

# GME ON-CALL

Volume 10, Issue 1 Fall 2018

## Message From the Co-Chairs

Alan Woolf, MD, MPH, Debra Boyer, MD

The annual summer transition of house-staff at BCH has gone very smoothly. We welcome the new trainees coming from all over the country and the world, as well as those who are returning to BCH in new roles. In the GME Office, we are focused on a number of very promising developments in medical education at BCH. We just had our regular site visit and institutional review by the ACGME's Clinical Learning Environment team from July 31st-August 2nd, led by Dr. Elizabeth Wedemeyer. We are looking forward to receiving their written report in October to help us make progress in our 'pathways to excellence' in medical education.



### Comings & Goings:

We want to take this opportunity to express our gratitude and say a bittersweet goodbye to **Dr. Diane Stafford**, one of our GME Office educators for the past 5 years and the fellowship training director in pediatric endocrinology for the past 12 years. Diane is leaving behind a superb legacy of considerable accomplishments that have benefitted dozens of BCH trainees over the past decade. She is the new Associate Clinical Director of Pediatric Endocrinology at Stanford University Hospital, which represents an exciting opportunity and new challenge for her, and we wish her nothing but the best in her future career. We also want to welcome **Dr. Ari Wassner** as the new fellowship training director for pediatric endocrinology. Ari has big shoes to fill, but he has most recently served as the program's associate training director and that experience and Diane's mentorship are sure to have prepared him for the transition to his new responsibilities. We wish him much success in his new responsibilities.

We are pleased to announce the appointment of **Dr. Sarah Pitts** from Adolescent Medicine to join **Dr. Ariel Winn** as our second part-time educator in the Office of GME, the BCH Teaching Academy, and the Department of Medical Education. Sarah brings to the job a wealth of experience as the current training program director for the fellowship in adolescent medicine at BCH. She earned her MD at Dartmouth and completed her pediatric residency and adolescent medicine fellowship training here at BCH/HMS. In addition, she has since completed both the fellowship training program in humanism at IPEP and the scholars program for teaching in the health professions at Harvard's Macy Institute. The recipient of numerous accolades in the past, including both the Frederick H Lovejoy Jr & Esterann Grace Teaching Awards, Sarah is a well-known educator in adolescent medicine. We all welcome her as the newest member of our team.

We also want to extend our welcome to **Kaytlyn Darling, MHA**, who has joined

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### GME STAFF

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the GME Office as our new GME Coordinator. Kaytlyn has previously worked as Fellowship coordinator in the Adolescent/Young Adult Medicine program here at BCH and brings a wonderful set of skills and experience to benefit our ongoing GME activities. Kaytlyn will also be our staff person with oversight of all GME coordinators in the hospital, including the development of housestaff orientation and training activities and materials for new coordinators. She will also assist in the planning of GME-related meetings.

We have another new staff member in the Office of GME: **Benjamin Yarsky**. Ben recently graduated from Northeastern University with a degree in industrial engineering. Most recently he was employed by the pathology department at the BIDMC to initiate and develop quality improvement projects. Ben will be helping us in the Office for GME with our needs to maintain and track data regarding the performance of all our trainees and their residency and fellowship training programs. Ben will provide us with the tools to counsel training program directors in meeting their goals for a supportive clinical learning environment. Ben also has considerable experience analyzing hospital-based safety events and quality improvement measures across programs. We are delighted to have him join our team.

We'd also like to thank **Dr. Charles Berde**, for his service as fellowship training director for Pediatric Pain Medicine. Chuck is handing over his duties to **Dr. Anjali Koka** who has been a faculty member in the Division of Pediatric Anesthesia at BCH for the past 4 years. We wish Anjali all the best in her new position.

We also want to welcome two new fellowship coordinators, **Mai Moua** (Dermatology) and **Theresa Henry** (Adolescent Medicine) who are replacing outgoing coordinators **Magain Oliviera** and **Kaytlyn Darling**, who we thank for their coordinator services for their respective fellowships.

We also welcome new associate training program directors in several fellowship programs: **Drs. Kirstie Leeman** (Neonatology), **Deborah Stein** (Pediatric Nephrology), and **Ben Shore** (Pediatric Orthopedics). Also, a hearty welcome to **Dr. David Kane**, who replaces **Dr. Puja Banka** as the new associate training director for Pediatric Cardiology. Congratulations to all of these physicians on the important next step in their academic careers.

