VOL. 11, NO. 4

SUMMER 2020

GME ON-CALL

Inside This Issue

GME Statement on Anti-Racism

To the GME Community:

We watch in horror the painful and tragic events unfolding in our country right now. While people of color have always been disproportionately affected by illnesses, lack of access to healthcare, lowered life expectancy, and other health problems, the COVID-19 pandemic has exposed our fragile healthcare system and sharpened these disparities. Members of these communities are at higher risk of getting infected and dying than are others in the United States.

But we often forget that Black Americans are also at higher risk of dying while simply walking on the sidewalk, bird-watching in a public park, or lying in their own bed at home. George Floyd's terrible murder, along with the recent killings of Ahmaud Arbery in Glynn County, Georgia and Breonna Taylor, a medical worker in Louisville Kentucky, has again drawn attention to racial profiling and excessive use of force. And we often only know about such tragedies because they were recorded on phones as 'proof' of the injustices they suffered. We don't hear about the thousands of other victims of injustices that go unrecorded and unnoticed.

The violence we are witnessing is not new. These killings are not 'isolated incidents'. These events have again shined a bright light on hundreds of years of institutionalized racism and inequities in society. Many of our patients, our staff, our friends, and our families confront this racism every day. Sadly, the words of The Rev Dr. Martin Luther King Jr ring as true today as they did when he spoke them in 1967 in his speech, "The Other America":

I think America must see that riots do not develop out of thin air. Certain conditions continue to exist in our society which must be condemned as vigorously as we condemn riots. But in the final analysis, a riot is the language of the unheard. And what is it that America has failed to hear? It has failed to hear that the plight of the Negro poor has worsened over the past few years. It has failed to hear that the promises of freedom and justice have not been met. And it has failed to hear that large segments of white society are more concerned about tranquility and the status quo than about justice, equality and humanity. And so, in a real sense our nation's summers of riot are caused by our nation's winters of delay. And as long as America postpones justice, we stand in the position of having these occurrences of violence and riots over and over again. Social justice and progress are the absolute guarantors of riot prevention.

We acknowledge our own complicity in past institutional racism. We want to understand our own implicit biases and to minimize their impact on the care we provide and our interactions with others. Let us work in solidarity with the protesters to dismantle structural racism in our society. Boston Children's Hospital is a global community made up of individuals from across the United States and from around the world. We welcome and embrace our diversity. We are incredibly proud of our talented and resilient interns, residents, fellows, and the faculty who teach them, who come from many nationalities and many different backgrounds. We and our house-staff are providing health care for the next generation. We will all work together as allies to insure a strong foundation for the future of children of color and their families.

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GME Anti-Racism Statement Continued

We continue to strive to provide a safe, welcoming, and supportive clinical learning environment. We are committed to our trainees, our training program directors and coordinators, and our faculty. We strive to address implicit bias, cultural sensitivity and health care equity in our educational offerings and to increase diversity at all levels, but we still have a lot of work to do, and we are learning along with you and listening to you. We also acknowledge the frustration, anger and despair many of us are feeling right now in response to the current events happening across our nation. We must take a moment to reflect on how and why we are here. Let us rededicate ourselves to do what we need to do to understand, engage and stop the day-to-day injustices challenging the people with whom we work and the patients in our care. We cannot stop until the color of a person's skin does not interfere with their freedom to live without fear in America.

Message from the Co-Chairs

DEBRA BOYER, MD, MPHE
ALAN WOOLF, MD, MPH

This Spring has certainly been different from every other one at Boston Children's Hospital! The Covid-19 viral pandemic emergency of 2020 has disrupted all aspects of daily life in Boston and surrounding communities since early March. All hospitals, not only in Boston but all throughout Massachusetts and all over the country have been stretched to keep up with the demands of caring for seriously ill patients. First responders, physicians, nurses, house-staff, respiratory therapists, pharmacists, aides, cleaning staff, cafeteria workers, security personnel and all our staff have pulled together; all have performed admirably, if not heroically, in caring for our patients and their families at some risk to themselves and their own families. We applaud all who have shown courage and commitment as they go to work every day, juggling child care, at-home schooling of their kids, food shopping and all the activities of everyday life. We applaud those who have continued to work remotely from home, steadfastly devoting endless hours to keep things going.

