



Boston  
Children's  
Hospital

Until every child is well™

# GME ON-CALL

Volume 6, Issue 2 Winter, 2015

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

We continue to make progress at Boston Children's Hospital along the 'Pathways To Excellence' within the ACGME's Clinical Learning Environment Review (CLER) program. Faculty and training program directors have reviewed the findings of the ACGME from their September site visit and are committed to proactive, positive changes.



Read more about the new 'Training Culture of Teamwork, Communication & Safety' (TCTCS) initiatives that we plan to implement elsewhere in this newsletter.

### Comings & Goings:

We also want to take this opportunity to welcome **Dr. Naomi Steiner**, the new training program director of Developmental Medicine at Boston Medical Center. Dr. Steiner was on the faculty of the Floating hospital for Children at Tufts University School of Medicine from 2003 until she recently accepted her new faculty appointment at BMC in 2014. We also want to welcome **Dr. Michael Ferguson** who is the new co-director of the fellowship training program in Pediatric Nephrology, joining **Dr. David Briscoe** in these shared teaching and administrative responsibilities. We are very grateful to Dr. Briscoe for his leadership in medical education in nephrology over these past many years. We also want to welcome **Dr. Lisa Teot**, the training program director to Pediatric Pathology, and thank **Dr. Kyle Kurek**, who will be remaining at Boston Children's Hospital as faculty, for his time spent in the same capacity.

We would like to welcome **Andy Finley** who has joined **Sharelle Davis** as the new training program coordinator for Primary Care Sports Medicine and Orthopaedic Sports Medicine; he is replaced in his former role by **Christina Rogers** as the rotation coordinator for Child Neurology. Additionally, we would like to welcome **Marissa Goding** as the new rotator coordinator for Pediatric Anesthesia and thank **Sophia Tber** for her time in same role and wish her the best of luck as she pursues a degree in nursing.

The Office of GME, in collaboration with the Teaching Academy at BCH, the Office of Faculty Development, the DoM Chief Residents, and other hospital leaders are already planning the next Graduate Medical Education Day at Boston Children's Hospital. This is our 5<sup>th</sup> annual GME Day, and we are anticipating an exciting, day-long celebration of ongoing innovative research in medical education, meetings and workshops, grand rounds, and updates concerning ongoing progress in the hospital's training programs for physicians. The 2015 edition is set to be held on Wednesday, April 8<sup>th</sup>. Dr. David Asch, Executive Director of the Penn Medicine Center for Health Care Innovation and a professor of medicine, medical ethics & health policy, anesthesiology, and critical care at the Wharton Department of Health Care Management, has kindly agreed to join us as visiting professor. Read more about him in the article elsewhere in this issue of *GME On-Call*.

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## GME ON-Call

### *Message from Co-Chairs continued*

The first three Strategies for Academic Success (SAS) training seminars for clinical fellows were held in October, December, and January. These popular seminars are a wonderful opportunity to learn more about what it takes to succeed in academic pursuits. The next SAS seminars will be held on **March 30<sup>th</sup>** and **May 12<sup>th</sup>** in the Enders Building Byers A & B. The topics are Teaching, Leading, and Learning and Quality Improvement. Please contact seminar coordinators **Kacee Evitts** (Tel: 617 355 4372 or email: Katherine.evitts@childrens.harvard.edu) for additional information.

The **next meeting of the GMEC** will be held on Wednesday, **February 11th** from **4-5 pm** in the **Gamble Reading Room** in the house-staff library. All training program directors, associate directors, coordinators, and resident/fellow representatives are invited to attend. We hope to see you there!

### **CLER Pathways to Excellence: A Training Culture of Teamwork, Communication & Safety (TCTCS)**

Alan Woolf, MD, MPH, ACGME Designated Institutional Officer BCH

Boston Children's Hospital had a Clinical Learning Environment Review (CLER) site visit by two ACGME representatives in September. We viewed this assessment as a key event in our hospital's current initiative to define a strategic plan of achievable goals and objectives within its mission of medical education. We have incorporated findings from the ACGME CLER report in the diagnostics and recommendations sections of the final report of the hospital-wide Strategic Planning Task Force.