#### Upcoming GME Events:

The GME Office again is sponsoring the mandatory core curriculum for clinical fellows: **"Strategies for Academic Success (SAS)"** during the 2018-19 academic year. This outstanding and innovative hospital-wide trainee development program includes three sessions each academic year and covers curricular content in the areas of leadership and teaching skills, the pursuit of a 'professional development plan', and quality improvement research. The first session of **SAS, designed for first year clinical fellows**, will be offered on 10/8 from 1:00-5:00 pm in the Byers B conference room. The second SAS session, for second year fellows, will be held on **November 7th from 1:00-5:00pm in the Karp 7 Conference room, a repeat session will be held on November 19th from 1:00-5:00 pm in the Byers B conference room.**

Please contact Katelynn Axtman to enroll in these sessions.

[Katelynn.Axtman@childrens.harvard.edu](mailto:Katelynn.Axtman@childrens.harvard.edu)

The next meetings of the GME Office-sponsored **Fellow-As-Teacher** luncheon workshops will be held on **October 4th** from noon to 1pm and on **October 31st** from noon to 1pm. Both sessions will be held at 333 Longwood Ave in the 3rd floor ORL conference room.

Don't forget to put some important GME dates on your smartphone. Upcoming **meetings of the GMEC** will be held on **Wednesday, October 10th from 4-5 pm** and **Monday November 12th from 5-6pm**, both in the Byers conference room in the Enders Building. All training program directors, associate directors, coordinators, and resident/fellow representatives are invited to attend.

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## By the Numbers

Largest increase of accredited programs for the ACGME up to 11,124 for AY2018.

The ACGME saw an overall growth of accredited programs of 5.1% from the previous AY.

620 new programs were accredited by the ACGME for AY2018

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By the  
Numbers

New  
accredited  
programs  
consist of:

375 medical  
specialties &  
subspecialties

109 hospital  
based  
specialties &  
subspecialties

136 surgical  
specialties &  
subspecialties

The GME Office, in conjunction with the BCH Teaching Academy, will be holding its semi-annual **Medical Education Retreat** for training program directors, associate program directors, coordinators, and interested faculty on **Friday, October 12th from 12:30-4:30 pm**. We will have presentations and hands-on workshops concerning different aspects of trainee assessment.

There are a lot of exciting events coming up this Fall to keep you moving forward towards your goals in GME!

## ACGME Issues Second National Clinical Learning Environment (CLE Report)

Alan D. Woolf, MD, MPH

The ACGME embarked on its Clinical Learning Environment Review (CLER) of site visits to 300 teaching hospitals in the United States in 2012 and published its first National Report in 2016. Its updated second report, issued just this month, covers a second round of visits from March 2015 to June 2017 to 287 institutions with 3 or more core training programs. Data gathered includes 9167 ACGME-accredited residency and fellowship programs total but, because of exclusions, the data in the report represents results from 242 institutions. For the first time, the ACGME uses comparatives in a 2-point analysis to observe trends over time in the data, although the second round of visits also included some areas of inquiry not asked during the initial visits.

In the executive summary of this *2nd National Report*, six overarching themes were identified:

- Theme 1 – Teaching hospitals are engaging residents in patient safety and quality improvement (PSQI) activities using a variety of strategies, but there is less focus on the participation of clinical fellows in PSQI.
- Theme 2 – In many institutions, GME is largely developed and implemented independently for the institution's other areas of strategic planning and focus.
- Theme 3 – A limited number of teaching institutions have implemented programs to ensure all GME-involved faculty and training program directors have the necessary knowledge, skills, and attitudes necessary for teaching trainees the principles of PSQI.
- Theme 4 – Teaching hospitals vary in the degree to which they coordinate and implement inter-professional collaborative clinical learning.
- Theme 5 – In general, teaching hospitals lack mechanisms to identify and eliminate organizational factors that contribute to burnout among trainees and faculty.
- Theme 6 – Health care system consolidation and changes in infrastructure, governance, priorities and values are creating new challenges in the CLE to align GME with initiatives to improve patient care.

Ending on a positive note, the ACGME observes that the national CLER program is having a positive effect on enhancing the dialogue between GME leaders and the executive leaders of the health care systems that serve as CLE for residency and fellowship programs.

