

GME ON-CALL

Inside This Issue

A Message from the Chair

PAGE 1

CAPS

PAGE 2

GME Trainee Spotlight

PAGES 3 + 4

Tips for Your CV

PAGES 5 + 6

Top 10 Patient Concerns in 2021

PAGE 7

HSQIC Update

PAGE 7

Virtual Interview Tips

PAGE 8

Contacting GME

PAGE 9



A Message from the Chair

ALAN WOOLF, MD, MPH

It's autumn in New England, a most beautiful time of year. We in the Office of GME 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. You have all settled in well and are already immersed in the

unique, world-class clinical learning environment here. We welcome your dedication to the care of children and their families, and the new ideas, excitement and enthusiasm you bring to the bedside.

In the GME Office, we are focused on a number of very promising developments in medical education at BCH. Read about changes in the offerings of the GME course: Curriculum for Academic & Professional Success (CAPS) elsewhere in the newsletter. Revisions in the content of CAPS have targeted clinical fellows at different stages of their training to present topics that are most relevant to them at that particular point in training.

We had our first GME Committee meeting of the new academic year on September 22nd and were pleased to include the following new representatives to the GMEC:

Amanda Gomez – Clinical Fellow, Gastroenterology

Ifunanya Agbim – Clinical Fellow, Gastroenterology

Geoffrey Guenther – Clinical Fellow, Infectious Diseases

Daniel Atwood – Clinical Fellow, Pulmonary

Dennis Daniel – Associate Program Director, Critical Care

Neha Kwatra - Program Director, Pediatric Radiology

Lauren Crafts - Clinical Fellow, Cardiology

Faraz Alizadeh – Clinical Fellow, Cardiology

Wendy Herman – Clinical Fellow, Neurology

Eric Bortnick – Clinical Fellow, Urology

Rosemarie Mastropolo – Clinical Fellow, Heme/Onc

Mia Chandler – Clinical Fellow, Rheumatology

Sarah Justvig - Clinical Fellow, General Academic Pediatrics

Jennifer Ross – Clinical Fellow, Pediatric Addiction Medicine

Leyla Yavuz Saricay – Clinical Fellow, Pediatric Ophthalmology

We appreciate your service in representing the interests and views of all trainees across the institution and your commitment to the core mission and goals of medical education at BCH.

Comings and Goings

We want to welcome Drs. **Michael Hernandez** and **Jessica Addison** to our team in the Office of GME as new part-time educators. Michael is the Training Program Director for the Pediatric Anesthesiology Fellowship and Jessica is the Associate Training Program Director for the Fellowship in Adolescent Medicine. Both physicians will assist in the periodic reviews of all of the 45 or so ACGME-accredited training programs at BCH. We salute their commitment to GME and are excited about their new responsibilities.

Cont. on page 2

Comings and Goings Continued

We also welcome two new training program directors: **Dr. Alicia Casey**, Training Program Director for Pediatric Pulmonary Medicine who has taken on the responsibility from its previous long-time director, Dr. Debra Boyer, and **Dr. Neha Kwatra**, Training Program Director for Pediatric Radiology, who has replaced Dr. Michael Breen. We thank both Drs. Boyer and Breen, who have left BCH for new opportunities. We are grateful to them for their outstanding contributions to medical education and training here at Boston Children's Hospital over many years.

We also welcome new fellowship coordinators for a number of programs:

Carly Barber, joining the Neurosurgery team as another coordinator in that program

Arianna Bouchard, replacing Madeline VanUmmersen as the coordinator of the BCRP

Rhonda Champagnie, replacing Wilson Kuang as the coordinator of Congenital Cardiac Surgery

Olivia Deverix, replacing Hailey Noble in General Academic Peds as the new fellowship coordinator

Julianna Coraccio, joining the Gynecology team as a coordinator.

Kayla Richburg, replacing Adriana Kiewra in Pediatric Emergency Medicine – as the new coordinator for rotating residents only.

Upcoming Events:

The next CAPS sessions will be held on October 29th.

The next GME Committee meetings will be held on Monday November 8th from 5:00-6:00pm, and on Monday December 1st from 4:00-5:00pm. All GMEC meetings are being held via zoom during the pandemic.

The Epilepsy Training Program will host an ACGME site visit by Dr. David Drvaric, a staff member of the ACGME, on Thursday, October 14th.

The GME Office, along with the Office of Health Equity and Inclusion and the Diversity and Recruitment Retention Subcommittee are holding their second annual "Virtual Diverse Second Look Day" on Saturday, November 6th from 10:30am - 2:30pm.