Boston Children's Hospital is gradually resumed its 'normal' operations and elective surgical procedures, although with new guidelines to safeguard patients, their families, house-staff, faculty and all staff. We congratulate all of our residents and clinical fellows who are graduating and moving forward to their new learning environments or new positions in the next steps in their careers, and we welcome those who are starting their training at BCH or who are moving to the next level as they progress in their training. It's a different learning environment this year, with unique challenges but also plenty of exciting new opportunities to take advantage of as well.

The final sessions of the CAPS seminars for clinical fellows in this academic year were presented for the first time by virtual video conferencing instead of an in-person meeting on May 18th. More than 45 trainees participated in the program:

1st year Fellows:
8:30-8:45 Login and Welcome
8:45-9:30- Implicit Bias
9:30-10:15- Academic Writing
10:30-12:00 Disclosing Adverse Events

2nd year Fellows:
2:00-2:15 Login and Welcome
2:15-3:00 Job Negotiation
3:00-3:30 How to Address Unprofessional Behavior in the Workplace
3:45-4:15 Promotion in Academic Medicine

The Course Director, Dr. Sarah Pitts, continues to update the schedule for CAPS for the next academic year to provide the essential topics for our clinical fellows in their roles as learners, teachers, researchers, clinicians, and scholars.

A virtual orientation meeting for all new clinical fellows was held on July 6th, with appointments arranged for other orientation activities such as Fit Testing of masks, credentialing for name badge acquisition, and health screening.

Comings and Goings

We want to congratulate the new training program director for the Otolaryngology (ORL) fellowship training program, **Dr. Gi-Soo Lee**. Dr. Lee has been a faculty member of the Department of Otolaryngology – Head & Neck Surgery since completing his fellowship here in 2009 and has been the director of the ORL residency for the past 5 years. He also has earned a master's degree in education (EdM) from the Harvard Graduate School of Education. We also want to thank **Dr. Reza Rahbar** for his many years of fine work as the previous fellowship training director. We also want to congratulate **Dr. Ben Albert** who will take on new responsibilities as the training program director for the Critical Care Medicine (CCM) fellowship. Dr. Albert has been the associate training program director the past three years, and so has had plenty of preparation to step into his new role. We acknowledge with much appreciation the accomplishments of **Dr. Meredith van der Velden** who, as the previous CCM director, has led this excellent program for some years and will continue to mentor students and trainees in the future as CCM faculty. We welcome two new program directors in the department of Neurology; **Dr. Miya Bernson-Leung** will take over as program director for the Child Neurology and **Elizabeth Barkoudah** will take over as the program director for Neurodevelopmental Disabilities. In both cases they replace **Dr. David Urion**, who has provided strong leadership for both programs for many years.

New Training Grant Awarded to Pediatric Addiction Medicine Fellowship Training Program

The Pediatric Addiction Medicine Fellowship Training Program at BCH, led by Dr. Sharon Levy recently received a HRSA award that will provide nearly $4 million of support for fellows and faculty over the next 5 years. Congratulations to Dr. Levy and her team!

Strategies for Virtual Teaching

Beyond 2020 - How a graduate medical education program can adapt and thrive in the COVID-19 era

DR. MICHEÁL BREEN, ACTING PROGRAM DIRECTOR, PEDIATRIC RADIOLOGY FELLOWSHIP

The disruption caused by the COVID-19 pandemic was and remains an unprecedented challenge to medical education here at Boston Children's Hospital and throughout the world. But having attended our department's first ever "virtual" graduation celebrating the resiliency and achievements of the Fellow Class of 2020, we take pride in the innovations we have made and those we will continue to do so as we strive to maintain a tradition of excellence in education.

With the support of departmental leadership, it was decided early in the course of the pandemic to transfer PACS workstations with fully diagnostic radiology monitors to each of our fellows, allowing them to complete both clinical and educational activities from home throughout the pandemic, which in total affected one third of their one year subspecialty training in pediatric radiology. In retrospect, this was a crucial decision that allowed fellows to continue to participate actively in the clinical operations of the department and access both departmental and other educational resources during times of lower clinical activity. Following its success, we will do likewise for all incoming fellows in July.