The *2nd National Report* can be found at the ACGME's website: [www.ACGME.org](http://www.ACGME.org) at the tab: [https://www.acgme.org/Portals/0/PDFs/CLER/NationalCLERReport2018\\_FINAL.pdf](https://www.acgme.org/Portals/0/PDFs/CLER/NationalCLERReport2018_FINAL.pdf) for those who are interested in reviewing details of the data.

## Mortality and Morbidity Conferences-Version 2.0

Mortality & Morbidity Conferences are important venues to respond to near misses and/or adverse events affecting patient care. M&M Conferences promote the review of hospital practices to identify areas of miscommunication, gaps in policies and procedures and system-wide lesions. Front-line health care providers discuss system-wide remedies to insure patient safety and improve the quality of clinical care. M&M Conferences serve as wonderful opportunities for inter-professional communication so as to promote learning from each other.

Members of the Housestaff Council for Patient Safety & Quality Improvement (HCPSQI) have embarked on a new initiative aimed at re-visioning the time-honored 'mortality and morbidity conference.' The leadership of HCPSQI include Christine Cherella, MD – Fellow, Endocrinology, Julia Finkelstein, MD – Fellow, Urology, Elliot Rabinowitz, MD – Fellow, Pulmonology, and Michael Stratton, MD – Resident, Boston Combined Residency Program in Pediatrics. Their faculty advisors are Kate Humphrey, MD and Tanvi Sharma, MD, MPH. The HCPSQI kicked off its 2018-19 M&M initiative with an information session for Boston Children's Hospital (BCH) trainees. An educational presentation on "Introduction to Morbidity and Mortality Conferences", was held on Friday, August 24, 2018 from 12-1pm, with more than 75 medical and surgical residents and fellows in attendance. Members of the HCPSQI walked through illustrative, multidisciplinary cases involving BCH patients to review how to present an effective M&M, demonstrate how to report safety events at BCH, and discuss the process of Serious Event Reporting System (SERS) review. HCPSQI-sponsored educational M&M sessions will continue to be offered twice yearly to teach skills for effectively reviewing cases through the use of quality improvement tools and techniques, and to enable trainees from across disciplines to formally engage in M&M evaluations within their own divisions and departments. The joint PPSQ/GME Subcommittee on Quality Improvement Education, sponsored by the Program for Patient Safety & Quality and the hospital-wide GME Committee and chaired by Dr. Mari Nakamura, has also collaborated with the HCPSQI in the current dialogue to make meaningful changes in M&M Conferences.

In a complementary activity, in July of this year the Medical Staff Executive Committee (MSEC), appointed Dr. Scott Pomeroy as chair of a short-term task force. This task force has been convened to examine current practices for Mortality & Morbidity conferences and to recommend changes as appropriate. Such changes might include, but not be limited to:

1. Review current state of M & M conferences and policies
2. Explore opportunities for standardization across departments and divisions by optimizing best practices
3. Develop recommended templates for agendas, minutes and follow-up according to regulatory standards
4. Explore opportunities to identify one or two key learnings to be disseminated to other departments or divisions to potentially mitigate recurrence
5. Develop a recommended communication to serve this purpose
6. Identify mechanism to reinforce and monitor performance improvement
7. Identify mechanism for storing, communicating and integrating actionable learnings to reinforce and monitor performance improvement

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### Fellow As Teacher Workshops

**We have  
two fellow  
as teacher  
workshops this  
year:**

Thursday  
October 4th  
from 12-1pm  
in the 333  
Longwood  
3rd Floor ORL  
Conference  
Room

Wednesday  
October 31st  
from 12-1pm  
in the 333  
Longwood  
3rd Floor ORL  
Conference  
Room

## ACGME Facts

The specialties with highest number of newly accredited programs are:

Family  
Medicine

Internal  
Medicine

Surgery

Transitional  
Year

Two members of our GME Office staff: Manager Tery Noseworthy and Data Manager Ben Yarsky are engaged in supporting the activities of the PPSQ/GME Subcommittee, the HSCPSQI, and the MSEC Task Force in these efforts. We look forward to the roll-out of innovative changes that will benefit patient care at BCH.

## Coordinator's Corner

Rebecca Gilbert

Wellness has been a consistently-discussed topic in GME, specifically relating to the physical and mental health of residents and fellows, which is essential to our programs. My increased awareness of this topic has inspired me to remind everyone that wellness is also important to those in coordinator roles.

