program in the Integrated Research Program. Currently, I'm on the research portion and spend most of my time in the laboratory. One afternoon per week, I continue to see my patients in clinic. And a few times per month, I'm on call.

Why Boston Children's/Boston Medical Center? Hands down the people. My colleagues at Boston Children's and Boston Medical Center are incredible. During residency, I constantly feel that every day I learn even more than the day before. My co-residents are an immensely wonderful group of people to work with and I'm so grateful I made the move from California.

Finding work-life balance: My philosophy has always been that if you want to do something and you love it enough, you'll figure out a way to do it. I'm very strict about time management and have everything in my calendar. For me, it's incredibly important to keep in touch with friends and family in California, so I try to FaceTime or Skype with them every week. I write every single day, and exercise is also a priority. And I always schedule a dinner out with a friend every week to catch up and try new restaurants.

Research interests: I started research in the Walsh Lab in January and am excited to be working on a number of projects including single cell sequencing, genetic mutations that alter brain development, and brain tumor genomics. I've also been involved in other projects in residency including a survey of pediatric program directors on their attitudes towards implicit bias as well as multiple writing projects. I'm also finishing up a book on Science, Technology, Engineering and Mathematics (STEM) education that will be published in the fall.

Plans for the future: I'm currently interviewing for a Pediatric Hematology/Oncology fellowship. I hope to one day have my own laboratory and pursue an academic career as both a pediatric neuro-oncologist and neurobiologist. I certainly hope to continue my writing and keep integrating this skill into my career.

House Staff Spotlight: Joelle Straehla

From the beginning: I was raised mainly in Florida (the panhandle and then later central FL). I also lived in upstate New York for several years during grade school.

On becoming a doctor: When I was around 16 years old, I decided I wanted to pursue medicine after being exposed to some medical research during a summer course. Then during college, I really enjoyed materials engineering and hoped to pair my interests together someday.

My inspiration: During medical school, I knew I wanted to pursue oncology, but was surprised by how much I loved my pediatric rotation, in part due to the intriguing medicine but more so due to the interactions with patients and families. Working with families during a complex and difficult time in their lives provides constant perspective on what's important in life. The last eight years, my husband has been my rock – sustaining me through my medical training and encouraging me to continue pursuing my goals.



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My experience: I went to medical school in Chicago at Northwestern, and completed my pediatric training in Seattle at the University of Washington. I really treasure both of those experiences, and feel fortunate to have learned from so many excellent physicians who invest their time in trainees.

My work: As a clinical fellow in heme/onc, my day-to-day involves patient care 100% of the time. I rotate between benign hematology, hematologic malignancy, solid tumor, neuro-oncology, and stem cell transplant services, and also maintain my own panel of patients accumulated throughout the year. Boston Children's is really a special place to work. I've learned so much from the nurses, pharmacists, case managers, and other staff in addition to the great teaching faculty.

Why Boston Children's? When I was looking at fellowship programs, I specifically wanted to find a program that would support my research goals and have a wide variety of research opportunities to choose from. Boston Children's fit the bill perfectly with access to Dana-Farber, Harvard Medical School, MIT, the Wyss Institute and the Broad Institute as just a few of the many places we can pursue research.

Finding work-life balance: Work-life balance is a process, and I am nowhere near where I would like to be in my goal to have balance. I try to remember that this is a marathon as opposed to a sprint, and I get perspective from those who have gone before me (upper level fellows and junior attendings). Having a supportive spouse has been key in getting through the rigors of the first year of fellowship.

Research interests: My goal is to develop novel therapies for pediatric brain tumors using biomaterials principles to engineer targeted nanoparticles. This summer, I will be primarily based at the Koch Institute (MIT) in Dr. Paula Hammond's lab with a focus on nanoparticle drug delivery and closely collaborating with groups at Dana-Farber who study tumor biology and genomics. By collaborating, we hope to rationally design therapies to improve outcomes for patients with devastating brain tumors.

Plans for the future: The final two years of my fellowship will be spent primarily in the research setting, with continued clinical care for my primary patient panel. My goal during these years is to gain expertise in order to obtain funding and start my own research lab, working as a physician-scientist. In terms of clinical work, I plan to care for patients with brain tumors as well as other oncologic diagnoses.