Using the CLER visit report for guidance, we will implement a bundle of new initiatives under the rubric of a 'Training Culture of Teamwork, Communication & Safety' (TCTCS). Elements of TCTCS are detailed below. These are only meant as examples within the envisioned more comprehensive strategic plan for medical education here at BCH.

The joint Program in Patient Safety & Quality (PPSQ)/GME Subcommittee on Education will undertake new efforts to enhance communications with trainees and faculty regarding:

- The definition of what constitutes a 'reportable event'
- Routine feedback to housestaff on root cause analyses (RCAs) conducted by the hospital and on information from SERS reports filed in the hospital
- Increased trainee participation in the hospital's RCA activities
- Routine inclusion of inter-professional viewpoints in M&M rounds Information regarding the Hospital's strategic priorities in PS/QI

The Hospital will continue to analyze and share data on clinical indicators it gathers to monitor its clinical performance regarding any disparities in health care. The hospital has been collecting such information since 2007. Staff from PPSQ give annual reports of the findings to the Medical Staff Executive Committee.

The Strategies for Academic Success (SAS) hospital-wide training curriculum has been offered to all trainees since 2013. In 2015 the 'Strategies for Academic Success' (SAS) seminars will be expanded to include curricular content on the improvement of the quality of clinical care. These additions will supplement the current on-line mandatory training modules in PS/QI first instituted in 2011.

### By the Numbers

ACGME Annual  
Conference  
2014:

**3,000**  
GME  
Educators

**12**  
Countries  
Represented

**133**  
Sessions  
Offered

ACGME-1  
Contracted  
Entities 2013:

**Singapore:**  
**3**  
Sponsoring  
Institutions

## GME ON-Call

### GMEC Members AY2015

ACGME-1  
Contracted  
Entities 2013

*Singapore  
Continued:*

68

programs

1241

residents

830

Core Faculty

2616

Faculty

**Qatar:**

1

Sponsoring  
Institution

### *CLER Pathways to Excellence continued*

Also trainees have established their own 'Housestaff Quality Council' at Boston Children's Hospital with representatives from training programs across the institution. The Advisory Council will address issues related to patient safety and the quality of clinical services at the hospital. House-staff leaders have already won the approval and endorsement of the GME Committee for this new project. Housestaff have already met with faculty advisors and consultants. The charge to the new Council is to provide more house-staff input into hospital efforts to improve patient care.

The I-PASS handoff bundle is a system of trainee end-of-shift and patient transfer debriefings. It uses a standardized transfer or debriefing process and is facilitated by the use of an electronic template. It is also considered a tool for inter-professional communication. I-PASS will be implemented broadly across all clinical training programs at BCH, using a standardized electronic template generated and updated within the EMR, by the end of 2015. The nursing staff across all programs will be integrated into the I-PASS system. The 'mandatory notification of attending physician' policy at Boston Children's Hospital will be widely disseminated to all trainees and rotators in several different formats and venues by the Office of GME.

The Boston Children's Hospital core content module: "Sleep Science & the Effects of Fatigue on Physician Performance", authored by our faculty content expert: Dr. Chris Landrigan, has been routinely delivered at house-staff orientations for the past 8 years. We will now be 'chunking' his discourse into short webinars available upon demand electronically to all trainees and faculty. This re-packaging will be distributed to all training program directors and division and department chiefs for dissemination both to faculty and housestaff, so that all can improve their understanding of the role of fatigue in physician performance in an easily accessible and convenient format.

The Office of GME at Boston Children's Hospital offers an 'ombudsmanship' program of confidential guidance to residents, clinical fellows, training program directors, or other faculty who have issues within the scope of their training or medical education activities that cannot be resolved at the program or departmental level. The GME ombudsmanship has been implemented at Boston Children's Hospital for almost five years and has mediated numerous house-staff, program training director, or faculty training-related situations. This ombudsmanship program will be better advertised among trainees and faculty to make them aware of it as a resource and to encourage its use when necessary.

