

# GME ON-CALL

## Inside This Issue

A Message from the  
Co-Chairs

PAGE 1

Upcoming Events

PAGE 2

BCH Trainee Recruitment  
Goes 'Virtual'

PAGE 3

CAPS / NAM Wellness  
Poster

PAGE 4

GME Trainee Spotlight

PAGES 5-7

BCH Wellness Pledge

PAGE 7

BCH Sets Goals in IDE

PAGES 8-9

ACGME's Timeline of  
Progress

PAGES 10-11

2020 Marshall Klaus  
Awards

PAGE 12

Contacting GME

PAGES 13

Wellness Poster

PAGE 14



## A Message from the Co-Chairs

ALAN WOOLF, MD, MPH

DEBRA BOYER, MD, MPHE

Our July transition of house-staff at BCH has gone very smoothly despite the COVID-19 pandemic, with orientations allowing both interns and those moving up the ladder as residents or fellows to assume their new roles with confidence. We welcome the BCH trainees who have come to Boston for the first time from all over the country and the world, as well as those who are returning to the hospital in new roles.

In the GME Office, we are focused on a number of very promising developments in medical education at BCH. In our last issue of this newsletter, we issued a strong statement of the GME Committee's commitment to social justice and ending structural racism in all aspects of healthcare and, specifically, in the training of physicians here at BCH. Recently Ms. Sandi Fenwick, the Hospital's CEO and Dr. Kevin Churchwell, the President and Chief Operating Officer (COO) at BCH, announced the Hospital's commitment to addressing long-standing issues of institutional racism and the disparities of health and healthcare that exist in the communities we serve. They set out 6 goals in equity, diversity, and inclusion that will improve the culture of care at our medical center. We wholeheartedly embrace these goals and will strive to apply them to the training of all physicians at BCH. Please see the article on the six goals elsewhere in this issue of *GME On-Call*.

## Comings and Goings

We want to thank Ben Yarsky, our GME data analyst, who is leaving BCH in September to set a new career direction for himself in health care. Ben will be earning a master's degree level program of advanced training in health services and quality improvement at Johns Hopkins University in Baltimore.

Ben has done outstanding work in helping individual training programs here at BCH to develop personal performance metrics (ppm) for their individual trainees to allow them to gauge their own progress in delivering high-quality clinical care. Ben has also worked closely with our IT Department and the Patient360 database to develop these ppm and also to investigate how better to describe the intensity of work undertaken daily by our physician trainees. In these and other projects, Ben has been a tremendous asset in helping us achieve our goals in GME. We are grateful for his hard work and for all that he has accomplished working for GME while he has been here at BCH. We wish him all of the success and accomplishments we know are in his future.

We want to take this opportunity also to offer our thanks to our friend and colleague, **Dr. Pierre D'Hemencourt**, who has stepped down from his role as training program director for the Primary Care Sports Medicine program to take new responsibilities. Thanks so much, Dr. D'Hemencourt, for a job well done in leading that program to national prominence in the field of sports medicine. We extend our welcome to the new director, **Dr. Cynthia Stein**, who was previously the associate training program director. Primary Care Sports Medicine will continue to flourish under her capable leadership.

Cont. on page 2

## Comings and Goings cont..

We want to welcome **Abu Jacob**, who is replacing **Nicholas Lesogor** as the Rotating Resident Coordinator in Anesthesia and thank Mr. Lesogor for his service. We also congratulate **Katelin Benton** on her new position; she is replacing **Jennifer Sanchez** as the Anesthesia Fellowship Coordinator. We thank Ms. Sanchez for her service to the fellowship training program in Anesthesia. We also welcome **Adam Porter** who is replacing **Jessica D'Silva** as the Education Coordinator in Neurosurgery and we thank Ms. D'Silva for her service. Also, congratulations to **Alaina McLaughlin** taking over as Manager in Orthopedic Sports Medicine for **Andy Finley**, who has given such able service to the program over a number of years. We also welcome **Julia Lemieux** who will be replacing **Elizabeth Birle** as Coordinator in the Neonatology Fellowship Training program and thank Ms. Birle for her service. We also offer congratulations to **Nathan Jones** who has replaced **Rebecca Gilbert** in the Nephrology Fellowship Training Program, and we welcome **Ale Mejia** as the new Fellowship Program Coordinator for Pediatric Palliative Care. Finally, we want to thank **Hillary Dearborn**, who has left the position of Coordinator for the Pediatric Pulmonary Fellowship. We wish her well in her new activities.