Finally, mark your calendars: GME Day at Boston Children's Hospital has already been scheduled for **Wednesday, March 30th, 2022**. We hope that all of you will be there!

Curriculum for Academic & Professional Success (CAPS) Program

The next sessions of the Curriculum for Academic & Professional Success (CAPS) seminars for all clinical fellows in this academic year will be presented virtually on October 29th.

2nd Year Fellows

8:00am-12:00pm

Personal and Professional Branding /
Social Media Presence
Structural Racism in Healthcare
QI- Reducing Healthcare Costs
Addressing Patient Pain and Addiction

1st year Fellows

1:00pm-5:00pm

Advocacy
Office of Fellowship Training
Evidence Based Medicine
Components of a QI Project
Wellness
Fellow as Supervisor
Developmental Networks & Mentoring

The Course Director, Dr. Sarah Pitts, continues to update the curriculum for CAPS each academic year to provide the essential topics for our clinical fellows in their roles as learners, teachers, researchers, clinicians, and scholars. Please contact Ms. Brittany Alaimo to register for the Fall sessions at: Brittany.alaimo@childrens.harvard.edu if you have not already done so.

GME Trainee Spotlight

SHANIQUE STERLING, MD
CARDIOLOGY FELLOW

Tell us about where you grew up?

I grew up in the city of Portmore in Jamaica, with summer vacations and Christmas holidays being spent mostly in south Florida. This afforded me the illusion that it was the norm to have beautiful summer weather all year-round (which definitely isn't the reality!), but I have been pleasantly surprised by the seasons. My childhood home is smack in the middle of one of the largest suburbs in Jamaica- with the beach and the busy city of Kingston both being less than 20 minutes away in either direction. I was able to enjoy the beauty of having weekends filled with fun activities outdoors after long weekdays with 5 am starts.

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

As cliché as it sounds, I think medicine chose me as much as I chose medicine. I was that pre-schooler who collected grasshoppers in little jars and walked around town with the jars explaining to adults what makes the grasshoppers jump and that when they are hurt their blood is green, not red like ours. I asked a million questions and one of the persons I looked forward to asking those questions to was my pediatrician. I thought she was brilliant! No matter what I asked her she seemed to know the answer. So, by around age 8, I knew I wanted to learn as much as she did. During my teens, while gaining exposure to inpatient services at a local hospital as a patient assistant volunteer, it became clear that I didn't just want to know a lot, but I also wanted to have an impact on the lives of others with the knowledge I gained. In my observation of the progress patients made from my first day with them up to their day of discharge- I realized the significant impact doctors and nurses had on the lives of their patients and decided that was the path I wanted to take.

What has been a big motivating force in your career?

I grew up observing that the most important people in my life give themselves daily to others with unrelenting dedication to the greater good. How much they earned while doing it seemed to be inconsequential. My mom and grandmother are teachers, and my dad is a nurse. They worked hard at their jobs. They were passionate about their roles and the impact they had on the lives of the students and patients they served. The work ethic I observed in them has motivated me to do the same in my own commitment to the service of others. I consider myself fortunate to have found a profession I am passionate about that also aligns with what I believe is my purpose in life.



At what point did you know that you wanted to work in Pediatrics and how did you decide on Pediatric Cardiology as a sub- specialty?

On entering medical school, having been a student athlete who had recently suffered a significant sports injury, my intention was to become an orthopedic surgeon. That is a little hilarious now as at the time I had never heard of the field of pediatric cardiology. Yet here I am a decade later not being able to even consider doing anything else with my life. I fell in love with cardiology as a second-year medical student during my cardiac physiology lectures. I loved that it required minimal memorization, as everything could be understood and explained by thinking it through. I then did my pediatrics clerkship and subsequently a pediatrics internship in Jamaica. I found that despite working hard, I was happiest while on the pediatrics service, as I simply loved working with kids! The merger of a patient population that I loved with an organ system that I found fascinating was like the complete alignment of the stars and there was no going back.



GME Trainee Spotlight cont..

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

I went to medical school at the University of the West Indies, Mona Campus in Kingston, Jamaica after high school. Our medical school training is 5 years of formal training followed by a required year of internship with 3 months in each of the four major subspecialties (pediatrics; internal medicine; obstetrics and gynecology and general surgery). There was also an additional senior house officer year in a chosen subspecialty inpatient service and in an assigned, underserved outpatient clinic. I then did my pediatrics residency training at University of Miami- Holtz Children's Hospital before moving to Boston to pursue my pediatric cardiology fellowship.