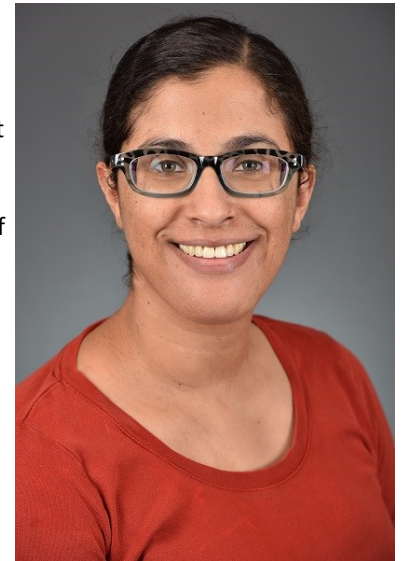
House Staff Spotlight: Kathryn Jones

From the beginning: I grew up all over the Eastern Seaboard following my mother's medical career and ending up in Richmond, VA, where my mother and my younger brother still live.

On becoming a doctor: I'm a third generation physician on my mother's side of the family. My grandfather was a surgical oncologist and researcher at Howard University, and my mother just retired from her job as the medical director of a pediatric intensive care unit in Richmond. I thought about medical school when I was a junior in college, but opted to go to graduate school and get my Ph.D. in molecular biology. I reconsidered medical school towards the end of my post-doctoral fellowship and never looked back.

My motivation: I think I've always wanted to understand why people are the way they are, why the world is as it is. That's what drew me to basic science research and what has drawn me to child and adolescent psychiatry as a field of study.

My experience: I did my general psychiatry residency at Dartmouth-Hitchcock Medical Center in Lebanon, New Hampshire. It was a great program and I had wonderful patient experiences there – particularly my outpatient substance abuse clinic, outpatient child clinic, and my community mental health clinic at Monadnock Family Services in Keene, NH.



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My work: I'm one of two chief fellows for our department. My areas of focus are the outpatient psychiatry service and the consult-liaison service, where I mainly act as a point person between administration and the fellows. I've participated in recruitment for the incoming fellows for 2017 and in recruitment for psychiatry residents from the Brigham & Women's Hospital program for applicants interested in child psychiatry. As our second year of fellowship is outpatient, I've particularly enjoyed working with patients at Martha Eliot Health Center and with clients in the Middlesex County Family Probate Court Clinic.

Why Boston Children's Hospital? I've never worked in a children's hospital before and there was something appealing about doing child psychiatry in a place where the focus was entirely on children, families, and their needs.

Finding work-life balance: I'm notoriously terrible at managing work-life balance and have to be constantly reminded to take my vacation time. I really enjoy my work, so it can be difficult for me to leave it here, but I've made an effort to keep work out of my apartment and to draw a solid line between work and home.

Plans for the future: I'm in the process of applying for faculty positions at several locations where I can continue to work with psychosocially complicated, medically complex children and their families. I anticipate bringing research back into my life at some point. But right now, I want to continue to focus on being a good clinician and on learning how to be a good attending psychiatrist.

House Staff Spotlight: Laila Alawdah

From the beginning: I was born in Buffalo, New York to Saudi parents and moved back to AlKhobar, Saudi Arabia so my father could pursue higher education. I lived most of my life in Saudi Arabia until returning to the U.S. in June 2015.

Throughout my childhood, I was surrounded by high-achieving, hardworking, role models. My parents were among the first Saudi cohort of physicians to build the corner stone of health care in the area. My mom was among the first Saudi women to get higher medical education and to lead her own private medical practice.

My father was a medical educator and dean of one of the top medical schools in the kingdom. I grew up in a house that was dedicated to helping others.

On becoming a doctor: Growing up watching up my parents, I adored the medical profession. But I didn't choose a career as a doctor until high school when my mother was diagnosed with breast cancer. I knew how much effort was involved to become a doctor, but I also understood the impact a good doctor could have on someone and his/her loved ones.

My motivation: My grandfather was the biggest motivator in my life. He was a great teacher and a man who loved life and science. He battled many illnesses and always kept the smile. He always told me the worst thing in life is to be "in need" and the worst need is illness. "Never disregard one's need if you could help," he said.

As I progressed in my career, I realized how patients and their families entrust their physicians, as I did when my loved ones were "in need." This motivated me to do my best and make a difference.

My experience: Before joining Boston Children's Hospital, I received my medical education mostly from Saudi Arabia. I graduated from Imam Abdulrahman bin Faisal University, College of Medicine (Formerly, King Faisal University) in Dammam, which is one of the top medical colleges in the Kingdom. Later, I did my pediatric residency training in Children's Specialized Hospital (CSH) in King Fahad Medical City (KFMC). I then earned a scholarship from KFMC to pursue pediatric infectious diseases fellowship training in North America. Prior to moving to Boston, I worked as a pre-scholar fellow in pediatric infectious diseases at CSH for about 18 months and had the privilege of implementing a new antimicrobial stewardship program in the pediatric intensive care unit to help combat antimicrobial resistance. We created a tailored clinical training track in pediatric ICH ID which includes an additional inpatient consultation service, pre/post-solid organ transplant ID evaluations, ICH ID clinics, rotations in BMT along with longitudinal immunology clinics and some time in antimicrobial stewardship program.



