

GME ON-CALL

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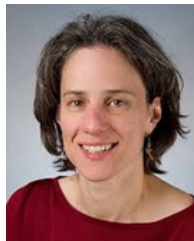
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A Message from the Co-Chairs

ALAN WOOLF, MD, MPH

DEBRA BOYER, MD, MHPE

This Spring has certainly presented both challenges and opportunities at Boston Children's Hospital! The Covid-19 viral pandemic emergency has continued to disrupt many aspects of daily life here in Boston and surrounding communities. 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. Our house-staff and faculty have continued to perform 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.

With the offering of vaccination of all its staff starting in November 2020, Boston Children's Hospital has gradually resumed some semblance of 'normal' operations. Continued use of personal protective equipment, physical distancing, avoidance of large gatherings of people, and careful and frequent handwashing remain in place to safeguard patients, their families, house-staff, faculty and all staff. We also applaud those who have continued to work and learn remotely from home, steadfastly devoting endless hours to keep things going.

Here is a shout-out to our own Director of the Office of GME, Tery Noseworthy, who participated in the ACGME's Coordinator Forum (virtually presented) in February 2021. Tery presented the topic: "If You Lead, They Will Come - Being an Informal Leader in Your Program or Institution". It was one of 10 presentations given in that Forum and hers was ranked #1 in quality by the participants! Congratulations to Tery on an excellent job!

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.

A virtual orientation session for all new clinical fellows will be held on July 6th, with in-person sessions for HR onboarding, fit testing, DEA assignment and ID badging. On-boarding activities by human resources always include credentialing and name badges.

Comings & Goings

It is with mixed emotions that we announce that one of us, **Dr. Debra Boyer**, will be leaving Boston Children's Hospital in August after more than 22 years of outstanding service as a faculty member in Pulmonary Medicine and the Department of Medical Education (DME). Dr. Boyer has served brilliantly as the training program director for the pediatric pulmonary fellowship and has led the reviews of other physician training programs at BCH as an educator on the staff of the DME. She has earned accolades for her outstanding leadership roles nationally, including service in the recent past as the Chair of CoPS (Council of Pediatric Subspecialties) and as a member of the Education and Training Committee of the American Board of Pediatrics. She leaves Children's to become the Chief Medical Education Officer and Designated Institutional Official for the Nationwide Children's Hospital in Columbus, Ohio. We wish her all the best in her new roles there. We are excited to welcome **Dr. Alicia Casey**, who will be taking over the role of training program director for the Pediatric Pulmonary Fellowship.

We are pleased to announce the hiring of two new part-time medical educators who will be our Assistant Directors of Program Reviews: **Dr. Michael Hernandez**, the training program director for the anesthesiology fellowship training program and **Dr. Jessica Addison**, the associate training program director for the adolescent medicine fellowship training program. We congratulate them on their appointment and look forward to working with them.

We want to congratulate the new training program director for the Allergy & Immunology Fellowship, **Dr. Craig Platt**. Dr. Platt was formerly the associate training program director. He is switching roles with **Dr. Lynda Schneider**, who has been the training program director for more than 30 years, and will be staying in the department as faculty. We extend our congratulations to her on such extraordinary service for the house-staff as a leader in medical education and as such an effective teacher, mentor, and role model to others.

A hearty welcome to two new training program coordinators: **Ms. MaryKate Hart** for the Pediatric Ophthalmology Training Program and **Ms. Sarah Cruz** for Pediatric Dermatology. Ms. Cruz replaces **Ms. Theresa Meosky**, who remains in the department but will assume other responsibilities. Congratulations to all three of you and we wish you well in your new duties.

We also welcome **Dr. Marissa Hauptman** who will assume a new position as associate training program director for the Pediatric Environmental Health Fellowship in July. Dr. Hauptman also currently serves as the Associate Director of the Pediatric Environmental Health Center in the Division of General Pediatrics. Congratulations are also extended to **Dr. Ariel Hoch** who has been appointed as the new training program director of the Emergency Medicine Fellowship at Boston Medical Center. She replaces **Dr. David Dorfman** who has given outstanding service in the position for many years and who deserves our sincere thanks for paving the way for Dr. Hoch and building an excellent training program there.

House-staff Transitions: Once again it is springtime and that always signals a time of change in GME. We congratulate those trainees moving up to the next level of their training at BCH. And those residents and fellows who are finishing their training and graduating in this pandemic year are now ready to move on to even greater challenges and opportunities in their new professional positions. We want to thank them for their service during their training at BCH, as well as enlivening our Hospital with their energy, enthusiasm, spirit of inquiry, and resourcefulness. We are especially mindful of their service over this past 6 months of disruptions, uncertainty, and stress caused by the necessary BCH response to the COVID-19 emergency. And we wish all of them well in their future pursuits, just as we are preparing the welcome for new house-staff.