Can you tell us about your current work?

I am a first year pediatric cardiology fellow in the BCH Cardiology Department. I feel honored to be able to learn from such brilliant minds who are world-renowned pioneers in the field of pediatric cardiology. There is also the added benefit of doing the fellowship training in a supportive learning environment and with amazing co- fellows. Each day I can honestly say that my mind is a little bit blown by the vastness of the things we have explored and mastered. I learn something new daily, and my mind is constantly being challenged to think more critically about the crucial concepts that in the end make all the difference in patient outcomes.

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

Time management is an art that I am still learning. Over the years I have gotten better at prioritizing my "To Do List" and more importantly I have gotten more accepting of the simple fact that I cannot do everything at the same time. Everything will get done but just not all at once. I have always strived to maintain balance in my life as it helps me to keep centered and in touch with the real world. By extension, that enables me to perform my job well. I love sports, just being outside, dancing and travelling. So, whether it's going to a game, cycling, hiking, playing tennis or volleyball, going on trips, having a games night, or even just watching a movie or reading a novel on my couch- I take frequent moments to reset and re- center myself to carry on.



A Dozen Tips For Your CV

ALAN WOOLF, MD, MPH



All of us in academic medicine have a regular addition to our list of things we should be doing regularly - and that is updating our CV from time to time! However, it is easy to overlook this activity, which is so important for our future, whether that future holds a change in career direction, the anticipation of an upcoming academic promotion, or the need to apply for a new position. So here are a dozen TIPS to help you in preparing and updating your CV.

1. Don't Include Personal Information -

You should not include your social security number, home address, or birth date in your curriculum vitae. If you are sending your CV to a prospective employer, keep in mind that it may pass through many hands. You may not want others to have access to this level of personal information. Don't include your race or ethnicity, religion, marital status, family information, or other personal details in your academic CV.

2. Proofread Carefully -

Your writing in a CV necessarily reflects your personal qualities, such as level of organization and attention to detail. Often your CV is the first impression you make with a prospective employer. So, proofread your CV carefully! Have others proofread and critique it. Don't include misspellings, awkward sentences, or errors in syntax or subject-verb agreement in narrative portions or anywhere in your CV. Don't vary the style, fonts, or formats of activities or citations in your bibliography – you must proofread your bibliographic citations and be consistent in your entries.

3. Give All Details of an Activity; Include Dates

List all your entries chronologically (oldest comes first in the Harvard style). Be sure to fully describe as completely as you can all of your academic and scholarly activities. Don't leave the dates of service off your academic positions, hospital-related positions, professional organization service activities, or community positions or activities. Be careful to explain and write out all acronyms and abbreviations. Remember that faculty who are reviewing your CV at another university do not necessarily know what "CCI" stands for, even though you know it means the 'committee on clinical investigation'.

4. Don't Lump Together All Publications

Number your bibliography, from oldest to most recent within each section. Take the time and effort to separate out your bibliographic entries into the proper categories (e.g. 'original research', 'reviews', 'other educational materials', etc.). Don't lump all of your published work into a single "Manuscripts In Refereed Journals" category in your bibliography. Make sure all of your entries are consistently formatted, including publication year, volume, and inclusive pages.

5. Get Those Case Reports Out of "Original Research"

Case reports and series reflect clinical experiences and are important as guides to clinicians and others. They describe unique patients or clinical managements. They can serve as sentinel cases in describing new vulnerable populations, new or unexpected adverse reactions, or hypothesis-generating experience. But they are not considered by promotions committees to hold the same scholarly weight as original research papers. So, don't include case reports or case series or other solicited reviews, book chapters, or non-peer refereed articles in the "Original Research" section of your bibliography.

6. Only Include 3 Years of Selected Abstract Titles

A promotions committee does not expect to see a long list of scientific abstracts in a CV. Only abstracts presented in the previous three years should be included. Abstract entries in a CV include only those that have not yet resulted in a published paper. Once the work described in an abstract has been published, only the publication itself is cited. The corresponding abstract should be deleted from the CV.

7. Don't Include Submitted Publications

A CV should reflect only your scholarly work that has resulted in publication or widespread dissemination on the Internet. Don't include submitted manuscripts in your bibliography. Only include published articles or those already accepted for publication and now in press.

