

GME ON-CALL

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Message From the Co-Chairs

Alan Woolf, MD, MPH, Debra Boyer, MD

Graduate Medical Education here at Boston's Children's Hospital (BCH) continues to strive for excellence with new programs and new initiatives coming to fruition this fall and winter. The leadership curriculum for clinical fellows, *Curriculum for Academic and Professional Success (CAPS)*, led by Dr. Sarah Pitts, is in full swing, offering sessions with topics covering such areas as grant-writing, career planning, and preparing research projects. CAPS has included 'developmental networking' social sessions this year that encourages networking between both faculty and fellows.



The GME Office also sponsored a GME Retreat for training program directors and coordinators on **November 18th** that attracted more than 50 attendees. GME educators Ariel Winn and Sarah Pitts set the agenda and the meeting was well-organized and staffed by Kaytlyn Darling and Brittany Alaimo. Debra Boyer updated the group on the national Council of Pediatric Subspecialties activities. Ted Sectish and Kate Michelson described the BCRP's process for the recruitment of a top notch, diverse group of interns of July 2020 from an impressive number of well-qualified applicants. Tery Noseworthy and Kaytlyn Darling presented an overview of what to expect in the ACGME's next site visits to individual training programs and how to incorporate a SWOT Analysis into the Program Evaluation Committee. Participants then formed small work groups to address preparation for the ACGME's pre-visit self-study.

Tery Noseworthy presented some of the accomplishments and challenges of GME at the hospital-wide Office of Health Affairs meeting on **November 10th**. We now have 43 ACGME-accredited physician training programs and another 30 non-accredited fellowships at BCH. There are over 500 residents and fellows working at BCH and another 900 rotating physician trainees from other institutions. The GME Committee continues to discuss important challenges within GME, such as physician wellness, work compression, and burnout, and continues to seek both program-specific and institution-wide strategies and solutions.

The GME Office recently announced the date of the **10th Annual Graduate Medical Education Day** to be celebrated at BCH on Wednesday, **April 29th, 2020**. Dr. Alan Woolf is the Chair of the Planning Committee. Kaytlyn Darling leads the staffing committee from the Office of GME. Other members include Debra Boyer, Jean Emans, Destiny Tolliver, Alan Leichtner, Ted Sectish, Tery Noseworthy, Maxine Milstein, Lori Newman, Sarah Pitts, and Ariel Winn. The Planning Committee takes the lead in organizing the many events of the day. **Dr. Deborah Weinstein**, the vice-president of medical education at Partners Health Care and a nationally renowned medical educator, will be our visiting professor this year and will give Grand Rounds.

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Comings & Goings

We would like to extend a welcome to the following; Welcome to Dr. Annette Schure, who has replaced Kristen Odegard as the Program Director in Cardiac Anesthesia, Ben Paret, who has transferred from Gastroenterology and replaces Nicole Stalker as the Program Manager in Pediatric Anesthesiology, Joy Gueverra, who replaces Hailey Noble as the program coordinator in Pediatric Cardiology, Cassandra Roberts, who replaces Courtney D'Elia as the program coordinator in Pediatric Dentistry, Daniela Grunfeld, who replaces Susanna Chen as the program coordinator in Medical Genetics, Kiara Harris Amos, who replaces Lindsay Brookmyer as the program manager in Pediatric Critical Care, Katherine Bryer, who replaces Terry McCarthy in Pediatric Surgery, and Jessica D'Silva who is the new coordinator in Pediatric Neurosurgery.

BORIM Changes Rules For Informed Consent and House-Staff

The Massachusetts Board of Registration in Medicine (BORIM) has recently made amendments to regulations 243 CMR 2.00. Some of these changes will affect the surgical practices of both faculty and house-staff and are worth reviewing. Caveat: we have summarized briefly some of the changes below, but please be advised that you should read the language of the regulations at the BORIM website to understand fully the changes.

Surgical Procedure Informed Consent in Writing

The attending physician/primary operator is responsible for talking to the patient about the risks of the procedure and obtaining written informed consent. The new regulations require that informed consent for procedures must be in writing. New information that comes before the procedure but after the patient has signed the original should be added, with a repeat signature or initials of the patient obtained.

Any Treatment Informed Consent in Writing

If a procedure or treatment would have previously required consent prior to these amendments. the amendments now require that written informed consent be obtained for each distinct procedure, intervention or treatment.

What about Emergencies?