GME Day Grand Rounds Emphasizes Clinical Benefits of Antiracism Teaching in Medical Education

GME Day Grand Rounds was held on March 31st with guest speakers: Dr. Ndidi Unaka from the Division of Hospital Medicine at Cincinnati Children's Hospital Medical Center and Dr. David Turner, the Vice President for Competency-Based Medical Education at the American Board of Pediatrics. The title of their presentation was: The Time Is Now: GME's Role in Eliminating Health Inequities and Cultivating Antiracism to Improve Child Health. More than 130 faculty, residents, fellows, and others were in attendance (virtually).

Dr. Unaka first gave the broad overview of how racism has pervaded every aspect of medicine, including diagnosis, triage, and management of childhood illness, research into medical norms and disease states, and the tenets underlying how physicians have been educated. She illustrated points of environmental justice and defined and emphasized racism-related inequities. Such practices as redlining, reduced childhood lead testing, mass incarceration, and school segregation are examples of social determinants impacting children's health.

Dr. Unaka then discussed opportunities within GME to promote equity and antiracism within the healthcare system. She pointed to the 'hidden curriculum' that influences teaching and the transmission of attitudes and values to learners. She pointed to evidence from ACGME data that there is a "substantive deficiency in preparing residents and fellows to both identify and address disparities in health care outcomes as well as ways to minimize or eliminate them." The ACGME's Clinical Learning Environment (CLE) guidance explicitly expects programs and sponsoring institutions to address issues of equity and health disparities in developing their curricula and providing a supportive CLE.

Dr. Turner then described competency-based educational goals. He explained, using the analogy of driving a car, how entrustable professional activities (EPAs) reflect the integration of those individual competencies into the real-like context of clinical practice. Such EPAs provide a framework for assessment AND curricular development.

Finally, Dr. Unaka described a national team of medical educators who, under the auspices of the American Board of Pediatrics and the Association of Pediatric Program Directors, have been meeting to develop EPAs pertaining to equity and antiracism. These EPAs would be intended to inform curriculum development in the antiracism space of medicine as it intersects with issues of environmental and social justice. Such EPAs might include goals in the improvement of the quality of clinical care and patient safety, identifying communities and populations at high risk for poor health outcomes, and systems-wide approaches to addressing health and health care inequities.

Meet the GME Day Grand Rounds Speakers!



Ndidi Unaka MD, MEd, is an Associate Professor in the Division of Hospital Medicine at Cincinnati Children's Hospital Medical Center (CCHMC). She is a graduate of the University of Michigan Medical School and completed pediatric residency and chief residency at CCHMC. Dr. Unaka has served as the Associate Program Director (APD) of the Pediatric Residency Program since 2011. She is also the medical director of an inpatient unit that serves as the primary home for patients admitted to the Hospital Medicine service. Dr. Unaka spends time working on institution-level community health initiatives which reflects her passion for diversity, inclusion, and health equity. From a scholarly perspective, she utilizes her formal training in medical education and quality improvement to enhance family experience and optimize communication with patients and families.



David A. Turner, MD, is the Vice President for Competency-Based Medical Education (CBME) at the American Board of Pediatrics. He is also a Consulting Professor in the Department of Pediatrics and Division of Pediatric Critical Care at Duke Children's Hospital. Dr. Turner attended medical school at Baylor College of Medicine in Houston, TX, and he also completed internship, residency, and a year as chief resident in pediatrics at Baylor and Texas Children's Hospital. He then completed his fellowship in Pediatric Critical Care at Boston Children's Hospital. Over the course of his career, Dr. Turner held a number of local, regional, and national leadership roles prior to transitioning to his current role at the American Board of Pediatrics in September of 2020. In this role, he is committed to helping lead a thoughtful transition to a competency-based approach to learning and assessment across the education continuum in pediatrics.

GME Day Meetings Review the Role of Medical Education in Addressing Issues of Equity & Diversity

In celebrating GME Day on March 31st, several virtual meetings were convened with faculty, training program coordinators, hospital leaders, and house-staff. Our two visiting professors, Drs. David Turner and Ndidi Unaka, participated in all of these events. On the Tuesday evening before (March 30th), Drs. Turner and Unaka met with the house-staff members of trainee led committees on diversity and inclusion to discuss a variety of topics. Dr. Ariel Winn facilitated the dialogue. Issues of health disparities and the pursuit of opportunities to address inequities of health through initiatives to improve the quality of clinical care and patient safety were raised.