### **Dr. David Asch to be Visiting Professor for 2015 GME Day**

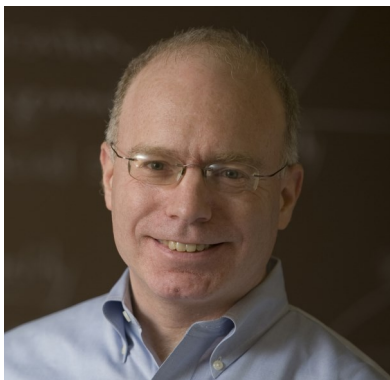
**Dr. David Asch** has been named the Visiting Professor for the 2015 GME Day at Boston Children's Hospital to be held on **Wednesday, April 8<sup>th</sup>**. Dr. Asch is the Executive Director of the Penn Medicine Center for Health Care Innovation. He also directs the RWJ Foundation Clinical Scholars Program. Dr. Asch is a Professor of Medicine at the Perelman School of Medicine and Professor of Health Care Management and Operations and Information Management at the Wharton School, all at the University of Pennsylvania School of Medicine. He previously directed the Leonard Davis Institute of Health Economics at the University of Pennsylvania and the Center for Health Equity Research and Promotion at the Philadelphia VA Medical Center.

A graduate of Harvard University, Dr. Asch received his MD from Cornell and an MBA from the Wharton School. He has been honored with numerous distinguished awards, including most recently, the Distinguished Graduate Award from the Perelman School of Medicine at the University of Pennsylvania in 2012, the John M. Eisenberg National Award for Career Achievement in Research from the Society of General Internal Medicine in 2010, and the Alpha Omega Alpha Robert J. Glaser Distinguished Teacher Award from the Association of American Medical Colleges (AAMC) in 2009.

*Continued page 4*

## GME ON-Call

### Visiting Professor continued



Dr. Asch has focused his efforts on fostering innovation in medical education nationally and in developing new ideas concerning the financing of medical education in the United States. He has published recent commentaries in the *New England Journal of Medicine* and elsewhere concerning the respective roles of government and academic institutions in shaping the future of the health professions.

Dr. Asch will be joining us at BCH to meet with residents, fellows, and faculty as well as hospital leadership. He will also participate in the planned workshops and seminars during the day and he will present grand rounds in Enders Auditorium. We welcome Dr. Asch and look forward to learning from his con-

siderable experience and national leadership in creating a new and ongoing dialogue concerning the future of medical education.

### Pediatric Cardiology Fellowship Boot Camp

With little to no prior experience in a pediatric cardiology setting, first year pediatric cardiology fellows at Boston Children's Hospital traditionally started clinical rotations right away. One's first day could be spent interpreting echocardiograms, programming a pacemaker, or scrubbing in the catheterization laboratory at 2am.

"It was really a 'sink-or-swim' approach," explains Fellowship Program Director Dr. David Brown. While nearly everyone eventually swam, it became clear that the first few rotations were the most challenging across disciplines, particularly those clinically intense rotations like the Cardiac ICU and the Catheterization Lab. Variation in the prior residency experiences of these beginning fellows was strikingly evident. Struggles seemed to stem from a dearth of specialty-specific skills and an inadequate understanding of basic cardiac anatomy and physiology.

Enter the Cardiology Fellowship Boot Camp. Launched in the summer of 2013 by Dr. Brown and Dr. Catherine Allan (Associate Fellowship Training Program [Director](#)), the month-long program engages new fellows in hands-on training and skill development. Fellows complete a checklist "passport" of activities in the areas of: Cardiac ICU, Electrophysiology, Exercise Physiology, Catheterization, and Echocardiography. Tasks vary from using a state-of-the-art vascular access simulator, to obtaining consent for a procedure from a patient's family, to simulating a code situation with a responsive human mannequin simulator (and later, debriefing around team performance). A core group of committed teaching staff oversee the program and supplement the clinical experiences with lectures that impart fundamental knowledge, including an in-depth series on congenital cardiovascular pathology.