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I am involved in multiple educational activities in a variety of specialties, which added tremendously to my basic ID training.

Why Boston Children's Hospital?

I chose to join Boston Children's because it's the place where we refer many patients to get advanced therapy. Apart from being one of the top pediatric hospitals in the nation, Boston Children's has a great international reputation for its excellence in clinical care and research. It serves as a hub for many Arabian Gulf countries that send children requiring advanced surgical or oncological therapeutics, as well as help patients with primary immunodeficiencies establish a diagnosis or get stem cell transplant.

Finding work-life balance: As a wife and a mother of a four-year old girl, finding balance is not an easy task. The right amount of flexibility and planning are key factors to time management. Achieving the right balance largely depends on one's expectations and an available support system. My husband is a great support and motivation for me and my mom and my sister were around to help as well.

Plans for the future: I have been accepted into the master's program at the Harvard T.H. Chan School of Public Health starting this summer. I am planning to extend my stay in the U.S. for a fourth year and complement my experience with clinical research in ICH ID as well as more hands-on experience in antimicrobial stewardship.

In the meantime, I was awarded a PPSQ Graduate Medical Education grant as a co-PI with my co-fellow Ann Murry, MD to conduct a quality Improvement project in collaboration with International Health Services and Infection Prevention and Control department at Boston Children's. I have been charged with establishing an infection risk screening process for our international patients in order to provide a safe environment for our patients, families and employees.

House Staff Spotlight: Lucy Marcil

From the beginning: I first wanted to be a doctor at age 5. No one else in my family is in medicine, but I was fascinated by the human body and very upset by human suffering (I would start crying if my teacher yelled at other children!), so loved the idea of being a doctor and helping people. My mother was in graduate school for anthropology and took me to her human osteology lab. In the lab, she explained to me how to tell if a pelvis is male or female from the bone structure. She showed me hairline fractures on a female pelvis from childbirth. I found it fascinating!

My motivation: Social justice, a value my parents instilled in me, is the primary driving force in my career. From a young age, my parents taught me that I was very privileged – to have a loving family, to be intelligent, and to have the opportunity to pursue my passions – and that with this privilege came the responsibility to give back.

On becoming a doctor: I've always loved children and spent two years after college working as a Peace Corps Volunteer in Namibia. I worked with a local HIV non governmental organization (NGO). My primary project was building a comprehensive care program for orphans and vulnerable children. I loved the fusion of working with individual kids while building a system to change the trajectory of children's lives in this urban slum. The children brought joy to my daily life. We'd eat peanut butter sandwiches together while they chatted with me about their worries, their friends, their families. Their silliness and energy always brightened my day. I can't imagine anything more fun than working with children.



Why pediatrics? I originally planned on applying to a combination of Med/Peds and Family Medicine residencies. I was doing a clinical rotation with two other students, both of whom were going into Medicine, in Botswana. We were caring for adult patients; my friends would come home at night and excitedly discuss the optimal anti-hypertensive for a given patient. I was so bored by these conversations that it forced me to acknowledge I wasn't interested in chronic diseases of adulthood. I was much more intrigued by pediatrics because so much potential exists to improve a child's entire life trajectory. I had this realization about two weeks before my applications were due. Luckily, with a few long distance phone calls, I managed to switch to pediatrics.

My experience: I went to medical school at the University of Pennsylvania, which was a fantastic experience. I had brilliant, compassionate classmates, diverse patient experiences that developed my clinical skills, and excellent teachers.

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My experience: I went to medical school at the University of Pennsylvania, which was a fantastic experience. I had brilliant, compassionate classmates, diverse patient experiences that developed my clinical skills, and excellent teachers.

Finding work-life balance: I'm a third year resident in the Boston Combined Residency Program (BCRP) at BCH and BMC. I'm in the Urban Health and Advocacy Track (UHAT). Being a pediatric resident is a busy but rewarding job! I have learned a ton from the attendings, patients, and my brilliant co-residents.

Why Boston Children's Hospital/Boston Medical Center?

I picked the BCRP because of UHAT. I wanted the opportunity to train with like-minded peers who were committed to being excellent clinicians but who also wanted to tackle larger social issues impacting our patients' health from a systems perspective. It's a unique program, and I've been so inspired by and learned much from my 10 UHAT co-residents in my class as well as those in the other two classes.