A meeting with Boston Children's Hospital leaders and department chairs was held on Wednesday morning, attracting more than 35 participants. Dr. Alan Leichtner served as facilitator for the spirited and thought-provoking discussion. A second morning meeting with training program directors, faculty, and program coordinators attracted almost 130 participants, with Dr. Debra Boyer facilitating.

In these meetings, the issue of how to increase the diversity of our house-staff and junior faculty was raised. Strategies for recruitment of underrepresented minorities (URM) were discussed and the tenet of being intentional in URM recruitment practices was stressed. Dr. Unaka pointed to the commonly used term 'pipeline' to describe nurturing the next generation of pediatricians - but she prefers to think of it as a "multi-lane superhighway with lots of on-ramps and off-ramps" as a more apt metaphor.

Strategies to increase interest in a career in pediatric medicine were discussed. Participation in introduction to STEM programs in middle and high schools can introduce students early to the idea. Volunteering to 'coach' or tutor high school students and/or give talks about medicine in classrooms can spark interest in our field. Community-based programs - 'community ambassadors' - can inspire young people of color to consider medicine as a career goal.

Recruitment of house-staff includes the offering of on-site experiences to show the prospective candidate what life will be like. Such on-site experiences can make applicants more comfortable by imagining themselves here. "You can't be what you can't see." Intentional efforts - videos, testimonials - can portray life in Boston. All participants agreed that the positive culture that exists at Boston Children's Hospital should be showcased. Short-term experiences - electives, externships, observerships, research assistant jobs, and internships - for college students and medical students can be invaluable aids to career direction.

Participants mentioned the use of a metric - "distance traveled in life" - as a viable consideration in assessing candidates for medical school or internships, residencies and fellowships. Retention of URM junior faculty can be facilitated by offering plenty of mentorship and coaching opportunities with senior members of the department. Such 'allyship' and 'sponsorship' relationships can build trust, influence career direction, and encourage career development.

Finally, the idea of embedding concepts of health equity in didactic talks and quality improvement initiatives was discussed. Health equity rounds, the building of a portfolio of community engagement and service, health equity achievements as a pathway for career advancement, and MOC part 4 incentives for faculty who work as coaches with house-staff on QI endeavors were all proposed.



GME Trainee Spotlight

DIANE BRACKETT, MD
PEDIATRIC PATHOLOGY FELLOW

Tell us about where you grew up?

I grew up in Sandwich, Massachusetts. The house I grew up in was originally built to be my grandparents' vacation home, but they ended up loving Cape Cod so much that they became year-round residents. They later sold the house to my newlywed parents, and moved to another house about a mile away. It was an idyllic childhood, with the ocean nearby and so many beautiful outdoor spaces to enjoy.

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

I decided I wanted to pursue medicine when I was about 15 years old, but you might say there were some hints from a pre-school age that I was interested in the workings of the human body. When I was about three or four years old, my grandfather had surgery for colon cancer, and I would periodically ask to see his abdominal incision – I was fascinated by wound healing. I also remember trying to study skeleton Halloween decorations. It wasn't enough to enjoy the decorations for what they were; I wanted to know the names of the individual bones



What has been a big motivating force in your career?

I knew I wanted a career that would be an important part of my identity, not just something I did to make a living. My father is an environmental scientist, and that had a big impact on me – it was evident that his work had value far beyond his paycheck. He told me about the polluted sites he managed, and how the toxic waste cleanup occurred gradually, but in the end he saw plants and animals return to the land.

At what point did you know that you wanted to work in pathology and decide on it as a specialty?

There is unfortunately very little exposure to pathology as a specialty in most medical school curricula. Despite that, I somehow had a suspicion that I might like it, but had to wait until my fourth year electives, when I was allowed time to explore the possibility. My first elective was in pediatric pathology at Nemours Children's Hospital in Orlando. From day one, there was no looking back.

After doing a few electives, it was clear that pathology was the right fit for me – it was the right balance of collaborating with colleagues and being able to work up cases on my own. I love microscopy, and it appeals to the artistic side of me – all the colors, patterns, and textures. I liken pathologists to enthusiastic museum guides who can easily spend an hour telling the story of a single painting – down to the minute details, the individual brush strokes. I feel privileged to have a pathologist's unique perspective and insight into the human body. Before discovering pathology, I had wanted to be a pediatrician, and in particular a neonatologist. However, I am hearing-impaired, and never became comfortable with auscultation despite having an amplified stethoscope. In medical school, I was fearful of inadvertently harming patients because of missing subtle murmurs and so forth. In pathology, I felt that I could thrive professionally and contribute to patient care without my hearing impairment holding me back.

GME Trainee Spotlight, cont...