## Upcoming Events

The next meetings of the Hospital-wide **GME Committee** will be held on **October 7th at 4pm**, **November 9th at 5pm**, and **December 2nd at 4pm**. All GME Committee meetings will be held remotely via Zoom until further notice. All new training program directors, coordinators, and house-staff who wish to participate as members of the GMEC should contact the GME Office at 617-355-4372 or email [gme@childrens.harvard.edu](mailto:gme@childrens.harvard.edu).

The Fall sessions of Curriculum for Academic & Professional Success (CAPS), the essential curriculum for clinical fellows sponsored by the Office of GME, have been scheduled. The first session, designed for all first-year clinical fellows, will be held on Monday October 5th from 8:00 am-12:00 noon and the second session, designed for all second-year fellows, will be held on Monday, November 9th from 8:00am and 12:00 noon. See details of these mandated ZOOM educational opportunities elsewhere in this newsletter.

The Fall BCH Teaching Academy retreat will be held virtually via Zoom on Friday, October 23rd from 11:45 am to 1:30 pm. The BCH Upstander Empowerment Working Group will present a seminar entitled: From Bystander to Upstander: Addressing Unconscious Bias and Macro/Micro-aggressions in the Clinical Environment. For more information, you can contact Lori Newman at [lori.newman@childrens.harvard.edu](mailto:lori.newman@childrens.harvard.edu).

Finally, mark your 2021 calendars: GME Day at Boston Children's Hospital has already been scheduled for Wednesday March 31st, 2021. We hope that all of you will be there!

## New Virtual Tour of Boston Children's Hospital

With interviews having gone virtual this year, GME and Marketing worked together to create a virtual tour of Boston Children's Hospital, designed specifically for applicants. Narrated by Blair Streater, MD and Mollie Wasserman, MD of the Boston Combined Residency Program, this tour showcases the main areas of the hospital that applicants would typically see when they come during interview season. The main lobby, The Hale Family Center for Families, the cafeteria, inpatient and outpatient clinics, the SIM Peds lab, Folkman Auditorium, and the rooftop garden are just a few of the areas that this tour covers. After months of quarantine, it was great to see us all come together to safely create a visual for the future of Boston Children's.

\*This video can be found on the department of medical education website at [dme.childrenshospital.org/graduate-medical-education](http://dme.childrenshospital.org/graduate-medical-education)



# BCH Trainee Recruitment Goes 'Virtual'

The 2020 Covid-19 pandemic has impacted all aspects of GME training, including the recruitment of new residents and fellows who will begin their training at BCH starting in the summer of 2021. It has been recommended by the AAMC and the ACGME that the interviewing of all medical students, residents, and fellows applying for positions in training programs for the 2021 academic year be conducted remotely. There should be no necessity for travel to Boston for in-person interviews with any training program directors, current trainees, or faculty. The provision of in-person 'second looks' at hospitals by interested applicants is also strongly discouraged in the interests of the safety of all.

## ***VIRTUAL INTERVIEWING – BEST PRACTICES***

A webinar on Virtual Interviewing sponsored by the Office of GME was held via Zoom on June 8th with over 60 attendees. Topics covered at that session included the rationale for a virtual interview season, an overview of ERAS dates, and the GME Committee's guidelines about conducting applicant interviews in 2020. The webinar was divided into 3 sections:

### ***Prior to the interview day***

- Scheduling Software/Process
- Training for interviewers / current trainees / staff
- Information to send to applicants (Zoom instructions, best practices, schedules, dress code)
- Preparation of website in advance
- Dry runs (with your staff and applicants)
- Best practices

### ***Interview Day***

- Structure of the Day (how long? One day or over multiple days, time zones)
- Logistics (organizing zoom breakouts, length of interviews, how to coordinate multiple applicants)
- How to convey the culture of your program (social time with fellows, tours, meeting other trainees, faculty other division members)
- How many different people interview
- What/Who should you have available on virtual interview/applicant day
- Best practices

### ***Post Interview Day***

- How do you follow up with applicants?
- Second looks?
- Enabling contact with current trainees
- Ranking- any changes in the normal process?
- Solicitation of feedback

## ***PROGRAM-SPECIFIC VIRTUAL TOURS***

Each training program, whether ACGME-accredited or not, has also been encouraged to create their own virtual tours highlighting what they wanted applicants to know about their specific training program to help them make their decisions about whether to apply. A webinar for training program directors was also held by DME staff on August 19th on how to film their own video introduction to their training program and its training sites on the BCH campus. Recommendations for filming included:

- Program specific tour
- Testimonials for current fellows
- Graduates - what they liked about the program / what they are doing now?
- Short testimonials from current faculty with clinical / research interests
- Slide show / video of where fellows live / doing fun stuff in Boston
- FAQ video from current fellows answering questions

We wish all training programs the best and hope they enjoy a productive recruiting season this extraordinary year!