Our teaching conferences were traditionally held twice daily in a lecture theatre on Main 2 in Longwood and now they are held virtually using Zoom. This change has had an unexpected benefit as it allows many more trainees and faculty - both those working on-campus and those based at home - to attend conferences they previously could not make. Additionally, we have curated previously recorded educational lectures and made them available to current and future fellows on an internal website. We are planning to routinely record and upload most educational conferences from July onwards.

We have partnered with other pediatric radiology fellowship programs nationally to share electronic educational resources under the auspices of the Society for Pediatric Radiology (SPR) website and online educational forum. We have invited faculty at other academic centers to give our fellows "live" Zoom-based teaching in topics specifically requested by our own trainees and we have returned the favor by "lecturing" to trainees in the Pacific North West, the South and locally across the Charles River from the comfort of our own homes and offices. Recognizing the reality that "non-interpretive skills" are often not considered a priority in one year radiology fellowship, here at BCH we curated a week-long educational curriculum and made it available to all SPR members. The curriculum focused on: diversion, cultural awareness; institutional racism; child life; health care economics; research methodology; and thriving, growth and wellness.

I, along with many faculty colleagues, worried about our trainees' personal well-being during the first wave of the pandemic this spring. We were concerned that some may feel isolated with so many remote assignments; particularly those living alone and without family in Boston. We had different concerns about those trainees forced to juggle their work-life with young children and pets in ways they never had before. A weekly Zoom-based coffee hour with fellows, program directors and educational coordinators, and a group "WhatsApp" proved to be simple but effective ways of keeping in touch and supporting one another. Although the Class of 2020 has now dispersed, we have no doubt that this group will share a tight bond for many years to come. We also held a number of Zoom-based mixers for incoming fellows with their current counterparts and faculty over the past few weeks. As faculty, we feel we know the incoming Class of 2021 better than we ever have in the past. We hope this has better prepared us to respond to their individual and aggregate anxieties and concerns as they begin their one-year fellowship in the COVID 19 era. These challenges, particularly as we orient graduates of four year radiology residencies into a new environment at a large children's hospital for the first time, will undoubtedly be different.

As the clinical and educational landscape continues to evolve, one of the most important lessons we have learned in the early phase of this pandemic is the inevitability of change. We have made provisional plans for the summer months, which will see our experienced fellows leaving, new fellows starting, and the reintroduction of rotating residents after a four month hiatus. But we recognize how important it is that we continue to solicit meaningful feedback from trainees and faculty as we move forward. Our motto for the coming year is "BE COMMITTED, NOT RIGID." Traditionally, we have scheduled most of the fellowship well in advance of July 1. For 2020-2021, we will schedule the fellowship in four three-month blocks, allowing our program a new flexibility to respond and adapt in these uncertain and tumultuous times without sacrificing our ongoing commitment to education.

"At the desk where I sit, I have learned one great truth. The answer for all our national problems - the answer for all the problems of the world - come to a single word. That word is 'education.'"
- President Lyndon B. Johnson

Online Cardiovascular Education In A Hurry: Delivering Pediatric Graduate Medical Education During COVID-19

SARAH A. TEELE, MD, ANTHONY SINDELAR, MED, EDS, DAVID BROWN MD, DAVID A. KANE MD, NIKHIL THATTE MBBS, RYAN J. WILLIAMS MD, JOY GUEVERRA, TRACI A. WOLBRINK MD, MPH

In the setting of the COVID-19 pandemic, on-line communication, learning, and collaboration became the primary way to maintain professional and personal connections with trainees, faculty, and larger medical communities. Under these unusual and dramatic circumstances, our fellowship program sought to leverage technology to transform the established clinical learning system. Our objective was to implement a multi-faceted solution that would accommodate learners' professional and personal contexts and needs, meet the wide range of digital fluency present in its faculty and trainees, create initiatives that could be deployed rapidly and fluidly, and adhere to established pedagogical principles and concepts.