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

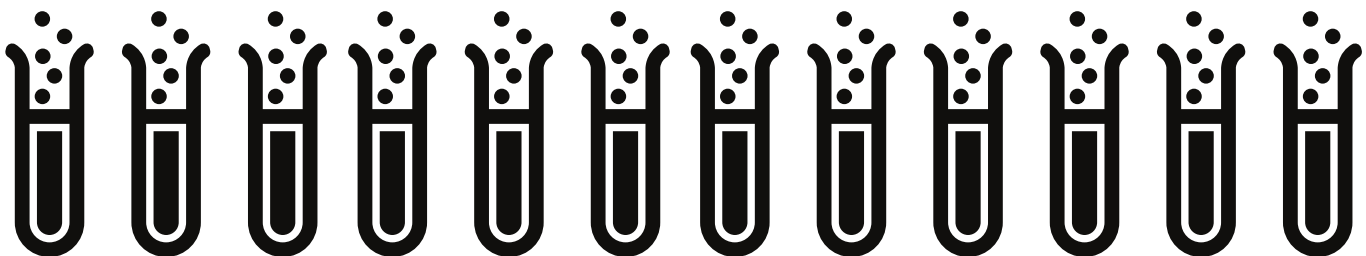
I went to medical school at the University of Central Florida in Orlando. Our clinical rotations were spread out across Orlando and beyond, which made for some interesting and diverse experiences. I completed my residency in anatomic and clinical pathology at Massachusetts General Hospital. Up until my residency, I had passed through Boston so many times but had never lived in the city. I'm proud to have called Boston home for the past five years (the North End, Beacon Hill, Brookline, and now Watertown). The rent may have been expensive, but I have no regrets.

Can you tell us about your current work?

I have been very fortunate to spend my fellowship year here at the BCH Department of Pathology, with a collegial group of expert attending pathologists. There are three of us fellows, and usually there is at least one resident rotator from Brigham and Women's Hospital and/or Beth Israel Deaconess. We rotate through various services – surgical pathology, autopsy (which is combined with dermatopathology and outside consults), gastrointestinal pathology, hematopathology, neuropathology, and perinatal pathology (at BWH). We see everything from the routine to the extremely rare, once-in-a-lifetime cases. There's an enormous amount of information to cover in one year. It's impossible to do it all, but I have spent some extra time with the Cardiac Registry team – they are an amazing resource. The pediatric pathology fellowship is conference-heavy: molecular case conference, autopsy conference, liver conference, interesting case conference, etc. We're frequently in touch with our clinical colleagues (this year by Zoom), and I'm constantly trying to improve my presentation, teaching, and communication skills.

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

I would be lying if I said I've figured out the so-called work-life balance. But I have figured out some things that help keep me well-adjusted. I love to walk, and my favorite local place to walk is the Arnold Arboretum. I also love to skate – I've been playing ice hockey since 4th grade, and I'm glad I've been able to continue skating through my medical training. I've even recently completed training to become a USA Hockey official – but we'll see how far I go with that... The other thing is that no matter how late it is, I like to read for a little bit before I go to bed. My favorite thing to read is *National Geographic* – it's wonderful to let your mind travel somewhere else and learn about something outside of medicine.



Joint Commission Issues 2021 National Patient Safety Goals

The Joint Commission has issued its patient safety goals for 2021. These highlight problem areas in medical care, describe evidence-based solutions, and promote improvements in patient safety. All training program directors at BCH are advised to make sure that their residents and fellows are familiar with and apply these goals in their hospital work. See the NetLearning module for details.

The seven goals are:

- Identify patients correctly (2 patient identifiers)
- Use medicines safely (labeling, anticoagulants, reconciliation [accurate medication communication])
- Improve staff communication (reporting of critical results)
- Identify patient safety risk (risk of suicide)
- Use clinical alarms safely
- Prevent infection (hand hygiene)
- Prevent mistakes in surgery (pre-procedure verification, site marking, time out [right patient, right procedure, right site])



2021 Match Facts

- **A record-high of 48,700 registrants (an 8% increase over 2020)**
- **Once the matching algorithm was processed, 36,179 positions were filled**
- **There were 1,892 positions offered through the 2021 Match Week Supplemental Offer and Acceptance Program® (SOAP®), of which 1,773 were filled.**
- **Only 119 positions remained unfilled at the conclusion of SOAP®, resulting in a 99.6% fill rate overall for all positions placed in the 2021 Match**

Article Recommendation

“We're Performing Improvisational Jazz”: Interprofessional Pediatric Palliative Care Fellowship Prepares Trainees for Team-Based Collaborative Practice

*Shih-Ning Liaw, MD
Amy Sullivan, EdD
Jennifer Snaman, MD, MS
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<https://pubmed.ncbi.nlm.nih.gov/33600896/>



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