A Dozen Tips For Your CV continued

8. Follow the BCH CV Builder: Faculty Success

BCH has partnered with 'Faculty Success' (formerly Digital Measures), a recently updated proprietary website, to use in constructing and updating your CV. It has specific instructions for how CVs are to be prepared for faculty to be considered for promotion. Consult their latest CV-building template and convert your CV to the acceptable Harvard format, using the guidance for compliance with the Harvard style. The password-protected website is:

https://www.digitalmeasures.com/login/org-childrenshospital/faculty/authentication/showLogin.do?shce_test=1631375735040

9. Watch That Narrative

The narrative portion of the CV is where you make the case for your promotion. It is where you articulate your accomplishments, explain any major changes or events in career direction, and outline (briefly) your plans for the future. Describe how your research has impacted the field, how your innovative teaching tools have been utilized or replicated elsewhere, how your leadership activities have led to significant benefits for your division, a local community, or your regional, national, or international professional society. It's OK (even expected) for you to toot your own horn! Again, proofread it carefully.

10. Include New Metrics of Academic Accomplishment

In addition to such time-honored metrics as publications, clinical and teaching leadership, and grant experience, the new millennium has ushered in a variety of new types of academic effort that reflect a faculty member's academic stature. New metrics can include published on-line educational modules, e-books, educational videos, or innovative new curricula and syllabi used locally or regionally or published in peer-reviewed portals. Authorship of evidence-based, clinical practice guidelines or critical pathways or other clinical guidance published and disseminated locally, regionally, nationally or internationally should be included in your CV. Acquired or pending patents you have received should also be included.

11. Consult Your Boss

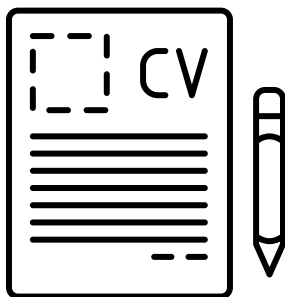
Schedule an appointment to discuss your faculty status and prospects for academic promotion with your division chief or department chair at least annually. Show them your CV and ask for suggestions on how to improve it and what you need to accomplish to be considered for promotion. Take their advice to heart!

12. Update Your CV

We've seen this time and time again. Junior faculty will ignore their CV for years and then come up for promotion without the proper formatting or listing of all their activities in the lapsed interval. This is a grievous error in academic medicine. Do not ignore your CV; it is much more difficult to reconstruct your activities and the lectures you have given from memory some years after the fact. You'll forget the details of what you have done academically. So, update your CV at least quarterly with recent lectures (audience numbers, date, place, lecture title, and evaluation rating, if known), new positions, new mentoring activities, new committee appointments, etc. Don't fall behind in your CV maintenance.

Congratulations on your promising future career and your academic achievements, as reflected in your well-crafted, well-written, well-presented CV! Please visit the HMS website and consult the Harvard Handbook for additional details about and explanations of each of the tracks, including definitions and examples of meritorious service and achievement in each category that meet the requirements for promotion. It can be found at the website:

<https://fa.hms.harvard.edu/FoMhandbook>



Top 10 Patient Concerns in 2021 (according to ECRI: The Emergency Care Research Institute)

High reliability organizations stay vigilant and attempt to identify problems proactively. The ECRI organization has identified high priority areas of concern in health care for 2021. Many of the items on the list are related to the current pandemic, which has highlighted many of the underlying, entrenched inequities of health and health care. COVID-19 has disrupted the lives of health care workers and the families we serve, not only through its devastating direct and indirect effects on health, but also through its disruption of everyday life. 'The List' includes the following:

1. Racial and ethnic disparities in healthcare
2. Emergency preparedness and response in aging services
3. Pandemic preparedness across the health system
4. Supply chain interruptions
5. Drug shortages
6. Telehealth workflow challenges
7. Improvised use of medical devices
8. Methotrexate therapy
9. Peripheral vascular harm
10. Infection risk from aerosol-generating procedures

These 10 areas of focus were derived from a nationwide survey of health care leaders in multiple disciplines and then a process of secondary review by an expert panel. Details are available at www.ECRI.org.

HSQIC Update

The GME's Housestaff Patient Safety and Quality Improvement Council continues to foster trainee education and engagement with a patient safety and quality infrastructure. Throughout the Covid-19 pandemic, the Council partnered with the Enterprise Project Management Office to introduce rotating BCH employees that have completed the Lean Six Sigma: Green Belt process. These projects are centered around quality improvement here at the hospital and allowed guests to speak on their project and some of the extensive QI skills and tools that they used.