Emergencies are treated the same way they were before. If time permits you to obtain a patient's written informed consent, then make every effort to do so. If not, you document the reasons you were unable to obtain informed consent in the eMR and share that information with the patient after the procedure.

Surgical Procedure Participants

Informed consent obtained by the attending physician/primary operator must include beforehand the names of everyone who will participate in the procedure. If the attending physician knows that a trainee will be participating but does not know his/her name, then s/he should explain that and include their training status and year of training. After the procedure, the eMR should be updated to include new information, including names of trainees participating, or changes; these should be explained to the patient. The names of residents who are merely observing do NOT need to be included.

The attending physician can delegate to the OR nurse the recording of all names of participants and who entered or left the OR at any time during the procedure.

If it is known before a procedure that the attending physician/primary operator will be absent for part of the procedure, this information MUST be included in the written informed consent.

If the attending physician/primary operator must leave unexpectedly in the middle of a procedure, this information must be included in the eMR, including who left the OR, the time marked, and the reason why they left.

For further information, please visit the BORIM website at state.ma.us. BORIM staff will also answer any questions through their Call Center at (781) 876 8230 Press 1 and then Press 5.

Upcoming GME Events

GME

Committee

January 13, 2020

Coffee, Candy, and Cookie Events

ACGME Annual
Conference,
February 2020

MSAMA

GME Day

April 29, 2020

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Program Review

Tery Noseworthy, C-TAGME

Both the GME Office and GME Committee are responsible for overseeing the quality of the physician training programs at Boston Children's Hospital. There are many ways we go about meeting this important requirement for our ACGME-accredited programs.

The Annual Program Evaluation (APE) process takes place between September and March of every year. We ask each program to complete a questionnaire related to the common program requirements and to provide a copy of the minutes from their Program Evaluation Committee (PEC). These documents, along with accreditation letters and resident and faculty survey results, are reviewed by the APE subcommittee of the GME Committee. The subcommittee reviews the written materials, discusses and then presents a summary of all findings to the full GME Committee. Programs will either be commended for their substantial compliance, given suggestions for program improvement or asked to respond in writing or at a GME Committee meeting if there are several areas in need of improvement. This is an internal, confidential program improvement process; no information is shared with any external groups, including the ACGME.

If a program has several areas for improvement the GME Committee may vote to perform a special review. A special review is an internal review to assess a program's quality and to help identify a process to make needed improvements. A special review can also be convened at the discretion of the Designated Institutional Official (DIO) or the GME Executive Committee if a concern has been brought to their attention or someone from program leadership requests one.

A special review can vary depending on the reason for the review, but in general a review team that includes a physician chair, a program director external to the program, a resident or fellow external to the program and an administrator from the GME Office. The review team will have a confidential meetings with the residents/fellows to discuss the program and will potentially have a similar meeting with the faculty, depending on the issue. The team will then have a preliminary meeting with the program leadership to discuss the results. A formal report is written and presented to the GME Committee, who will vote to accept the report and decide what follow up is needed. Like the APE process, this is an internal program improvement process that is not shared with the ACGME and is intended only to help our training programs be the best that they can be.

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The Boston Children’s Hospital Academy for Teaching and Educational Scholarship and Innovation was honored to present the following AY2018-2019 Awards:

2019 First Annual Excellence In Clinical Teaching Award



Charlotte Mullen, AuD



Katie O'Donnell, MD

In recognition for outstanding clinical teaching skills and commitment to educational excellence and promotion of best teaching practices at Boston Children’s Hospital

2019 Boston Children’s Hospital Academy Award for Achievement in Education and Scholarship



Debra Hillier, MD, MSHPEd



Kelsey Miller, MD

For advancement of Boston Children’s Hospital’s educational programs and dissemination of academic innovation and knowledge

2019 Boston Children’s Hospital Academy Ambassador Award



Denise Downey, RN



Craig Lillehei, MD

For distinguished participation, contribution, and commitment to educational excellence at Boston Children’s Hospital

