

GME ON-CALL

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Welcome to our Spotlight Issue

ALAN WOOLF, MD, MPH

DEBRA BOYER, MD, MHPE

This year, GME Day is on March 31st. It's the day when we pause to reflect on and show our appreciation for the exceptional house-staff we are so fortunate to recruit to Boston Children's Hospital every year. It is also a day to celebrate the exceptional faculty who teach them. Our house-staff are on the front lines of providing essential patient care services. They have shown courage, strength, and resourcefulness in this pandemic year, in facing some unique challenges that no one before could have imagined. We are so very grateful for their service and we are proud of their selfless dedication to their patients and their families.

Each year we produce this special issue of the GME On-Call newsletter, our Spotlight issue, to remind everyone how talented our trainees are and how diverse they are, coming to us from all walks of life. In this issue, we showcase the backgrounds, the family life, the dreams and the goals and ambitions of a few of our current residents and fellows. We wish that we could include all 525 trainees; each has a story to tell about the journey they have taken to reach 300 Longwood Avenue.

We hope that you will take a few minutes to read the newsletter from beginning to end. It will make your day. We know that you will be inspired by what you learn!

Article Recommendations

The Doctor Is Out - Reflections on Being a Black, Queer Physician

Jasmyne Jackson, MD, MBA

<https://jamanetwork.com/journals/jamapediatrics/fullarticle/2771637>

Leading synchronous virtual teaching sessions

Chloë E Nunneley, Michael Fishman, Kathryn M Sundheim, Rachel E Korus, Robert H Rosen, Blair A Streater, Katherine A O'Donnell, Lori R Newman, Carolyn H Marcus

<https://pubmed.ncbi.nlm.nih.gov/33063455/>

Development and Validation of the Pediatric Ethics and Professionalism Assessment Tool (Pedi-EPAT)

Omri David Soffer, Mary Brennan, Gina Geis, Lori Newman and Christy Cummings

https://pediatrics.aappublications.org/content/147/3_MeetingAbstract/693

JEAN JUNIOR, MD, MPHIL
EMERGENCY MEDICINE FELLOW

Tell us about where you grew up?

I grew up in Troy, Michigan, a suburb of Detroit, and lived with my mother, father, and older sister. After my dad passed away when I was in the 6th grade, my mother raised my sister and me independently, working full-time while also attending every single one of our school and extracurricular events. She worked tirelessly to ensure that I could pursue my dreams.

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

Wow, that is a complex question for me! I grew up in a family that valued social justice and doing the right thing. When I went to college, I expected to be what I thought was a “typical” pre-medical student, who majored and did research in the basic sciences. But through a series of life’s unexpected twists and turns, I ended up falling in love with sociology and global health work. A series of experiences as a sociology major, and spending time volunteering abroad in countries such as South Africa, profoundly shaped my world view. As a result, I left college with the goal of trying my best to help alleviate poverty, hunger, illness, and human suffering, and in particular, to ensure that all children have a fair chance at a happy, healthy life. I will only make a small contribution to this goal in my lifetime. But this has become my life’s purpose, in large part out of gratitude for the upbringing that I was lucky to have. So, becoming a doctor has never been an end unto itself, but rather a means for reaching my broader social justice goals.



Since college, and even up to this day, I regularly debate the best career path for me to pursue my goals. My understanding of this career path has evolved. While volunteering in South Africa during and for the year after college, it was obvious how much disease burden globally is driven by poverty. So, I initially dreamt of making change through finding the ideal non-profit health and poverty alleviation program for underserved families. To learn more about such programmatic models, I spent two years pursuing a Master’s of Evidence-Based Social Intervention at Oxford University in England between college and medical school. During my time in England, I came to realize that, as has been proven by numerous randomized controlled trials, the highest-impact way to improve the lives of disadvantaged people is to simply give them money. So, during medical school, I did research with a non-profit called GiveDirectly that provides cash directly to the poor in countries around the world, no strings attached. I became fascinated by the potential of simply giving money to the poor to impact myriad health outcomes, significantly reduce child poverty, place children on a path to be healthy and productive adults, and thereby contribute to economic growth and reduce suffering on a population level. I also became frustrated about the lack of political will to implement evidence-based interventions, such as cash transfers on a large scale. So, I have done local-, state-, and federal-level policy advocacy through the American Academy of Pediatrics, have helped register people to vote, and have volunteered for political campaigns.