## CAPS Sets Dates & Topics for Fall Sessions

The Fall sessions of Curriculum for Academic & Professional Success (CAPS), the essential curriculum for clinical fellows sponsored by the Office of GME, have been scheduled. The session designed for all first-year clinical fellows will be held on Monday October 5th from 8:00 am-12:00 noon. Because of the Covid pandemic and continuing in-person restrictions at the Hospital, this year all sessions will be held remotely via ZOOM. These sessions will be interactive discussions between faculty and fellows. The sessions have enjoyed high ratings by past participants! Topics to be discussed include:

- Advocacy
- Evidence-based Medicine
- Components of a QI project
- Wellness
- Fellow as supervisor
- Developmental Networks and Mentoring

All first-year fellows in two and three-year ACGME accredited programs are required attend this session unless their training program has an exemption. Clinical fellows in one-year or non-accredited training programs are encouraged to attend, although it is optional for them.

The Fall CAPS session designed for second-year fellows is set to take place on Monday **November 9th** from 8:00 am to 12:00 noon. Again, it will be a ZOOM session. Topics to be discussed in the November session include:

- Personal & Professional Branding
- Academic Writing - Manuscripts
- Social Determinants of Health
- QI - Reducing Healthcare Costs
- Addressing Patient Pain & Addiction

**All second-year fellows** in two and three-year ACGME accredited programs are required to attend. Clinical fellows in one-year or unaccredited training programs are encouraged to attend though not mandatory.

Please register for one of these two sessions as soon as possible by contacting [Kaytlyn.Darling@childrens.harvard.edu](mailto:Kaytlyn.Darling@childrens.harvard.edu). You can also contact the GME Office at [GME@childrens.harvard.edu](mailto:GME@childrens.harvard.edu) if you have any questions or concerns.

## National Academy of Medicine Wellness Poster

Members for the GME Wellness Committee, Kaytlyn Darling, Brittany Alaimo, and Drs. Melissa Christino and Amy Vinson, were selected to participate as a poster presenter at the Second Biennial National Summit on Promoting Well-being and Resilience in Healthcare Professionals, being held virtually on October 21-23, 2020. The project is titled Addressing Burnout: An Educational Intervention that Increases Awareness of Wellness Resources.

The purpose of the project is to decrease isolation and increase awareness of wellness resources for all clinicians at Boston Children's hospital by creating a wellness resource poster that would clearly outline and identify available resources that can help increase wellness and combat burnout. Secondly, by being so visible with the existence of these resources, it is our hope that we can decrease the stigma associated with utilizing mental health and well-being resources, a phenomenon unfortunately pervasive in medical culture.

The poster was designed to visually demonstrate that the clinician "Is Not Alone" by outlining what resources are available that specifically focus on clinician wellness and support and provides details regarding contact information for the resources. The group spent significant time researching which resources to include and outlining examples of needs that would warrant resource usage. Posters were posted in all clinician common areas, call rooms, and conference areas, and are referenced regularly. Feedback from both clinicians and wellness resource staff, for example the lead physician from OHS, will inform needed changes and additions to poster content.

Though COVID-19 significantly impacted the ability to perform analysis of resource utilization, we continue to hypothesize that increased awareness of available resources will increase utilization of the resources and result in reduced burnout amongst clinicians at BCH. Moving forward, we plan to evaluate the effectiveness of our interventions by monitoring usage of the resources included on the poster. Additionally, we will continue to monitor trainee burnout levels through analysis of an ongoing study that uses the Maslach Burnout Inventory, a validated burnout assessment tool that is used to assess burnout of BCH Fellows three times per academic year. *\* You can find the wellness poster on the final page of this newsletter.*



## GME Trainee Spotlight

**BROOKE KRBEK, D.O., M.S.**  
**NEONATAL-PERINATAL FELLOW**

### Tell us about where you grew up?

Serendipitously, I was born at BWH and lived in Hopkinton until I was 11 years old. Then my family relocated to Orlando, FL, where I spent the remainder of my childhood, graduating from high school in Orlando. Living there was definitely interesting. With Disney and Universal studios nearby, I was rarely bored. Our high school even held its prom in Epcot. The difference between New England and Florida is quite dramatic - seeing a homecoming parade for the first time with the homecoming queen riding in a Corvette across the football field is something I will definitely never forget! I attended Tulane University for undergrad in New Orleans, which was a life changing experience, as Hurricane Katrina devastated the city the fall semester of my senior year. I had to transfer to the University of Florida for that semester and then graduated from Tulane in 2006. Due to the hurricane, I was unable to apply to medical school, so sought out my Master's Degree in North Carolina.