Fellows can focus and concentrate on cardiology fundamentals without the distractions and demands attendant to clinical service. They have the opportunity to review the pathophysiology and altered cardiovascular pressures and flow patterns associated with the many different congenital heart diseases including a hands-on review of the anatomy of dissected heart specimens archived in the Cardiac Registry. The pathology of complex entities such as Tetralogy of Fallot, complete atrioventricular canal defects, total anomalous pulmonary venous drainage, transposition of the great vessels, Ebstein anomaly, and single ventricle anatomy can be studied and understood using actual preserved specimens of each malady.

"Boot Camp allows fellows to be truly immersed in and learn from the clinical arena, while free from the responsibility of primary care-giver. We help them develop a tool box of skills and knowledge to make the transition easier and faster," says Dr. Brown.

*Continued page 5*

### GMEC Members AY2015

*Qatar Continued:*

7

programs

285

residents

451

faculty

**Abu Dhabi:**

6

Sponsoring  
Institutions

15

programs

285

residents

459

faculty

## GME ON-Call

### GMEC Members AY2015

ACGME 2013-  
2014  
Academic  
Year:

9527

Accredited  
Programs

4134

Core Specialty  
Programs

5393

Subspecialty  
Programs

306

Newly  
Accredited  
Programs

693

Sponsoring  
Institutions

### *Boot Camp continued*

“This is the first block of dedicated learning time I’ve had since second year of medical school,” says Dr. Sarah Pickard, new first year fellow. “For pediatric cardiology in particular, this is crucial given the lack of exposure to this subspecialty in medical and even general pediatric training,” adds her classmate Dr. Robert Whitehill.

The Cardiology Fellowship Boot Camp has been incredibly popular among both participating fellows and senior attending physicians. Fellows report feeling more prepared once they start rotations, and attendings have noticed a higher level of competence earlier in training. Boot camp finished its second successful run this past June – and the good news is spreading fast. In October, the Boston Children’s Hospital Clinical Learning Environment Committee will propose that this model of specialty-specific clinical orientation of new trainees – termed ‘accelerator programs’ – prior to their undertaking of direct patient care responsibilities become a paradigm for residencies and fellowships throughout the hospital.

### **BCH Housestaff Council for Patient Safety & Quality Improvement**

**Tanvi Sharma, MD, Faculty Advisor HCPSQI**

We are excited to announce that the Boston Children’s Hospital (BCH) Housestaff Council for Patient Safety and Quality (HCPSQI), a subcommittee of the Graduate Medical Education Committee, was created in the fall of 2014.

BCH has a long history of commitment to Patient Safety and Quality Improvement (PSQI) and has strived to be a leader in the field. We have an established infrastructure for addressing and improving patient safety and quality of care at all levels, from individual divisions and departments to senior leadership. In order to best understand the patient safety and quality improvement needs within our hospital, however, it is critical to seek input and engagement from frontline providers involved in all aspects of patient care. In their role as the primary care providers for patients from admission to discharge and beyond, residents, fellows, and other trainees at BCH have an in-depth knowledge of the system processes and barriers to optimal care, as well ideas about how to best alleviate such barriers. The interaction between housestaff and individuals across disciplines, departments, and systems creates a unique opportunity for trainees to provide a valuable contribution to the quality mission of BCH.

The mission of the HCPSQI is to ensure meaningful integration of Housestaff at BCH into the existing PSQI framework, and to allow Housestaff to have a central role in shaping the hospital’s PSQI initiatives based on the experience of Housestaff as frontline providers. By establishing a forum for direct communication between Housestaff and BCH quality leaders, Housestaff are able to openly express concerns and ask questions about PSQI to senior staff and hospital leadership, and by doing so jointly develop proposed solutions to systems issues with leaders who have the ability to facilitate system-wide change. As we have worked to launch the HCPSQI, we are thrilled that senior staff across BCH have openly welcomed this effort and embraced the opportunity to serve as partners with Housestaff. Senior staff members of the HCPSQI include representatives from pharmacy, CHAMPs, nursing, surgery, the microbiology lab, pathology, and the Office of GME. In addition, the HCPSQI has the ability to report its initiatives directly to the Senior Clinical Leadership Quality Committee at BCH. The tremendous support and interest in the HCPSQI will only serve to ensure meaningful and lasting change at BCH.