This kind of policy work has advantages and disadvantages – the possibility of large-scale, sustainable impact, but with the significant risk of making little to no change through the advocacy process. In contrast, direct clinical work fulfills me in a completely different way. When I am working in a resource-scarce setting in need of pediatricians, I have the potential to help save children’s lives, and feel confident that I’m meaningfully impacting families even though I’m not making population-level change. This is incredibly satisfying and is the reason why I am a pediatrician. Ultimately, I want a career that balances clinical medicine with policy advocacy.

When and how did you decide that you wanted to work in pediatric emergency medicine (PEM)?

I had actually considered emergency medicine even prior to medical school, but quickly realized that pediatrics was a better fit for me given the relatively high impact I could have intervening early on in the course of people's lives. Throughout residency, I considered specializing in PEM, but really was an all-rounder in residency, enjoying all of my clinical experiences. Finally, as a third-year resident, I realized as a gut instinct on the job interview trail that PEM was where my heart lay. I was eager to learn procedural and critical care skills to use in resource-scarce settings in which I would not have a nearby higher level of care. I wanted a career path where I could care for both healthy and critically ill children. I loved being a frontline diagnostician. And despite my love of primary care, I wanted a career in which I could have the scheduling flexibility to leave for months to do clinical work in low-income countries, and do substantive policy advocacy work as well. PEM seemed the ideal fit for these passions of mine.



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

I graduated from residency at the University of California, San Francisco in 2019, and spent a year working with the Indian Health Service in rural South Dakota as a full-scope general pediatrician serving the Dakota people. In this role, I did primary care, urgent care, emergency department consults, hospitalist work, well-baby care, and attending deliveries. The nearest NICU was about 90-120 minutes away – in good weather, and the nearest major children's hospital was at least 5 hours away. Needless to say, I learned a lot that year, and my work in South Dakota made me eager to further develop my clinical skills as a PEM fellow.

Can you tell us about your current work?

I am currently a first year PEM fellow at Boston Children's pursuing a global health track. I have continued to do projects related to my advocacy goals, including voter mobilization during the 2020 elections, research on voter registration in pediatric settings, and research on the link between tax policy and child health.

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

Time is my most valuable resource, and I try to be intentional about setting and meeting goals concerning how much time to spend on my various priorities. Exercise and the arts are major avenues of balance in my life. I love my indoor treadmill and have played clarinet since the 5th grade. I continue to play clarinet regularly even in COVID times, and cannot wait for the day when I can safely get back to making music in-person with others!



SHAWN JACKSON, MD, PH.D
ANESTHESIA FELLOW

Tell us about where you grew up?

I grew up in Tucson, AZ - home to beautiful sunsets over the Catalina mountains, saguaros, and Eegee's (a legendary local sandwich chain that makes the world's best frozen drinks). After high school, I attended the University of Arizona, coincidentally, the alma mater of New England Patriots greats Tedy Bruschi and Rob Gronkowski.

My fondest memories of growing up in southern Arizona included spending time outdoors. Tucson has incredible desert scenery, great hiking and year-round patio dining. The only downside are the brutally hot summer months, but fortunately, it's a dry heat.

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

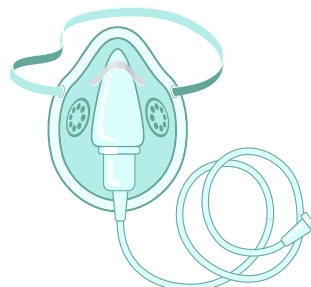
My mother was a molecular biologist and fostered an environment at home where curiosity and asking "why?" was always encouraged. I gravitated towards biology classes throughout grade school and by the time I entered high school, I was fairly certain I would pursue a career where science would play a big part. It was not until college that I began to seriously consider the idea of medicine. It seemed like the perfect way to combine curiosity and life-long learning with helping people.

When and how did you decide that you wanted to work in anesthesia / critical care?

During my third year of medical school, I had the opportunity to do a rotation in the pediatric intensive care unit. I loved everything about the experience - the team, the medicine, and most of all, seeing the kids who did well after a critical illness. I vividly remember taking care of a school age child with status asthmaticus who was nearly cannulated onto ECMO one day, and then walked out of the hospital no worse for wear six days later. Children are amazingly resilient.

After some encouragement from a few mentors in medical school, I also did a rotation in anesthesia and fell in love with that, too. I enjoyed the challenges that come with learning new skills, the raw 'physiology in action,' and the unique, intense relationship that anesthesia providers have with their patients.