### When did you know that you wanted to become a doctor?

From a very early age, I was infatuated with biology and science. In the 3rd grade my science fair project focused on bovine somatotropin hormone in milk and its effects on cows. I always wanted to be a scientist.

After doing a second science fair project on the human brain in the 5th grade, I knew that becoming a doctor would be a dream career one day. I have come from a long line of nurses in my family so medicine is essentially in my blood – but I am the first physician in my family. I am an animal lover, so I did contemplate becoming a veterinarian, but I just always had this passion for working in the hospital and studying human physiology that I couldn't stray away from.



Dr. Krbec with Nola, Diego, and Rocko

### What has been a motivating force in your career?

The drive to heal people, to be a part of something bigger. I have had to overcome a lot of adversity in my own personal life – far more than most people my age experience. So I felt like I carried with me a unique humbleness and empathy that would frame me as a compassionate physician. There were really several pivotal events for me that helped make me strong enough to endure this journey – one (all-encompassing) was the loss of several family members at young ages to terrible diseases, including my father. The second was hurricane Katrina. I returned to New Orleans for the spring semester of my senior year, and worked to help salvage homes ravaged by the levee break in the 9th ward. This experience allowed me to see what true poverty is like, and meet a population of diverse individuals I may have never gotten to know. The heartbreak and strength that the people of New Orleans experienced changed my life forever. I knew that I wanted to be in a career where I could help to change people's lives, particularly the forgotten minorities who suffer every day due to lack of resources.

### At what point did you know that you wanted to work in Neonatology?

I was very fortunate to have one of my youngest aunts as a NICU nurse. She introduced me to the NICU in high school and after hours of shadowing, as well as securing a summer internship in Newborn Medicine through BCH after college, the NICU felt like home. I returned to BWH for a pediatrics rotation where I worked in the NICU and Nursery. Again the environment felt like home to me. I was always inspired by my aunt; she was inquisitive, motivated, and passionate and I wanted to surround myself with people like her.

## GME Trainee Spotlight cont..

### How did you decide on Neonatology as a specialty?

Ultimately, after much deliberation, I decided that Neonatology was the only place for me. I had been interested in various other areas of pediatrics, but I just couldn't see myself having a long-term career in them. I understood the language, I loved the physiology, the innovation and drive for constant improvement within the field. The research opportunities in Neonatology are truly endless, and you can cross subspecialty fields to explore new interests. It is such a collaborative environment and is hands-on – an aspect that became very important to me. The NICU experience encompasses responding to emergency situations frequently, running to deliveries, and of course, watching the miracle that is birth over and over again. It just never stops being beautiful for me, and there is rarely a day you are bored. And honestly, who doesn't love cuddling a baby?.

### Tell us about your (medical) experiences before you landed at Boston Children's Hospital?

I graduated Tulane University with a Neuroscience major and during my limited time doing research there, I was able to participate in studies of the mouse brain. After I graduated from Tulane I was very fortunate to have a summer research internship through the department of Newborn Medicine at BCH. There I worked on collecting data that would help frame the CDC guidelines for treatment of maternal GBS to prevent early onset sepsis in the Neonatal population. After this experience, I went to graduate school and acquired my Master's degree in Cellular and Molecular biology. There my mentor and I discovered novel enteroendocrine cells in the *Drosophila* larval midgut that we found to be responsible for peristalsis. This discovery was published and the anatomy of the fruit fly gut was revised. After grad school. I became a college instructor where I taught Biology, Anatomy & Physiology as well as forensic sciences to nursing, histology, respiratory therapy, and crime scene technician students at Keiser University in Orlando. I also worked for a company called MedCure, Inc. where I became an anatomy lab technician and dissected/procured human tissue for research and medical development. During that time, I took a supervisory role where I worked on designing a latex formulation for color injection into cadavers that would be used to teach medical students around the world. My experience working with various doctors and medical professionals during my time at MedCure, Inc. really gave me the drive to pursue medical school and become one of those innovators in the field.



### Tell us a little about your research?

I will be working with Dr. Ellen Grant on developing some clinical research studies to investigate cerebral autoregulation in the neonatal population. We are working on validating a non-invasive blood pressure cuff to use on neonates/infants with a specialized NIRS device to monitor optimal blood pressure thresholds for brain perfusion.