Graduated Members

Jessica Addison, MD, MS
Adolescent Medicine

Sarah Ahmed, DMD
Dentistry

Walid Alrayashi, MD
Anesthesia

Michael Beasley, MD
Orthopaedics

Jennifer Bilak, RN, MSN
NICU

Daniel Bombardier, MSN
PACU

Brianne Cappock, MHA
Radiology

Esther Chu PharmD
Pharmacy

Kathleen Cullion, MD, PhD
MICU

Chris DeGray, RN, BSN
Cardiology

Mindy Lo, MD, PhD
Rheumatology

Lisa Mahoney, MD
GI/Nutrition

Lisa Martin, RN, BSN
Surgery

Roderick McArdle, RN
Cardiac Surgery

Luis Quinonez, MD
Cardiovascular Surgery

Farrah Rajabi, MD
Genetics/Genomic

Patricia Stoeck, MD
General Pediatrics

Sarah Teele, MD
Cardiology

Erin Zuck, BSN
Hematology/Oncology

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Boston Children’s Hospital Academy Holds Fall Education Retreat

The Boston Children’s Hospital Academy for Teaching and Educational Innovation and Scholarship at BCH held its Fall Retreat on October 25th. Its overarching theme for this session was: *Fostering the Master Adaptive Learner: From Expert to Lifelong Health Professional Learners*.

The following clinicians have been accepted into the 2019-2021 Teaching Certificate Program: Craig Birch MD; Joanne Booth RN; Christine Donovan BSN; Ingrid Ganske MD; Jacqueline Greene RN BSN CNN; Olha Halyabar MD; Alex Hirsch MD; Erica Lee PhD; Marcella Luercio MD; Jason Mantagos MD; Rebecca Scholl MD; Marissa Thomas RN; Jue Wang MD; and Charlie Wickremasinghe MD.

The keynote lecture was presented by Dr. Martin Pusic. His talk was entitled *Training for Change, The Master Adaptive Learner*, and he discussed how to prepare trainees at every level to become master teachers with adaptive (as opposed to automatic) expertise that continues to build over a lifetime of learning and experience.

Three workshops were held at this year’s retreat:

- ◇ Coaching for Learner Knowledge, Skill Development, and Growth – Facilitator: William Taylor, MD
- ◇ Using Critical Reflection to Promote Learner Growth – Facilitators: Lauren Mednick, PhD and Erica Lee, PhD
- ◇ Using Feedback to Promote a Growth Mindset – Facilitators: Ariel Winn, MD; Kate Michelson, MD; Laura Chiel, MD; Carolyn Marcus, MD

The keynote address and all of the workshops were well-attended and provided outstanding, interactive activities designed to help teach our learners how to move from a routine, standardized clinical approach to a flexible, adaptive approach.



*Kate Michaelson, MD
presenting “Using
Feedback to Promote a
Growth Mindset*

GME ON-Call

Spotlight Feature: Ryan Perkins, MD***On growing up:***

I was born and lived the first 12 years of my life in Houston, Texas. At age 12 we moved to Natchez, Mississippi. Although I love Houston, Mississippi is what I consider to be home. It was quite a culture shock moving from the fourth largest city in the US to a small rural town of ~15,000 people. Although sparsely populated, the lessons learned and values instilled laid the foundation for the person that I am today. After graduation from high school, I attended the University of Mississippi (Ole Miss) where I received a degree in Biochemistry.

On becoming a doctor:

I did not have a single event that led me to become a doctor, but rather a series of circumstances that culminated in the desire to become a physician. I was always a curious kid growing up. I would frequently take toys apart to try to figure out how they worked. I had several teachers in high school who became frustrated that I always wanted to know why things worked in the manner they do. In college, I enjoyed doing pharmacology research as it helped me to understand mechanisms or identify potential new therapeutics. Although this helped to satisfy my inquisitive nature, I sensed something was missing. I wanted to interact with patients and their families and develop longitudinal relationships with them. Being a physician seemed like the perfect intersection as it allowed me to explore my inquisitive nature by diagnosing disease and advancing knowledge through research, while also allowing me to develop relationships with patients.

On motivating forces:

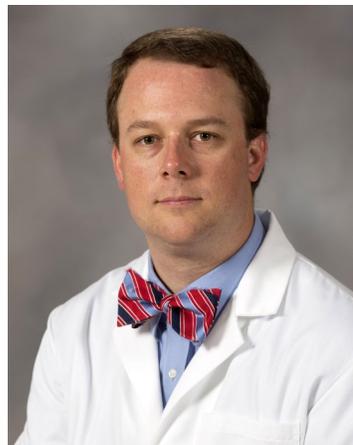
A big motivator in my career has always been the drive to help people. Patients have choices about the doctor that they see. They place an unbelievable amount of trust in us to take care of their children. This is not something that I take lightly. Our research endeavors help to advance care for future patients. Our clinical service tangibly helps to treat disease and make people feel better or optimize their condition. Our educational mission helps to train others to make impacts in the future for patients. I think by keeping the emphasis on helping people at the center of what we do, it helps me to remain focused on whatever task I'm trying to accomplish.