The first application cycle of the HCPSQI was completed in October 2014. The deep commitment of trainees to optimize patient safety and the care that they provide was highlighted by the tremendous number of applications received and reviewed by the selection committee.

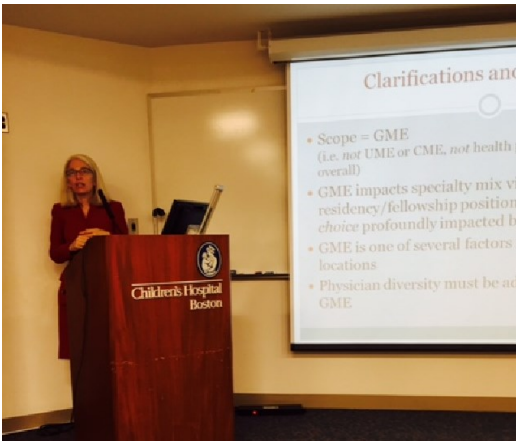
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## GME ON-Call

### Housestaff Council continued

Ultimately, 20 members of the Housestaff were selected to serve as Core Members of the HCP-SQI. The core members of the Council have been meeting monthly since December 2014, and have already begun working to address key PSQI issues such as reporting by trainees within the BCH Safety Event Reporting System (SERS). During January’s meeting, Elise Woodard, SERS Manager, and Jon Hron, Director of CHAMPs Prescriber Education, were invited to discuss ways in which trainees could not only become more engaged with SERS and learn about the process of how reported events are investigated by the hospital, but also ways to facilitate reporting by connecting to the SERS system through PowerChart. Future meetings will involve core members brainstorming to develop ideas for group projects that can be further guided by input from senior staff.

### November GME Retreat Updates Training Directors & Coordinators



Dr. Debra Weinstein— IOM Findings

The Office for GME held a retreat for residency and fellowship training directors and coordinators on November 16<sup>th</sup>. Dr. Debra Weinstein, the Vice President for Graduate Medical Education at Partners Healthcare System, presented the keynote address. Dr. Weinstein discussed the recent findings and recommendations of the Institute of Medicine (IOM) regarding the public financing of graduate medical education. She pointed out that the federal government contributes almost \$16 billion annually to the support of GME, with Medicare funds accounting for the largest share. Even with such a staggering commitment, there has not heretofore been much research into whether or not

such funding is having the intended desirable effects on the quality of medical care in the U.S. There is concern over a perceived mismatch between the workforce being trained and what the population needs. There is evidence of other training-related gaps: insufficient trainee diversity, a maldistribution of graduates, and possible shortcomings in physician competencies related to the demands of office practice. Dr. Weinstein described some recommendations proposed in the IOM’s July report on the governance and financing of GME. These included maintaining stable GME financing, but moving from cost-based to outcome-based funding, a fundamental change to be phased in gradually over 5 years. The IOM proposed the creation of a GME Policy Council within the Department of Human & Health Services. There is also interest in investing more in medical education research, by developing an NIH-equivalent Institute and establishing a ‘transformation fund’ to encourage innovation.



Drs. Jennifer Kesselheim and Ariel Winn then described two innovative programs: a curriculum in humanism & professionalism (Kesselheim) and the Resident Academies & Academic Development Block (Winn) and outlined the 8-step process of developing an innovative idea in medical education from defining the need to assessing the outcomes and sustaining the gains.

*Continued page 7*

### By the Numbers

ACGME  
AY2013-2014:

120,108  
residents

78,180  
Residents from  
USLCME  
Accredited  
Medical Schools

10,340  
Residents from  
Osteopathic  
Medical Schools

31,838  
Residents from  
International  
Medical Schools

193  
Residents from  
Canadian  
Medical Schools

## GME ON-Call

### By the Numbers

AAMC Physician  
Specialty Data  
Book 2014:

2,789

Pediatrics  
residents/  
fellows in the  
US

56,262

Active  
pediatricians in  
the US

There are

1,622

people in the US  
to every one  
pediatrician

60%

of active  
pediatricians are  
women

### *GME Fall Retreat, continued from page 6*

The audience then separated into small-group discussions during which they identified possible needs, designed an appropriate curriculum or initiative, and considered evaluation techniques. These productive conversations were then described to the reconvened larger group.