### How do you manage your time and bring balance to your life?

I have ridden horses since the age of 3. I rode competitively in middle and high school and then started training horses as "side gig" in high school and college. During graduate school, I opened a horse training and sales business which helped pay for school. Immediately after Graduate school I moved back to Florida, and while looking for an academic job I managed a horse farm and was the head trainer. I decided that running a farm was not for me, and I purely wanted to train/rehabilitate and ride horses as a hobby. I have owned my own horses since that time, and ride as much as I possibly can. Throughout my life, horses have always been an emotional release for me, and the farm was a place where I could escape turmoil. I currently own one young horse who I will be starting to show this year. Additionally, I have three Chihuahua's who keep my husband and I busy, but our house is full of lots of animal love.

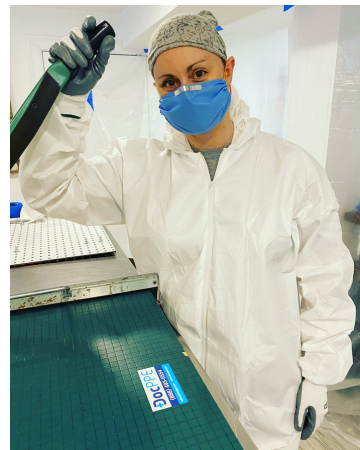


## Trainee Spotlight cont..

### Tell us about pandemic life for you.

During the height of the pandemic in April I was fortunate enough to have a month off of clinical service. In March I came home from the NICU one day and was very upset because I had worn the same mask for 3 days straight for procedures/deliveries as the PPE crisis had evolved in full force. My husband was distraught and immediately jumped into action and started to brainstorm about how we could make domestic PPE products, especially masks. There was no way I could sit on my couch when my medical colleagues were braving the front lines, so we jumped into action. While I was free from clinical duties in April we collaborated with my friends from medical school and their families and started a PPE company – DocPPE (docppe.com). My husband and I designed a way to make masks by hand with domestic made materials. We sanitized our basement and turned it into a mini factory to make them. I spent every day of my 2-week vacation making hundreds of masks a day, as we opened up sales to the public and had a booming demand. Between April and June, we donated 30-40 thousand masks to local hospitals, nursing homes, people in need, and to Tuba City – home of the Navajo Nation who was suffering terribly.

This summer we were able to start making face shields and hand sanitizer, and we currently manufacture everything at a new and bigger warehouse in Braintree, MA. DocPPE continuously donates masks and face shields to those in need. We currently are in the final stages of designing and domestically producing an N95 mask that is just weeks away from NIOSH approval. Our mission is to provide PPE to states and healthcare companies so that we never have a shortage of protective equipment again in this country. DocPPE is prepping to provide millions of N95 masks within the next few months in anticipation of another surge of COVID-19.



## Keep Safe Pledge

As we continue to move forward through the COVID-19 pandemic, we have confidence that BCH is as safe as it can be for our patients, their families, and our team, because of the safety practices and infection disease control protocols we have implemented. In order to ensure that BCH continues to be as safe as possible — and that we can continue to move forward — we need everyone to do their part in holding the line when it comes to safety. In support of that commitment, we are asking all trainees, faculty and staff in our GME community to take a Vigilance Pledge. With your support, and your absolute vigilance around safety, we will continue on the path forward.

### If I feel sick, I will:

- Not come to work, or leave work as soon as I feel unwell.
- Alert my supervisor or manager, and Occupational Health Services.
- Not return to work until I have been medically cleared to do so.

### While at work, I will:

- Cordially cooperate in daily screenings and attestation processes.
- Always wear my mask appropriately (covering my mouth and nose) in common areas and when anyone enters my work area.
- Wear eye protection when providing direct patient care.
- Actively encourage colleagues, visitors, and families to wear their mask appropriately, covering their mouth and nose.

## Keep Safe Pledge cont...

- Maintain a safe distance of six feet from colleagues, patients, and families when at all possible, especially when eating.
- Wash/sanitize my hands frequently, especially when entering or leaving the building, before and after putting on a mask, and before eating and/or drinking.
- Clean my desk and devices regularly.
- Clean shared spaces when I am finished (i.e. conference rooms, tables in break rooms).
- Hold meetings via Zoom as often as possible, instead of in person.
- Avoid non-essential travel.
- Follow all other guidelines that Boston Children's has established to prevent the spread of infectious disease.

### Outside of work, I will:

- To the fullest extent possible, follow state and local public health orders, recommendations and advisories for slowing the spread of the virus.
- Wear a facemask when indoors in buildings other than your own home, or when outdoors and six feet distance is not achievable.
- Wash / sanitize my hands regularly and be an advocate for hand hygiene.
- Avoid crowds and gatherings.
- Be a champion for safety by modeling the same commitment and vigilance you engage in at Boston Children's.