On choosing Pulmonary:

During my medical school and residency rotations, I found myself constantly being drawn to patients with pulmonary diseases. There was something about interacting with those patients that intrigued me and made me excited to come to work in the morning. In particular, I found myself being drawn to patients with Cystic Fibrosis. I valued the longitudinal relationships that providers were able to form with the patients and their families. I also appreciated the multisystem nature of their disease. Finally, there have been many advancements in CF care over the last 10 years. I vividly remember as a medical student the excitement in the Pulmonary clinic on the day Ivacaftor was approved. I wanted to be a part of that excitement and innovation.

Before Boston Children's Hospital:

I went to medical school at Louisiana State University Health Sciences Center in Shreveport, Louisiana. It was here I met and worked with Dr. Kim Jones, an adult and pediatric pulmonologist, who really helped foster my interest in clinical care, but also reinforced that being dually trained in adult and pediatric medicine was a viable career option. Upon graduation, I returned to Mississippi and completed an Internal Medicine-Pediatrics residency at the University of Mississippi Medical Center in Jackson, MS. From a clinical training standpoint this program was a hidden gem. Unfortunately, Mississippi is one of the poorest states in America and has significant disparities in its access to healthcare. Despite this, Mississippi is also one of the most hospitable states in the country. As a trainee, this allowed me to view a wide spectrum of pathology including late presentations of common conditions and previously undiagnosed rare diseases. I will always cherish the relationships I was able to develop with patients and the sincere gratitude they expressed for caring for them.

**2020 Wellness
Initiatives**Coffee and
Breakfast Events

Red Sox Game

Boston
Symphony
OrchestraResource Poster
for Housestaff
and FacultyHot Chocolate
Holiday Event

Burnout Survey

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Upon completion of residency, I was honored to be selected as a chief resident for the Internal Medicine residency programs. It was here I gained my first exposure to the administrative side of medicine. I also developed a new-found appreciation for my former attendings and the hidden roles they performed by precepting residents in the Internal Medicine clinic and attending on the Inpatient General Medicine services.

When thinking about where to apply for fellowship, in full disclosure, I almost didn't apply to BCH. Being from a different area of the country, I wasn't sure that I would fit in with the program or that the program would even be interested in me. "The division has a strong reputation within Pediatric Pulmonary, CF, and has produced many of the past and present leaders in the field. I was intrigued by this reputation, track record, the opportunities available at BCH (in particular the Young Adult Service), and decided to take a chance by applying and decided to take a chance by applying. My decision was supported while on an interview at another fellowship program. After hearing my career aspirations, I was strongly encouraged by the program director, a BCH Pulmonary Alum who had no idea I was even considering BCH, to apply and strongly consider the BCH program.

Can you tell us about your current work?

BCH has been an amazing place to train and work. This is a place where what previously seemed impossible is possible. Within the pulmonary division, I have been able to explore my interest in CF and in particular, in young adult CF care. Because of my background training in Internal Medicine, attendings have allowed me to follow their young adult pulmonary patients in clinic and routinely ask for my thoughts about care management and treatment for other young adult pulmonary patients. With support from Drs. Debra Boyer, Alicia Casey, Ahmet Uluer and Greg Sawicki, I was successfully able to combine my pediatric pulmonary fellowship with an adult pulmonary fellowship at Brigham and Women's Hospital. This combined training opportunity will uniquely position me moving forward to care for CF patients in all stages of life.

On research:

My major fellowship research project has focused on characterization of value-based care delivery in Cystic Fibrosis in collaboration with the Harvard Business School. The retrospective component aims to understand healthcare utilization over a year care cycle and the cost of that care under a fee for service model. The prospective piece seeks to depict the baseline value of cystic fibrosis care by assessing outcomes (both clinical and patient reported outcomes) and tying that to the cost of care delivery. In the prospective arm, we will utilize a novel micro-costing strategy called Time Driven Activity Based costing to understand the cost of care on a more granular level. I'm also working on a retrospective review of eosinophilic pneumonia development following lung transplantation in our center. Finally, I have also completed a project investigating the perceptions and attitudes of utilizing a social media platform for self-care and support in adolescents and young adults with Cystic Fibrosis. I have been fortunate during my three years of fellowship to be supported by the CF Foundation trainee grant.