Finding work-life balance: My friends and family are incredibly important to me, and I've found that keeping in touch with them and making time for visits is very important to my happiness. I also value being outside and active, so try to find time for runs a few times a week and love cooking and hosting dinner parties.

My research: My co-resident, Michael Hole, and I developed a program called StreetCred our intern year. The vision of StreetCred is to provide a one-stop shop of anti-poverty tools to families in pediatric clinics. We know child poverty plays a large role in poor child health, but medicine has historically done very little to address it. If we really want to improve child health as well as the future of our country, we have to start integrating systems-based anti-poverty solutions into medical care.

Plans for the future: I definitely plan on continue to work at the intersection of child poverty and health. It's such an important issue, but there's much that can be done with high-quality programs and policies. I'll be an attending at BMC next year as well as a fellow in the new Center for the Urban Child and Healthy Family. I'll work clinically and spend the rest of my time continuing to build StreetCred.

House Staff Spotlight: Darryl Powell

From the beginning: I grew up in the East Oak Lane section of Philadelphia. I attended the West Oak Lane Christian Academy until the 6th grade, and then I matriculated to the J. R. Masterman Laboratory and Demonstration School, which is a magnet school in the Philadelphia public school system, meaning that there are students from all over the city. My 9th grade biology teacher recommended that I apply to a science apprenticeship program at the Monell Chemical Senses Center, and I ended up working there for five summers and this affirmed my love of science.

On becoming a doctor: I originally wanted to be a teacher. However, in middle and high school I realized that I enjoyed science. I had various experiences with visiting family and friends who were admitted to the hospital, and I found myself fascinated by the medicine that was happening. I was curious about what the doctors were thinking and wanted to know more about the diagnoses. Soon after, I began to imagine myself as a physician and thought that it would be a good fit for my personality.

My inspiration: I initially thought I would pursue a career in pediatrics. However, my first clinical rotation in medical school was Internal Medicine and I absolutely loved it. I found the complexity of the patients to be quite fascinating, and I happened to work with a Med-Peds resident – an experience that sparked my curiosity in the field.

My motivation: A major motivating force thus far has been a desire to serve marginalized populations that have been historically underserved by the health care system. During my medicine clerkship, I became acutely aware of how patients with Sickle Cell Disease are treated differently on the adult vs. pediatric side, and saw this as an opportunity to fill a much-needed void in the care of these patients.



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My work: I currently serve as the Chief Resident for the Internal Medicine and Pediatrics program. In this role I am an advocate for the Med-Peds residents, and I coordinate the various education programs for the residency, particularly our Med-Peds Academic Half Days.

Why Boston Children's/Brigham and Women's Hospital? As I am interested in the transition from Pediatric to Adult Care, there is a strong community of Med-Peds physicians working on this issue at both Boston Children's and Brigham and Women's Hospital. This is most exemplified by the Weitzman Family BRIDGES Young Adult Transition Program.

Finding work-life balance: It is not news to anyone that residency is an extremely busy time, but I make sure to take advantage of my free time and enjoy the city of Boston. I have made a point to take advantage of the eclectic live music scene in Boston and I have been to some amazing shows at places like the House of Blues, Brighton Music Hall and the Middle East in Cambridge. As a singer myself, I also enjoy impromptu jam sessions with friends.

Research interests: My research thus far has involved developing an age-specific transition checklist for patients with Sickle Cell Disease in an effort to ensure that patients are better prepared to transition their care to adult providers.

Plans for the future: I will be starting a Pediatric Hematology-Oncology Fellowship at the Children's Hospital of Philadelphia where I plan to continue working on the transition from pediatric to adult care in sickle cell disease.

In Memoriam: As this 'Spotlights' issue of the newsletter was going to press, we learned that Dr. Darryl Powell had passed away suddenly and unexpectedly after a brief illness. We mourn the tragic death of our beloved colleague and friend and we send our heart-felt condolences to his family. Dr. Powell was one of our talented and dedicated house-staff physicians, who had volunteered to write in *Spotlights* about his journey into medicine. You can read in this issue his inspiring thoughts, experiences, and aspirations for the future. His kind and generous spirit shines through in his own words. We dedicate this *Spotlights* issue and this year's GME House-staff Appreciation Week to the memory of Dr. Darryl Powell.

*Those we love don't go away,
They walk beside us every day,
Unseen, unheard, but always near,
Still loved, still missed and very dear.*

-Anonymous

Questions? Contact the GME Office

Tery Noseworthy— *Manager*

617-355-3396

Katelynn Axtman— *Senior AA*

617-355-4372

David Jung— *Data Analyst*

857-218-5195