Finally Dr. Eli Miloslavsky from the MGH described a new educational program they have implemented there on improving the communication and teaching between fellows and residents. He described the common 'consult' system: clinical fellows responding to a request from a clinical service for consultation regarding a patient management need or diagnostic problem. He suggested that the ensuing interaction between the consulting fellow and the resident on service had great potential as a teaching experience. However, he described barriers to such a productive interaction. The

new MGH initiative aims to encourage the teaching of residents by clinical fellows during such consultations, taking advantage of this window of opportunity for an educational exchange. The new program uses the mnemonic PARTNER: **P**artner with residents, **A**ssess the learner, **R**einforce positives, **T**each to objectives, offer **N**ew knowledge, **E**xecute recommendations made to promote trust, and **R**evise the interaction, allowing for question & answer. The GME office is currently working with Dr. Miloslavsky to pilot this exciting curriculum at BCH.

Overall the retreat was of great benefit to all the participants.

### GME Spotlight– Dr. Scott Hadland

Katherine Evitts



Dr. Scott Hadland is a dynamic, driven, and adventurous personality who has already amassed an impressive list of accomplishments on his *curriculum vitae*, and is off to a good start at adding 'changing the world' as another entry. To quote Dr. Jean Emans, Chief of the Division of Adolescent / Young Adult Medicine in her submission of Dr. Hadland for this issue's *Spotlight* :

*"Dr. Hadland has already demonstrated his ability to play a critical role in improving the health of adolescents and his commitment to public health and health services research. He authored 18 publications (16 first author peer-reviewed articles.) On three occasions, he has been honored as a finalist for the Society for*

*Adolescent Health and Medicine (SAHM) New Investigator Award, one of the highest honors for new adolescent health researchers. Last year he won the SAHM Career Development Award, one of only two. ...In summary, Dr. Hadland is a superb investigator and clinician and is focused on health services research and public policy related particularly to at-risk and drug-using, marginalized adolescent populations. He will be a future leader in Adolescent Medicine and Public Health."*

*Continued page 8*

## GME ON-Call

### *Hadland continued*

**Thank you for taking the time to meet with me. Can you tell me a little bit about how your path has led you to Boston Children's Hospital?**

I went to high school in Vancouver, British Columbia, which is actually where a lot of my research has been over the years. And that was no accident; I wanted to do research on a place that I was from. I went to college in Montreal at McGill University and then came to the United States mainly because of the wonderful opportunities and strong researchers down here. I was young and feeling adventurous at the time and thought, 'This is a great way to get an incredible education in a new country; a new environment, and go a little bit outside of my comfort zone.' I stayed ever since and it's been wonderful. I'm increasingly putting down roots in Boston.

**Going back to your research in Vancouver, it seems like there is a considerable homeless population there. Do you have any ideas why the population is drawn there?**

I think it's really a few different things. For one, it's one of the warmer cities in Canada during the wintertime for homeless youth. It's also a city that, recognizing that it's had long-standing concerns with injection drug use, has really increased services and provided high quality health care, drug treatment, mental health, and educational services to people who live or work on the street.

**It sounds like the services that have been designed to help the existing population may have attracted homeless people to Vancouver from outside of city limits, as well?**

That's true. But, it's certainly much better that drug-using youth populations come to a place where they can receive services, rather than not being recognized or served. What's really unique about Vancouver in the setting of North America is that it is home to the first supervised safe injection facility. It's been incredibly beneficial to the health of this population. The facility is a clinical environment where drug users who otherwise would be injecting on the streets or elsewhere using unclean equipment and potentially sharing needles are actually given a safe space -- a non-chaotic environment in which they can inject. Users are given the supplies required for a safe injection, which reduces the chance of infection. If someone is at risk of overdose, they can quickly give them the antidote. What otherwise could have gone horribly awry on the street is actually done in a safe environment where a life can be saved.