In addition to my clinical research, I am also involved with educational advocacy. During fellowship, I have served as the trainee representative on the ACGME Institutional Review Committee and the Council of Review Committee Residents (CRCR). I think at times the ACGME is viewed only as a punitive organization. Many don't realize the wonderful activities and advocacy initiatives that are undertaken by the ACGME. During my term, the CRCR has been actively involved in developing wellness initiatives, innovation in medical education through the "Back To Bedside" initiative, and strongly advocating for improvements in the parental leave policy for all trainees.

On work-life balance

Work-life balance is tremendously important and an area that I am continuing to grow. My wife has been essential to help keep me grounded and remember that there is life outside of medicine. Our faith is instrumental to us, and we have loved recently getting involved at Grace City Church in the Fenway. We both love to explore different areas of Boston and New England. There are so many wonderful locations to visit in a 3-4 hour drive over a long weekend. In addition, my wife and I are both developing foodies. We love to try new restaurants/cuisines, and Dr. Sawicki has been terrific about offering suggestions for new restaurants to try. Finally, I'm a sports junkie. I love to spend Saturdays in the fall watching college football in particular The Ohio State Buckeyes and my alma mater, the Ole Miss Rebels. From a professional sports standpoint, I'm a diehard Houston Astros and Houston Rockets fan. Hotty Toddy and Go Stros!



Dr. Perkins and patient Caitlyn dressed up as mermaids

GME On-Call

Coordinator's Corner—All About Perspective

Catherine Shank, C-TAGME

I have been with the Pediatric Otolaryngology Fellowship Program since the application and subsequent acceptance of our ACGME accreditation in 2013. Since then, I have continuously worked to enhance the clerical structure of the program: the educational conferences, didactic lectures, call schedules, rotation assignments. From my perspective as the administrator, I understood the daily endeavors of our four fellows merely through the documentation, correspondence, assessments, and meetings. Lots of meetings. Here in ORL, I knew on the surface that our fellowship program was robust with surgical cases and inpatient consultations. However, I have long felt that I couldn't truly grasp the total breadth of our fellowship until I immersed myself in their day-to-day environment. On a Wednesday this past October, I did just that. From 6:00AM to 6:00PM, I spent the day with our assigned inpatient team on call: one attending physician, one clinical fellow, one rotating resident, and two of our inpatient Physician Assistants. Throughout the day, I followed the team around from the OR, to the ED, to every ICU and back again as the hours flew by and my GPS tracker tripled its step count in half the time it had the day prior.

What I witnessed that day was not only the vast motions of a demanding and comprehensive service, but a first-hand glance at particularly complex circumstances and the meticulous ways in which they were treated. I witnessed remarkable collaboration and respect among care teams as well as unwavering patience and extraordinary teamwork among my own. I continuously watched the attending physician teaching the fellow, the fellow then guiding the resident, and the inpatient PAs assisting with the logistical needs of the copious requests in every direction. I gained a true sense of the educational value in every situation. Within one hour, an uncomplicated tonsillectomy could then be followed by a very difficult intubation in the NICU. Regardless of the scenario, I found that every opportunity presents itself with a new lesson as no one patient or encounter is the same.

To be honest, I wasn't sure if I could emotionally endure certain events that I would, and did, come across that day. A mere two years ago I experienced a complicated pregnancy that inevitably led to a preterm delivery and loss. Approximately one year later, around the corner at BWH, I delivered a healthy baby just one day shy of his due date. I know the power and innovation of science and medicine. I know the miraculous stories that come out of these institutions because I was part of one. At the same time, as a previous patient, I didn't know what to expect from my vantage point on the "other side." My initial fears about this experience were immediately washed away as feelings of empathy, clarity, and a newfound perspective took over. As a result, I have a completely new understanding of the intricacies of the program that I hope will only strengthen the fellowship as a whole. Upon reflection of this experience, a sentiment that now comes to mind is pride. I have always been proud to work here. Today, I am most proud to be a small part of this fellowship program and the ever-evolving education of our future leaders in medicine.



From left to right: Dr. A. Eliot Shearer (fellow), Dr. Erika Mercier (fellow), Catherine Shank, Dr. Sara Gallant (fellow), and Dr. Andrew Bluher (fellow).