## BCH Sets Goals in Equity, Diversity, and Inclusion

Equity, diversity, and inclusivity cannot simply be themes that cut across our goals at BCH - they need to be deeply embedded in each of them. They need to be part of how we plan and strategize for the future. They need to be part of how we do our work, and the goals we work toward. As such, BCH is committed to the following:

### **Goal 1: Boston Children's Hospital is committed to being an inclusive environment that does not tolerate any form of racism, discrimination, or bias.**

- *Commitment 1:* Working with the Offices of Human Resources, General Counsel, Faculty Development, Culture and Health Equity and Inclusion, we will define initiatives and programs that promote inclusivity, diversity and health equity.
- *Commitment 2:* We will enhance our existing reporting systems for incidents of racism, discrimination and bias, with a focus on timely response to violations of our policies and reconciliation plans where appropriate, based on the situation. This includes re-training of staff responsible for investigation and follow-up of incidents.

### **Goal 2: Boston Children's Hospital is committed to recruiting, developing and retaining a diverse workforce.**

- *Commitment 1:* At the Board of Trustees, senior administrative, administrative, operational, patient care, and clinical faculty levels, plans for recruitment and metrics for success will be reviewed and incorporated into Boston Children's strategic goal structure. Increasing the numbers and advancement of underrepresented faculty in all Boston Children's departments and divisions will be a key performance indicator. This work will be a collaborative effort among Human Resources, the Office of Health Equity and Inclusion, the Department of Health Affairs, the Office of Faculty Development and the Boston Children's Academy.
- *Commitment 2:* Develop a pipeline for recruitment focused on diversity, working with high schools, colleges and Harvard Medical School, to engage, develop and encourage interest in medicine, nursing, research and other health careers; and develop a pipeline for recruitment focused on administrative careers to increase the diversity of the nonclinical workforce.



## BCH Sets Goals in Equity, Diversity, and Inclusion cont...

- *Commitment 3:* A new volunteer mentor program will be established, and employees will be encouraged to engage through schools and community organizations to inspire and cultivate the next generation of diverse leaders.

### **Goal 3: Boston Children's Hospital is committed to eliminating structural racism from all policies, guidelines and practices.**

- *Commitment 1:* We will create a multidisciplinary task force and an intentional process to examine our policies / guidelines / practices to determine where structural racism exists and remove it from how we work at Boston Children's. This multidisciplinary team will be comprised of representation from Human Resources, the Office of Health Equity and Inclusion, the Office of Experience, Pediatrics and Pediatric Subspecialties, Nursing and Patient Care Operations, Facilities Planning, Network, the Office of General Counsel and the Program for Patient Safety and Quality, and will review professional roles across all levels of positions, pay equity, job descriptions, promotion processes, interview committees, and candidate sourcing, as well as purchasing policies and vendor relationships.

### **Goal 4: Boston Children's Hospital is committed to developing and implementing a comprehensive and widely distributed education curriculum that provides consistent and longitudinal training on the impact of racism on child health, unconscious bias, bystander / upstander awareness, and the role of difficult conversations in culturally effective pediatric health care delivery.**

- *Commitment 1:* Through multiple venues, including facilitated discussions, webinars, seminars, Net-learnings, and Grand Rounds, promote dialogue, learning and discussion about racism and health equity, and their effects on our patients, families and communities, and those who work at Boston Children's. We're committed to creating an inclusive learning environment for all who work at Boston Children's (including our employees, staff, faculty, trainees and students).
- *Commitment 2:* Through a collaboration among the Office of Health Equity and Inclusion, and the Boston Children's Academy, we will launch an annual "Unconscious Bias and Bystander / Upstander Awareness and Empowerment" training this October. We are committed to training 100 percent of our staff during calendar year 2021.

### **Goal 5: Boston Children's Hospital is committed to being a leader in eliminating child health disparities in our community and in our nation.**

- *Commitment 1:* As an Anchor Institution in the city of Boston, we re-commit to driving an expanded engagement of our hiring, purchasing and investment practices that help to drive economic mobility and security for marginalized communities and populations in the city.
- *Commitment 2:* We will also continue to support and advocate for policies and practices that promote health and health equity for children, with a special emphasis on children from historically marginalized groups. Our community mission has long emphasized the importance of social determinants of health - the environmental and behavioral conditions in which children are born and raised, that have long term impacts on their health status. We will work to expand broader internal hospital participation in this mission.