The coordinator role at BCH varies by department in terms of responsibilities. Wellness initiatives that work for one department may not work for another. Most fellowship coordinators wear more than one hat and many learn on the job with little guidance or assistance. A large portion of the job is determining the best way to accomplish each task, and this can be frustrating and make coordinators feel isolated. On a daily basis, coordinators are pulled in many different directions, which can lead to burnout, low job satisfaction, and unhealthy stress levels.

Fortunately, the hospital offers many helpful resources available to coordinators and other staff.

- Monthly Residency/Fellowship Meetings address coordinator specific concerns
- The RedBrick Health Corporate wellness program
- The Employee Walking Incentive Program
- The HR Employee Service Center

In conclusion, it is important for all of us to pay more attention to our own physical and mental well-being. Utilizing self-care strategies such as eating healthier, sleeping on a more consistent schedule, and making time for activities that you enjoy are great ways to combat burnout. My experience with these initiatives has helped to reduce some of my work-related stress and perform my job better as a result. Remember, even the smallest changes can make a difference in alleviating occupational stress, and is crucial to fostering a community of well-being for everyone.

## Cell Phones in the Hospital

We want to remind ALL Boston Children's Hospital staff, including all medical and nursing students, residents, fellows and other trainees as well as their faculty mentors, nursing colleagues, and other health care related staff, to follow the simple guidelines for courteous cell phone use. ALL of us should practice the following behaviors of courteous cell phone users, especially in the presence of patients and their families:

- They turn off their phones in public places.
- Keep it private, find a spot away from people.

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- They lower their voice when they speak anywhere near other people.
- They let others know if they have to take an urgent call and ask permission to leave their phones on.
- They apologize when they ask permission.
- They don't check incoming calls in front of other people when the phone sends out an alert vibration.
- They avoid using goofy ring tones.
- They set their ring tones on low.
- They respect when a business, an organization or an individual requests that cell phones be turned off.
- When in professional meetings: check message, email later When in the presence of others, it is just as inconsiderate to check the incoming texts/call as it is to answer it.
- They don't insist on conversing on their cell phones when reception is poor.
- They never drive and talk or text on their cell phones at the same time.



*Help us spread the word for courteous cell phone use.*

## Spotlight Feature: Paul (Crowley) McGregor, MD



**From the beginning:** I was born near Olongapo City, the Philippines, when my father was stationed there as a Navy submariner. We stayed there for several years before moving to a rural part of South Texas for the next decade. I moved up to Massachusetts for college and have been here ever since.

My parents didn't ascribe to Western medicine, so by the time I went to college, I had only seen a pediatrician twice in my life. In college, I had my wisdom teeth removed by an amazing oral surgeon, who encouraged me to look at medicine as a career and advised me in the application process.

Instead of going into residency directly after graduating, I worked at MIT, recruiting first-generation-to-college and underrepresented minority students and working on STEM advocacy projects. After working in MIT Admissions for many rewarding years, my wife encouraged me to go back into medicine, and it has been exceptionally rewarding ever since. I don't think I'd ever change things, though, because my experiences at MIT and away from medicine were ultimately so grounding and formative for me now as a clinician and researcher.

**My experience:** After Harvard Medical School, I matched in pediatrics at MGHfC, which provided me with great training and mentorship. After my residency, I stayed an additional year as a Chief Resident and hospitalist. I am now a third year GI fellow, so most of my time is spent researching, but each week in clinic I still get to have the patient-based experiences I love.

**On becoming a pediatric gastroenterologist:** When I thought about the patients who most

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## ACGME Facts

States with  
the highest  
number of  
sponsoring  
Institutions:

California  
(91)

New York  
(67)

Florida  
(50)

## By the Numbers

### Sex and Ethnicity

Of the 135,326 active residents 53.1% are male and 43.9% are female. 3.1 % are unreported regarding sex.

42.7% of all active residents are White

17.9% - Asian or Pacific Islanders

5.1% - Hispanic

4.4% - Black

0.2% - Native American/ Alaskan

5.2% - other

24.5% - unknown

impacted me in my training, the unifying theme was their GI and GI surgical pathologies. There is so much work left to do for the nutritional optimization of critically ill newborns and the prevention and treatment of necrotizing enterocolitis, gastroschisis, and omphalocele, and the short bowel syndrome many of these patients face. Boston Children's Hospital is the best place in the world for these patients to seek care, and the folks in the Center for Advanced Intestinal Rehabilitation are the best out there.