As the first step in the process we created the following learning goals and desired results:

a. Provide high-yield synchronous and asynchronous learning opportunities
b. Create an online community that provides social support for one another
c. Utilize and curate high-quality resources readily available to faculty and trainees
d. Centralize currently available learning tools/resources
e. Elicit real-time informal and formal feedback

Platform Selection

Our fellowship program had prior experience with OPENPediatrics (OP) (https://www.openpediatrics.org), a free medical e-learning platform. It meets the attributes of a successful educational technology tool including credible resources, easy access without temporal limitations, and a user-friendly interface.[i] OP contains many pre-existing, peer-reviewed educational resources relevant for pediatric cardiology fellows including video, PDF documents, interactive screen-based simulators, and a multi-media congenital heart disease library.[ii]

Curation of Existing Resources

In order to rapidly deploy the initiative, we used a combination of pre-existing content and real time content creation. We identified divisional educational champions across the Cardiovascular Program to help populate folders in the sub-specialty topics with vetted, high quality content related to their area(s) of expertise. As the group site developed, it became increasingly easier to link content. For example, faculty teaching session an imaging session on cardiac tumors could refer to the relevant pathology lecture and the surgical technique references already available on the Boston Children's Hospital Cardiovascular Program group site.

We added several other pre-existing OP resources to the group including a transition to practice seminar series, information on the COVID-19 pandemic, and mental health/wellness resources. We posted information and links to technology tools for remote collaboration and education to support those interested in expanding their understanding and skills in digital literacy.

Synchronous learning opportunities

Using Zoom, our core conference schedule was redeployed in an online format within a week of the hospital's eWork mandate. We added additional sessions at the request of the learners and interested faculty with a focus on important threshold concepts in the field of pediatric cardiology. Within several weeks, trainees had the option to attend two to three one-hour sessions per day and could choose amongst a variety of topics in the field. Synchronous online educational opportunities continued to increase in number throughout April and May, further complemented by national and international initiatives. As faculty became more fluent with Zoom, features that supported active engagement and clinical decision-making were employed (e.g. polling, break-out rooms). If sessions did not contain patient health information, they were recorded and uploaded to the private OP group site. Lecture references were linked with the recorded material for learners interested in additional content or reviewing sentinel literature.

Online Cardiovascular Education In A Hurry: Delivering Pediatric Graduate Medical Education During COVID-19 cont..

Asynchronous learning opportunities

Utilizing active educational strategies to promote and reinforce learning, we created a team-based asynchronous project that complemented the OP site and expanded conference schedule.[i] We kept in mind key strategies for online group learning activities including transparency of expectations and purpose, clear instructions, small groups of three to five students, monitoring and support of the initiative, and guidelines for online etiquette.[ii] The project consisted of three parts completed by a team of trainees represented by individuals from a range of years in training. Project components included: 1. complete the flow chart for a lesion chosen by the team. 2. identify three key references as “must read” articles for a learner interested in the designated lesion, and 3. create three ABMS-type board questions based on the lesion with answers and explanations. Questions were populated in Qstream (https://qstream.com), an online spaced learning platform. Faculty coaches supported content creation, guided the choice of key references, and reviewed the multiple-choice questions before submission.

Assessment:

Five weeks into the initiative, an online survey was sent to the trainees. The Instructional Design Evaluation Survey for Postgraduate Medical E-Learning[i] was modified and used to assess learners’ experience of this online initiative. Our survey response rate was 70% (26/37). Respondents reported a high level of motivation for participating in online learning: 89% (23/26) of respondents agreed that the online learning in this intervention was translatable to daily real-world work.

Future Directions

Innovative, resourceful, and dynamic initiatives were required to manage the challenges highlighted by COVID-19 pandemic, as well as the uncertainties of the future. Although online learning cannot replace the physical examination of patients and the power of human touch, it does provide an opportunity to deliver quality education that can support some of the needs of adult learners in non-traditional settings. It is clear that healthcare professionals yearn for lifelong learning, practice development, and a continuing connection to their local and global communities. Additional reflection and ongoing formal evaluation of new initiatives will be essential to understand the personal and educational implications of these types of innovations.