### **Goal 6: Boston Children's Hospital is committed to leading in the development, implementation and tracking of metrics for equity, diversity and inclusion.**

- *Commitment 1:* The Program for Patient Safety and Quality and the Office of Health Equity and Inclusion will work collaboratively to implement equity and quality metrics including those that are a part of Solutions for Patient Safety's Health Equity Leadership and Ambulatory Foundations Working Groups.
- *Commitment 2:* Chiefs, SVPs, VPs, Directors, and Nursing Leaders will create plans, numeric targets, timelines and detailed strategies for increasing diversity in their respective departments and divisions. A multidisciplinary team will regularly review the plans, timelines, progress and outcomes of equity, diversity and inclusion metrics, and make recommendations for further improvement.

## BCH Sets Goals in Equity, Diversity, and Inclusion cont...

**Boston Children's is committed to creating a culture so strong that we take our four-part mission to new heights; where all patients, families, clinicians, researchers, staff and communities feel empowered and supported. We are committed to working together to support health equity and promote anti-racist practices.**

Our vision is one where everyone who is a part of Boston Children's can see themselves as part of a community that's made stronger by our differences; where our direction and our priorities are guided by a wonderful variety of backgrounds, opinions, viewpoints and ideas. This is not merely an aspirational goal - something we'd like to do - but it must be part of our DNA, like safety, innovation and our commitment to making a better life for children everywhere.

## ACGME's Timeline of Progress

**ALAN WOOLF, MD, MPH**

**ACGME DIO AND ASSOCIATE CHIEF MEDICAL EDUCATION OFFICER, BOSTON CHILDREN'S HOSPITAL**

In February of 2020 at its annual meeting (before recognition of the spreading coronavirus pandemic in the U.S.), the ACGME self-described four distinct eras of its activities in promoting American physician education:

### **1981 - 1998 - Standardization and Expansion of Specialties**

The ACGME was founded in 1981. At first, it struggled with establishing functional policies and procedures, but eventually developed Common Program Requirements, comprised of about 80 Standards. It created nascent institutional accreditation procedures, focusing on quality assurance.

### **1998 - 2011 - Independence and Regulatory Focus**

By 2001, the ACGME was recognized as an independent 501C3 non-profit organization. It came under intense criticism from 2001-2012 regarding the status of medical education and practice in the U.S. The ACGME became a more 'academic' organization starting in 2008; it began hosting annual meetings and publishing its professional journal (Journal of GME).

**1998-99:** ACGME laid out 6 domains of clinical competency

**2003:** Duty Hours  
regulations proposed

**2003:** Outcomes Project

**2006-07:** ACGME Board restructuring

**2009:** Nascent 'Milestones Project'

**2009:** International accreditation mission introduced

**2009-2010:** Resident Duty Hours restrictions detailed

**2011:** New Common Program Requirements launched, including annual accreditation, milestones measurements, and the clinical learning environment review (CLER)

**2011-2020:** Mission enhancement and balanced regulatory and quality enhancement approach, as well as rapid GME expansion

## ACGME's Timeline of Progress cont...

By 2011, the 'Next Accreditation System' was proposed to transform the dialogue from 'rules compliance' to 'continuous improvement' and it was implemented in July of 2012. The Board was expanded to include at large members, representatives of the public, and osteopathic medicine leadership members.

2012: Single Accreditation System

2012: Next Accreditation System

2013: Strategic Planning – mission expanded from 'health' to 'health and public health'. Focus areas now emphasize quality of care and patient safety, trainee well-being, and an inter-professional team-based focus.

2011 - Present:

- New focus on rural and underserved areas
- Opioid crisis
- Engagement with NAS to solve national challenges
- Nascent R&D program with ACGME
- International accreditation efforts expanded

### **2020-2029: Operational Maturation, Consolidation, Continuous Innovation, Outcomes Orientation**

ACGME plans for the future (before the pandemic) included a restructuring to reflect its expanded scope of activities. The ACGME has begun to direct a new focus on evidence-based outcomes of training (i.e. the clinical quality of care delivered by graduates of training) and an emphasis on 'The Accreditation System' revisions to succeed the 'Next Accreditation System' implemented in 2012. It also seeks to explore ways to coordinate the continuum of medical education accreditation.

The pandemic has ushered in a time of upheaval in many aspects of medical education and the ACGME has delayed some of its oversight activities and new initiatives. An epidemic of racial injustice has also convulsed the U.S. in 2020. The newly appreciated but longstanding existence of structural racism has prompted the ACGME to develop a new emphasis on addressing these challenges. New GME programs to address inequities of health care delivery, disparities of health, and innovations to promote diversity, equity and inclusion are now required of sponsoring institutions.