I found it difficult to choose between pediatrics and anesthesiology, but then heard about the combined residency programs in pediatrics and anesthesiology that had just started a few years prior. It's now been nearly six years at Boston Children's Hospital, five in the combined residency in pediatrics and anesthesiology, and currently in the one-year pediatric anesthesiology fellowship. Starting in July, I'll be spending two additional years as a critical care fellow. I am so grateful for the time I have spent at BCH and am excited for the years to come!



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

My first real medical experience was during college when I decided to take an EMT course over the summer between sophomore and junior year. I enjoyed pre-hospital medicine and continued to work as a firefighter-paramedic over the next eight years while in medical school/graduate school at the University of Wisconsin. The fire station ended up being the perfect place for medical school studying in between calls!

Can you tell us about your current work?

Each day is different at BCH, but most of my time is spent in the operating rooms. One day, I might be doing an anesthetic for a brain tumor resection, and the next day, working with a child undergoing a Tetralogy of Fallot repair. I feel very lucky because the work is engaging and we have a great group of attending anesthesiologists, surgeons, nurses, and techs. I can honestly say that most days are great fun. Plus, kids say adorable (and not uncommonly, hilarious) things as they wake-up from an anesthetic.

When I am not in the operating rooms, I am most often upstairs in one of the intensive care units. While different from the work in the OR, it provides me an opportunity to have continuity with my patients for the duration of their hospitalization. I am able to get to know patients and their families on a deeper level, which is really meaningful to me.

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

As a trainee, I think balance is always a challenge. For me, working across multiple disciplines has been an important safeguard against burnout. Dividing my time in both the OR and the ICU makes me appreciative of the variety in my day-to-day work, and creates balance. The other major safeguard in my work life is all of the amazing colleagues that I've met over the years. Showing up to work is easier when you are working with your best friends.

Beyond work, my wife and two sons (2 years and 5 years) remind me to make time for life's adventures that exist outside of Longwood Avenue. I am in awe of watching my kids learn and explore new interests as they grow up. Like the situation for many families, COVID has certainly been tough (no Red Sox games or trips to the Museum of Science). However, the silver lining has been the opportunity to engage more together as a family at home; building model rockets, playing with LEGOs and reading books together. I am lucky to have a strong support system at home.



YANJIA (JASON) ZHANG, MD, PH.D
GASTROENTEROLOGY FELLOW

Tell us about where you grew up?

I was born in Shanghai and grew up mostly in Southern California and Singapore. The back and forth between the US and Asia was often jarring. I remember transitioning from the freedom and self-expression of kindergarten in SoCal to the rigid primary school education (with its rote learning, corporal punishment and public shaming) in Singapore being an especially difficult adjustment. The benefit, of course, was that after coming back to the US in 3rd grade I was all set for math for another few years! Schooling aside, my home was very supportive and both my mom (research lab technician) and dad (clinical lab scientist) got me interested in science early in life.



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

I worked in a lab during high school at LA Children's, and the PI (Dr. Gay Crooks) was a pediatric BMT doc. She was kind enough to bring me along to some of her BMT clinics, and meeting fellow children who had beaten cancer was a huge early inspiration towards medicine. One of the things that really changed my overall outlook, though, was moving from the quiet suburbs of LA to New Haven, CT for college. Yale was by far the fanciest place I had ever been, and the surrounding city was the most I had ever been personally confronted with poverty. I took a short detour away from the medical school path to teach as an Americorps volunteer in New Haven. But through some other mentors and conversations with family I steered back towards medicine, telling myself (and still, constantly reminding myself) that medicine and science could be used to combat injustice and poverty.

When and how did you decide that you wanted to work in Gastroenterology?

After medical school I decided that nutrition and obesity were areas of great clinical need that disproportionately affected low-resource families and children in the US. Scientifically, I was also interested in continuing as a microbiologist and the gut microbe was/is this fascinating landscape to pursue next. Gastroenterology was a perfect fit!