[1] Casebeer L, Bennett N, Kristofco R, Carillo A, Centor R. Physician internet medical information seeking and on-line continuing education use patterns. Journal of Continuing Education in the Health Professions. 2002;22(1):33-42. doi:10.1002/chp.1340220105

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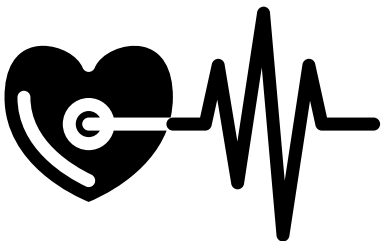
[1] A Guide to Quality in Online Learning - Academic Partnerships.
https://www.academicpartnerships.com/Resource/documents/A-Guide-to-Quality-in-Online-Learning.pdf. Accessed April 26, 2020.

[1] Leeuw RAD, Westerman M, Walsh K, Scheele F. Development of an Instructional Design Evaluation Survey for Postgraduate Medical E-Learning: Content Validation Study. Journal of Medical Internet Research. 2019;21(8). doi:10.2196/13921



Trainee Spotlight

PETER HONG, MD
CLINICAL FELLOW, CLINICAL INFORMATICS AND PEDIATRIC HOSPITAL MEDICINE

Tell us about where you grew up?

I grew up in Lutz, Florida, a town just north of Tampa. Every time I go back, there is something new—bringing back childhood memories of folks reminiscing when this or that "used to just be a dirt road / grass field." My favorite recollections come from the fact that my childhood home (until I was seven) directly abutted my father's veterinary clinic. Growing up, I remember reading a news article comparing veterinary and pediatric care (namely, advocacy for the voiceless & the triadic nature of partnerships in preventive care), and I guess the rest is history.

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

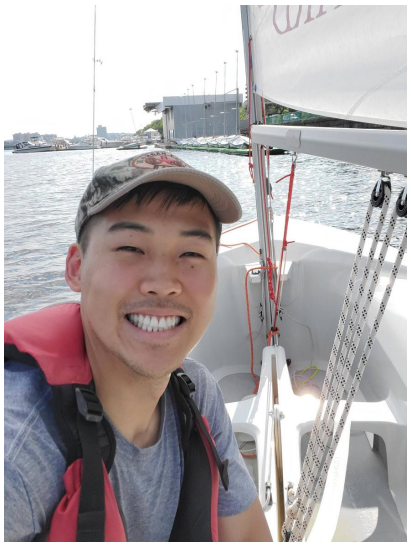
Without a doubt, my father's compassion and commitment to his patients (typically dogs and cats, but also the occasional horse, parakeet, or iguana) left a significant imprint on my desire to help others. When he brought home the most ill animals to provide care through the night, I saw a self-sacrificial passion I only heard about in Sunday school stories. After learning the art of cleaning pet kennels & slimy food bowls, I suppose the mastering the diaper change was a logical progression.

What has been a big motivating force in your career?

Having been a patient—as well as a patient's loved one, a patient's friend, and a caregiver—I have witnessed the gamut of healthcare experiences: often transcendent and yet sometimes abysmal. Now within the healthcare profession, I feel fortunate for the rare privilege to peak behind the curtain and feel driven to help facilitate the kinds of interactions that everyone and their loved ones deserve.

At what point did you know that you wanted to work in Clinical Informatics & Hospital Medicine?

I love contributing to and learning from interdisciplinary, multi-specialty teams. During medical school, I was fascinated by everything, but gravitated to caring for children with acute illness; at the same time, I valued care continuity in my relationships. During residency, I began to understand more deeply why I was motivated by continuity in patient care: on one hand, being able to relate with patients and families over time like old friends was so precious, and on the other hand, not having to comb through 200+ pages of a faxed medical record to understand a patient's care narrative sounded appealing as well. Every fax I send/request, every duplicate study or task our teams perform due to insufficient or out-of-reach data, every family who feels limitations in securing the best care for their child due to health IT challenges or because of difficulties in navigating complex, evolving healthcare systems, they help me to confirm why I work in this space.



Can you tell me a little about your (medical) experiences before you landed at Boston Children's Hospital?

I had the privilege and pleasure to train through pediatric residency in Dallas, Texas at the University of Texas Southwestern Medical Center & Children's Health System of Texas. While I only have four years of anecdotal experience to affirm that everything is bigger in Texas, I certainly felt a big love at that program, including getting to learn from the loveliest patients and families.