It remains to be seen how the ACGME and its member institutions rise to the occasion. For details on ACGME matters, visit its website at [www.acgme.org](http://www.acgme.org)

## UPCOMING DATES

- 
- 10/5/2020 - CAPS (First Year Fellows)**
  - 10/7/2020 - Graduate Medical Education Committee**
  - 10/23/2020 - Fall BCH Teaching Academy Retreat**
  - 10/31/2020 - Fellow's Second Look for URiM Candidates**
  - 11/9/2020 - CAPS (Second Year Fellows)**

## 2020 Marshall Klaus Perinatal Research Awards

This national research award is sponsored through the American Academy of Pediatrics (AAP), Section on Neonatal-Perinatal Medicine (SoNPM) and the top 10 fellows receive recognition and grant support for their exciting research projects. The Harvard Neonatal-Perinatal Fellowship program is proud that two of our fellows were recognized with this prestigious award in the fields of Basic Science Research and Health Services Research.



### **Basic Science Research Awardee**

**Lauren C Frazer MD, PhD**

*Project: Role for Specialized Pro-Resolving Mediators in Recovery from Neonatal Lung Injury*

Program: Harvard Neonatal-Perinatal Medicine Fellowship

Mentor: Bruce Levy MD at Brigham and Women's Hospital

Dr. Frazer's primary career goal is to become an independent investigator who conducts clinically relevant research focused on neonatal immunology and who is a leader in the field of newborn medicine. She completed a PhD in immunology as a part of the Medical Scientist Training Program at the University of Pittsburgh. She hopes to apply her basic science training towards answering clinically relevant questions and to ultimately improve outcomes for neonates. Her current research focus is on exploring the mechanisms utilized by a class of bioactive lipids known as Specialized Pro-Resolving Mediators (SPMs) in enhancing resolution of inflammation and recovery from tissue injury. SPMs are derived from essential fatty acids via a series of enzyme-mediated steps. Exploration of these pathways in neonates and characterization of how they function in the hyperoxia model of Bronchopulmonary Dysplasia (BPD) represents a step towards a potential new therapy for BPD where novel therapies with reduced side effects are urgently needed. She will complete this project with the mentorship of Dr. Bruce Levy at Brigham and Women's Hospital and Dr. Cami Martin at Beth Israel Deaconess Hospital.



### **Health Services Awardee**

**Yarden S Fraiman MD, MPH**

*Project: The Impact of Race and Ethnicity on High-Risk Infant Follow-up Participation in a National Sample*

Program: Harvard Neonatal-Perinatal Medicine Fellowship

Mentor: Jonathan S Litt MD, MPH at Beth Israel Deaconess Hospital

His career goal is to become a physician-researcher in the field of health services research focused on racial and ethnic disparities in neonatal care. He is particularly interested in identifying system-level, modifiable factors, that contribute to, sustain, and perpetuate disparities in the field of neonatology. While completing his residency training in the Boston Combined Residency Program at Boston Children's Hospital and Boston Medical Center, the largest safety-net hospital in New England, he witnessed firsthand the impact of community, family, socioeconomic and social factors, perhaps to a larger extent than biology, on neonatal care, health, and outcomes. There, he also learned how innovative, evidence-based, targeted interventions can make a difference in improving care and reducing disparities. He is currently a fellow in the Harvard Perinatal-Neonatal Fellowship Training Program, as well as the Harvard-Wide Pediatric Health Services Research Fellowship. Coupled with his additional training at the Harvard T.H. Chan School of Public Health where he is pursuing a Master's in Public Health, he hopes to develop and utilize advanced research methods, grounded in eco social epidemiological theory, to identify community- and population-level modifiable social factors as unique targets for interventions to eliminate disparities and increase equity. His current project, under the mentorship of Dr. Jonathan Litt, will explore racial and ethnic disparities in infant follow-up program participation, a critical component of neonatal care. His project will specifically seek to identify individual- and hospital-level factors that contribute to successful infant follow-up program participation. With the support of the Marshall Klaus Award, this project will be the first step in a career that seeks to identify modifiable social factors, amenable to community and population-based interventions, to close the racial- and ethnic-based gaps that continue to persist in neonatal care.



## Helpful Resources

### Improving the System to Support Clinician Well-being and Provide Better Patient Care

Pascale Carayon, Christine Cassel, Victor J. Dzau  
<https://jamanetwork.com/journals/jama/article-abstract/2753754>

### Standing Committee on Emerging Infectious Diseases and 21st Century Health Threats

National Academies of Sciences, Engineering, and Medicine  
<https://www.nationalacademies.org/our-work/standing-committee-on-emerging-infectious-diseases-and-21st-century-health-threats>

### Clinician Well-Being Resources During COVID-19

National Academy of Medicine  
<https://nam.edu/initiatives/clinician-resilience-and-well-being/clinician-well-being-resources-during-covid-19/>

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# Boston Children's Hospital Wellness Poster