**My motivation:** Hands down, the most motivating reason to come to Boston Children's for my fellowship training is that we have the most amazing and brave patients and families. It is a privilege to provide care for them.

**Finding work-life balance:** This is a work in progress! I am still, in many, many ways, struggling on the whole work/life balance thing, particularly in this stage of my training. I am getting much better about protected time for myself, so that I don't respond to emails or do anything work-related between the time I get home and when my son goes to sleep at night.

**My research:** I work under Zak Kohane, head of Bioinformatics at HMS, creating what are called multimodal databases for pediatric diseases. These databases are optimized for analysis using Natural Language Processing and Artificial Intelligence/Machine Learning, and have been quite a long time in the making. One of the diseases I focus on is necrotizing enterocolitis (NEC), a rare yet devastating and poorly understood condition in neonates, and our goal there is to create predictive algorithms that may identify infants at risk of developing NEC.

I am also working on understanding the linguistic differences amongst clinicians and how these "linguistic fingerprints" impact communication with other medical team members. Though too many linguistic differences in a dataset make Natural Language Processing-based labeling of the dataset less effective, these differences are fascinating and represent a new area of risk exposure for deidentified datasets, malpractice claims, and communication breakdowns.

**Plans for the future:** My colleague Andy Beam and I are in the process of creating a center at HMS focused on pediatrics and Artificial Intelligence that will allow us to bring together all of our HMS-affiliated pediatric hospitals and units, aggregate their data for model creation for multiple diseases, and impact patient care and safety in a University-wide manner. For our first project, we are in the initial stages of creating a highly detailed database from the last 10 years of NICU graduates from HMS NICUs, and we hope to use this database to identify risk factors for fetal distress and infant mortality. Perhaps the most important unanswered question we'd like to address is why African American infants are at increased risk for mortality. We believe that the databases we are creating, with the contribution of Tom Jaksic in Pediatric Surgery, will help us to identify the cause of this national epidemic.

## Festive Fall Fun in Boston!

As the warm weather dwindles down, leaves began to turn and days become cooler there are still plenty of fun things to check out while in the Boston Area! Sunday October 7th at 1pm, join in East Boston for Boston's Columbus Day Parade. This parade honors Christopher Columbus his explorations in the Americas, Boston's military commitments to freedom and the city's Italian Heritage. This parade starts in the Suffolk Downs parking lot in East Boston, marches down Bennington Street and ends at Maverick Square near the waterfront. On Sunday October 21st, at Boston Common's Frog Pond Halloween Pumpkin Festival! Everyone is encouraged to bring a small



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pumpkin 8' or smaller, to carve out, light and have float across the pond for a beautiful display of floating pumpkins! This event has free refreshments, music, and lots of family activities. Halloween costumes are encouraged!

Interested in an evening of art, culture and inspiration? Travel over to South Boston to explore the SoWa Art and Design District where you can meet artists, view their latest works, shop boutiques or dine at one of their world class restaurants. On the First Friday of every month from 5pm-9pm, admission is free, this is located at 450 Harrison Avenue in Boston, MA. For more information please visit <http://www.sowaartists.com>.

## House Staff Night at Fenway Park!

On Thursday September 13th, the GME department sponsored a fun night at Fenway for all training house staff members! 202 tickets were bought and house staff were invited to attend along with a guest! The Boston Red Sox beat the Toronto Blue Jays 4 to 3, and our senior fellow, Jessica Bayer, started out the event down on the Jumbotron! This is one of their favorite events and the GME department really loves that everyone had a great time! Check out some of the photos from their fun night at Fenway!



### Questions? Contact the GME Office

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617-355-3396

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617-355-4372

Kaytlyn Darling – Education Coordinator  
857-218-5195

Benjamin Yarsky – Data Analyst  
617-919-6038

## By the Numbers

Of the total 135,526 active residents and fellows, there are only 31,355 in the pipeline (new residents entering their 1st year of training).

Since 2008-2009 there has been a 22.9% increase in entering pipeline residents

Pipeline positions determine the size of future physician workforce.