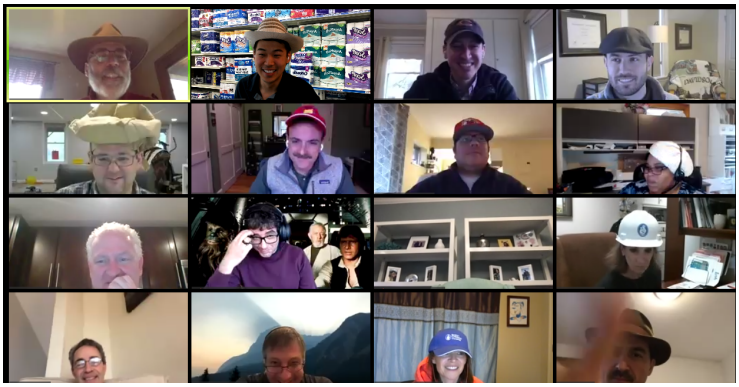
I vividly recall one such encounter during my PGY-2 year, where I was admitting an oncology patient for febrile neutropenia. I had reviewed several notes in his chart prior to walking in the room, and I was eager to impart some reassurance to this stressed family that I knew "his story." After I asked the mother to confirm his history of complex congenital heart disease and surgical repair (which I had read from a recent note), she was so gracious in asking me what in the world I was talking about. It turns out this item was documented in error and that this mother was a wonderful historian. Her comprehensive understanding of her child's health offered an invaluable, front-line resource, and she compelled me to wonder what medicine would look if all families—and more realistically, our health systems—could be like her.

Trainee Spotlight cont...

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

I used to wonder, on the work-life teeter totter, if it wasn't more "stable" to just overweigh one side and not fret about the balancing act. Being surrounded by such outstanding and supportive people at BCH and in the Longwood Medical Area, I feel tremendous encouragement to thrive as a whole person: family, friends, faith, fulfillment, and all. As far as leisure activities go, from hiking through the White Mountains, to sailing on the Charles River (tip: cheap recreational memberships through Harvard), or picking whatever fruit until sunset, and attempting to make it through a cup at Richardson's (not just ice cream), there's lots of life nearby which I've been blessed to add to the balance.

The Clinical Informatics team pre-quarantine



The Clinical Informatics team during a quarantine zoom call

BCH Housestaff Council for Patient Safety & Quality Improvement

CAMERON NEREIM, MD

First created in the fall of 2014, the Housestaff Council for Patient Safety & Quality Improvement (HCPSQI) at Boston Children's Hospital is a GME-supported group dedicated to providing education while incorporating residents and fellows into and giving them a voice regarding ongoing institutional QI and patient safety efforts.

During the 2019-2020 academic year, HCPSQI has continued to actively engage the housestaff through educational conferences and monthly meetings with our diverse group of over 40 members, representing at least 18 divisions within the hospital. In fall of 2019, HCPSQI hosted its annual 'Morbidity & Mortality' conference, demonstrating how to create an open and judgment-free space for the meaningful review of patient safety events and highlighting our ongoing 'See Something, SERS Something' QI initiative to normalize and promote increased filing of SERS among housestaff. For Patient Safety Awareness Week 2020, HCPSQI invited guest speaker Dr. James Moses, Chief Quality Officer at Boston Medical Center, to give a Grand Rounds presentation on his experiences in developing a culture of patient safety, ultimately postponed due to COVID-19-related scheduling changes.

In addition to our ongoing SERS-promoting work, select members of HCPSQI remain engaged in the 'Just a Squeeze' QI initiative, which aims to reduce central line-associated DVT formation through increased implementation of a squeeze ball intervention for at-risk hospitalized patients. More recently, HCPSQI members spearheaded the establishment of a collaborative task force to advocate for QI-related efforts to study and eliminate health disparities within our institution.

For those wanting to become involved with HCPSQI or join the Executive Leadership Team, our application cycle occurs twice yearly and applications for summer 2020 will be forthcoming!