I think the big concern for a lot of people has been -- if you're offering this service to street youth, are you 'enabling' them? Are you encouraging them to use drugs by giving them this space to do it? The data, which have largely come from the group that I've been working with, has shown that there are not increased rates of drug use as a result of the facility. If anything, people tend to get plugged into treatment more easily because this is a point of contact where they can come and receive detoxification services and addiction treatment services.

If you look at a map of a Vancouver, there's this perfect radius around the center where the rate of overdose deaths has plummeted. And, the facility saves money in terms of treatment of HIV and Hepatitis C infections. So, it's been a really interesting place to be able to conduct research and to understand what novel services may work to serve this population. Indeed, our group found that the presence of the supervised injection facility in Vancouver was linked to a 33% reduction in the overdose death rate in the immediately surrounding area. If we ever have a cancer treatment or a coronary artery disease treatment that decreases an adverse outcome by a third, we'd leap at the opportunity to implement. Such findings would be all over the news, but because we're talking about a marginalized population of drug users, less attention is paid. Fortunately, Vancouver is a very forward-thinking place.

*Continued page 9*

### By the Numbers

AAMC Physician  
Specialty Data  
Book 2014:

60%

of active  
pediatricians  
are under 55  
years old

25.8%

of active  
pediatricians  
graduated  
from an  
International  
Medical  
School

51%

of  
pediatricians  
practice in the  
state in which  
they  
completed  
their training



## GME ON-Call

## By the Numbers

### Housestaff Council for Patient Safety & Quality AY2015:

#### Co-Chairs:

Jessica Creedon, MD  
Alla Smith, MD  
Melissa Sundberg, MD

#### Core Members:

Asya Agulnik, MD  
Ali Al-Hassani, MD  
Asimena Angelidou, MD  
Elizabeth Asch, MD  
Tamara Baer, MD  
Ioana Baiu, MD  
Erika Cordova-Ramos, MD  
Nina Gluchowski, MD  
Wesley Greenblatt, MD  
Robin Horak, MD  
Kelsey Johnson, MD  
Jason Lambrese, MD  
Jennifer Lucarelli, MD  
Erin McNamara, MD  
Blake Martin, MD  
Preeti Mehrotra, MD  
Nili Paydar-Darian, MD  
Aaron Prosnitz, MD  
Chris Wong-Quiles, MD  
Christopher Yuskaitis, MD

#### Faculty Advisors:

Jon Finkelstein, MD,  
MPH– Vice Chair for  
Quality Department of  
Medicine

Tanvi Sharma, MD,  
MPH– Director Infectious  
Diseases/Associate  
Director BCRP

### *Hadland Continued*

#### **What has drawn you to this area of research, particularly in adolescent medicine?**

I spent a summer working in the northern part of Thailand working for Dr. Celentano at Johns Hopkins Bloomberg School of Public Health. His group was looking at interventions for HIV within the drug using populations there. That really got me excited and I found it just a really fascinating area, and also an understudied area. As I moved on in my medical training and I realized that I really like working in pediatric populations, in particular, adolescents and young adults, it was clear to me that all of those behaviors are being established in adolescents and young adulthood and that there were very few allies in the field who were willing to or interesting in working with these populations. And, so that's how I found myself here.

It's been a wonderful topic area in which, up until now, I've largely been measuring the problem, that is, identifying rates of Hepatitis C acquisition, drug use, suicide attempts and depression, and describing the risk environment and adverse health outcomes affecting this group. More recently, I've really been trying to figure out how to go from just measuring problems to actually intervening in them and making a difference. That's been a tough leap to make and that's why I feel very fortunate that I am here at Boston Children's Hospital, mentored by some of the best pediatricians and research people in the world to help me figure out how somebody makes that transition within their clinical research.

I realized that I liked working with adolescents when I started my pediatrics residency. I missed, in some ways, being able to talk to my patients directly. I just really enjoy working with people living in this age range, which can be tumultuous, stressful, and dramatic, and at times- at least to the outsider- somewhat comical, so it brings me a lot of joy to work with this population and I'm constantly inspired by the youth I work with.