The Council was pleased to invite Dr. Jean Leclerc Raphael, a former member of the BCRP, to speak at the Council's sponsored Grand Rounds session during National Patient Safety Awareness Week last March. Dr. Raphael virtually rejoined BCH for the day to speak on his work in addressing health disparities and met separately with the Council for a brief Q&A and networking session. More recently, members of the Council hosted an Educational M&M session available to all trainees in August, with plans to host another session in Spring 2022.

Current projects of the Council include SERS Reporting, the Health Equity Task Force, and the "Just a Squeeze" Initiative, whose goal is to reduce the upper extremity VTEs in patients with PICC lines by using a squeeze ball (similar to a stress ball) to increase mobility. The Council plans to sponsor another Grand Rounds session during National Patient Safety Awareness Week (March 13-19, 2022), speaker TBA.

If you are a trainee and would like to learn more about the Housestaff Patient Safety and Quality Improvement Council or would like to become a member, please reach out to Sebastian Ferrell (Sebastian.Ferrell@childrens.harvard.edu).

Virtual Interview Tips

Best Zoom Practices

- Do not record interviews. Candidates should also not record interviews. Be sure to make this clear to all participants in advance of the interview day.
- Ask interviewers to include their pronouns on their screen name in Zoom - Jane Smith (they/their/theirs). To make the change, right click on your profile picture and edit the text
- Ask candidates to do the same with their pronouns if they are comfortable doing so. (Note: it should be optional; do not make it mandatory.)
- Provide a neutral background for both interviewers and candidates to use as their Zoom background. Choose one background and send to all interviewers and candidates. Backgrounds should not include BCH or your program name.
 - To change your background:
 - Log into Zoom on your desktop or mobile device.
 - Select the “Settings” icon (from the upper right.)
 - Select “virtual background” from the menu on the left.
 - Click the “+” sign to select a file from your computer.

Resources

Implicit Association Test <https://implicit.harvard.edu/implicit/education.html>

The Implicit Association Test (IAT) measures attitudes, beliefs and biases that you may be unaware of or unwilling to report. All results are confidential.

Communication with Candidates Post-Interview

Programs must not solicit or require candidates to communicate with them after the interview is over, and in general it is best to initiate contact with candidates only once after the interview is over. If a candidate reaches out to a program to ask questions the program may respond as often as needed. Either way, contact or lack of contact should not be used to influence selection. All members of the recruitment team should be careful to not discuss specific ranking intentions with any candidate.

SAFE “We plan to rank you highly”.

AVOID: “We will rank you at number one, so you’ll definitely match here”

SAFE: “Thank you for interviewing with us; it was a pleasure to meet you”.

AVOID: “I don’t think we’re going to rank you to match, so best of luck”.

Programs may not ask candidates where else they are applying or how they are ranking the program under any circumstances.



Article Recommendation: Interns' perspectives on impacts of the COVID-19 pandemic on the medical school to residency transition

ARIEL S WINN, MATTHEW D WEAVER, KATHERINE A O'DONNELL, JASON P SULLIVAN, REBECCA ROBBINS, CHRISTOPHER P LANDRIGAN, LAURA K BARG

Abstract:

The COVID-19 pandemic resulted in disruptions to medical school training and the transition to residency for new post-graduate year 1 resident-physicians (PGY1s). Therefore, the aim of this study was to understand the perspectives of United States PGY1s regarding the impact of the pandemic on these experiences. Our secondary aims were to understand how desire to practice medicine was impacted by the pandemic and whether PGY1s felt that they were able to meaningfully contribute to the COVID-19 response as students.

BMC Med Educ. 2021 Jun 7;21(1):330. doi: 10.1186/s12909-021-02777-7. PMID: 34098966

Contact the GME Office

gme@childrens.harvard.edu

GME Office Staff

ALAN WOOLF, MD, MPH

Editor in Chief

Designated Institutional Official

Co-Chair, GME Committee

SARAH PITTS, MD

Program Director, Adolescent Medicine

Medical Educator

JESSICA ADDISON, MD

Associate Program Director,

Adolescent Medicine

Medical Educator

MICHAEL HERNANDEZ, MD

Program Director, Pediatric

Anesthesiology, Medical Educator

ARIEL WINN, MD

Pediatric Hospitalist

Medical Educator

TERRY NOSEWORTHY, C-TAGME

Director, GME

(617)355-3396

KAYTLYN HOPE, MHA, C-TAGME

Education Coordinator

(857)218-5195

SEBASTIAN FERRELL

GME Data Analyst

(617)919-6038