"*At its core, 'Quality Improvement' is about a desire to better understand systems of care and how they work (or don't work) so that we can adapt our practices to achieve the best possible outcomes for our patients and their loved ones. To do that, we must be willing to take an honest and meaningful look at what hasn't worked in the past.*" - Cameron Nereim, MD

Graduate Medical Education Committee

At the heart of GME at Boston Children's Hospital is the Graduate Medical Education Committee (GMEC). The Accreditation Council for Graduate Medical Education (ACGME) requires that all sponsoring institutions have a GMEC. The GMEC at Boston Children's Hospital is deeply committed to graduate medical education and ensuring that our clinical learning environment (CLE) is safe, supportive and innovative for all of our trainees in all of our training programs, whether they are accredited or not. GMEC makes recommendations to hospital leadership on all matters related to graduate medical education.

The GMEC at BCH is 89 members strong and includes residents, clinical fellows, program directors, associate program directors and other faculty as well as residency/fellowship coordinators and the staff from the GME Office. The committee is chaired by Alan Woolf, MD, MPH and Debra Boyer, MD, MHPE.

The GMEC has multiple functions. Its primary function is to provide oversight of the institutional and program accreditation. Accreditation standards, the quality of the clinical learning environment at both the level of the institution and in each individual program, are examined. The GMEC routinely assesses 14 metrics (e.g. duty hours compliance, ACGME faculty and trainee survey responses) relevant to each training program's CLE on an annual basis. The GMEC provides feedback to each training program's leadership on their scores in each metric and flags those programs in need of improved operations. GMEC members also participate in the periodic review of our 43 accredited training programs to identify areas for improvement and to note best practices. The committee monitors how programs respond to citations and areas of concern. Its members review required hospital policies related to the CLE and provide oversight of house staff salaries. The Office of GME sponsors an ombudsman program: GMEC members regularly discuss inquiries and concerns raised by our constituents – the residents, clinical fellows and faculty.

Some of the topics and projects undertaken by the GMEC in the past year have included house staff wellness, house-staff specific policies for maternity, paternity and family leave, developing ways to measure work intensity, and exploring how to increase diversity at all levels of GME. In the era of COVID our meetings have gone virtual, but our work continues; GMEC has hosted virtual town halls on COVID-related topics. Many members contributed to two learning sessions held in April and May for all training program directors and coordinators: a seminar on "Teaching in a Virtual Learning Environment" and a workshop on "Virtual Interviewing" of future applicants to training programs.

The GMEC is an open membership committee. Anyone involved in training physicians at the graduate level who is interested in the committee is welcome to join. Meeting are held September through June, alternating between the 2nd Monday of the month at 5pm and the 2nd Wednesday of the month at 4pm. All we ask is that members have an interest in GME, attend meetings regularly and serve on a subcommittee or working group, which have various time commitments and levels of participation that can easily be worked into your schedule. Current subcommittees include Wellness, Work Intensity, Work Environment, Patient Safety and Quality Improvement Education, Annual Program Review, and Research Affairs.

Interested in joining, or just have questions? Please reach out to our co-chairs: Alan Woolf or Debra Boyer or contact our GME Office director: Tery Noseworthy. We'd be happy to talk to you or add you to the committee's roster.

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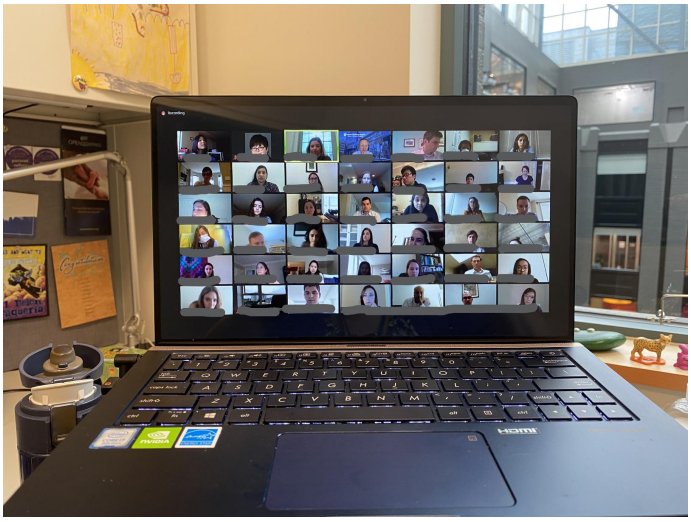
GME Hosts First Virtual Housestaff Orientation July 6th, 2020



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