#### **Where do you see your career moving forward?**

I am increasingly interested in drug use policy and the availability of drug treatment services. It's a really exciting time in the US right now and I'm trying to get caught up in the wind of change that's taking place right now. On one front, marijuana policy is rapidly evolving. Most states now allow provisions for medical marijuana, which is meant to go to patients with legitimate medical problems, but certainly can be another avenue for making drugs available to youth. States including Washington and Colorado have passed legislation and implemented policies allowing people to buy marijuana for recreational use and that's going to have huge implications for youth as well. So, it's a critical time in drug policy to try to figure out what missteps we might be making and how we can come up with smart, evidence-informed drug policies that make marijuana available to ill people or even to the electorate who has said, 'We want marijuana for recreational use.' [The question is,] how can we make these products available to responsible adults since that is the will of the voters, but also be mindful of how we can protect youth. There's also, amidst the Affordable Care Act, a lot of change going on in America with regard to insurance coverage and new provisions for coverage for mental health and drug treatment. The number of people who are actually going to have health insurance is going to change dramatically in a lot of places in the US. So, we're now in a position to be able to offer services to people who previously might not have been able to afford them, especially to those who may have been part of vulnerable or marginalized populations, such as street-involved youth.

## GME ON-Call

### *Hadland continued*

**In my research of you, I came across a Huffington Post article dated from 2012. The article covered your potential deportation back to Canada following your training at BCH because your marriage wasn't recognized by the US Federal government. With the 'Defense of Marriage Act' (DOMA) having been repealed [in *U.S. v. Windsor (2013)*, the U.S. Supreme Court declared Section 3 of DOMA unconstitutional], has the outlook been better for you? Are you here to stay?**

Yes! I have a green card, I'm happy to report! That was not the case in 2012. DOMA was struck down very recently and that has changed the landscape for people like me – that is, foreign nationals in a same-sex marriage that previously wasn't eligible for spouse-sponsored immigration status changes. I've been very lucky. I had one of the best academic institutions in the world willing to support me for a green card, but there's a lot of other people who are in our situation- some of whom I know personally- that were not able to stay in the country successfully and were at risk of deportation and, fortunately, to a large extent that's been fixed. I feel like we live in a better country for it.

### **What would you like us to know about you, Dr. Hadland?**

I work hard, but at the end of the day, I'm still a pretty regular person. I look tired this morning because we had a big Christmas party this weekend and a lot of people stayed at our house late [laughs]. We're thinking about starting a family very soon. We're thinking about having a kid, or two, or three. [He smiles very enthusiastically.] So, I definitely have found that this is an environment where I've been able to work hard, but also very much have a very normal life. That's been a testament to Dr. Emans and the workplace environment that she's set up- and Dr. Gary Fleisher- and all the wonderful support from faculty and other housestaff that I've had here. It's easy to work here and it's exciting to work here and there's still time for you to pursue everything else that you're interested in life- like cooking! I love cooking! And traveling!

*It will certainly be interesting to follow the career of this very ambitious and compassionate member of our housestaff. If you're interested in Dr. Hadland's work in Vancouver, please make sure to visit the Urban Health Research Initiative at <http://uhri.cfenet.ubc.ca>. The research being conducted on homelessness, street youth, and supervised injecting is truly innovative work. The article referenced above regarding Dr. Hadland's activism in the face of DOMA is titled, "Meet Dr. Hadland and Dr. Vassy" and can be found on the Huffington Post, dated April 30, 2012. Many thanks to Dr. Hadland and warm wishes to him in his future goals!*

#### **Questions? Contact the GME Office**

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### Upcoming Events

**GME Day**  
Wednesday,  
April 8th

**Strategies for  
Academic  
Success**

**Monday,  
March 30th**  
Quality  
Improvement

**Tuesday,  
May 12th**  
Teaching &  
Leading

Please RSVP to  
Kacee Evitts

**PPSQ QI  
Grants  
Deadline:**  
February 17th

**ACGME  
Conference:**  
Thursday, Febru-  
ary 26th through  
Sunday, March  
1st  
San Diego, CA