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

I did medical school at Harvard and my PhD at the Harvard School of Public Health. I was fortunate enough to be at the interface of basic science and public health through the Biological Sciences in Public Health program at HSPH. The COVID pandemic has really demonstrated how bench science tied to public health needs can be incredibly powerful, and I was lucky enough to have mentors that taught me the same. I did some really fascinating rotations including one in Durban, South Africa working with Dr. Thumbi Ndung'u and Dr. Bruce Walker on HIV evolution. Eventually I ended up doing my PhD in Dr. Eric Rubin's lab, focusing on host-pathogen interactions in TB. I can't say enough good things about my time in Dr. Rubin's lab. He was a truly wonderful mentor. I made some of my best friends there, including Dr. Ravi Raju, a graduating Neonatology fellow here who I did both grad school and residency with. My residency training was through the Urban Health and Advocacy Track at Boston Medical and BCH. Once again, I found myself so fortunate to get incredible training in seemingly disparate arenas—advocacy and social justice on the one hand and basic/translational science on the other.

Can you tell us about your current work?

I currently work in Dr. Eric Alm's lab at MIT, and we focus on the microbial contributions to the gut-brain axis. I have two main areas of interest. The first is satiety signaling and its blunting in obesity. Our overarching hypothesis is that members of the gut microbiome make metabolites that influence satiety and food choice. Through some computational predictions, we've honed in some very interesting pathways in bioactive lipid synthesis that may induce incretin secretion by enteroendocrine cells, one of the key links between the gut and the brain in eating behavior. We've also tried to attack the same question—what microbial metabolites influence eating behavior—by doing a deep dive into both the microbiome and the psychobehavioral aspects of eating in an adolescent cohort battling severe obesity. Dr. Camila Richmond and Dr. Nirav Desai have been our clinical research champions and mentors for that project. The second thrust in my research is in adverse childhood events (ACEs) and toxic stress. Again, our hypotheses involve the microbiome. We are fascinated by the possibility that early changes in the microbiome may contribute to the link between exposure to ACEs and later development of psychiatric and inflammatory conditions. Dr. Raju has spearheaded the lionshare of this project by creating a model of ACEs and toxic stress that is the basis for all of our work.

In addition to the (very much) bench research, my family (Veronica, my wife; Caden, our 3 year old; and Emmanuelle aka Ella, our 4 month old) are passionate about being active members of our community—Northern JP/Roxbury—and seeking the health and welfare of our neighborhood. And if there's a way to incorporate our professional and personal skills, even better! Caden has helped me and colleagues at Martha Eliot Health Center, including Tara Monteiro from Fitness in the City and Carolina Ruiz Diaz from nutrition, with cooking classes for patients at MEHC. We've also become amateur (but avid) gardeners and are hoping to bring some of our patients out to our plot on the Southwest Corridor this summer to do some more hands on (or Zoom-enabled) nutrition!

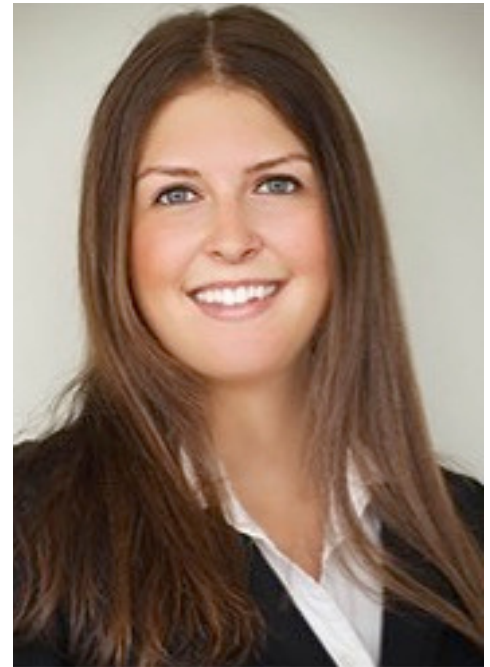
How do you manage your time and bring balance to your life?

We're quite blessed to have been living in Boston for almost 15 years now, which means that we have been fortunate enough to have a wonderful community around us that's developed over time. Faith and our church community have been key—the ability to find peace and spiritual centeredness has been so important in the chaos and busyness of our current lives. Juggling parenting with work is hard, but I'm so lucky to be doing it with Veronica. We remind each other constantly in the midst of tantrums, poop-explosions, midnight awakenings that our children and our family are a true joy.

Finally, I think balance is a bit of a mirage. At the end of the day, I find myself having finished about 40% of the tasks that I told myself I'd like to do at the beginning of the day. That's a bit of an exaggeration... but only a bit. However, recently a Mother Theresa quote caught my attention and stuck with me: "Never worry about numbers. Help one person at a time, and always start with the person next to you." So while balance—having the exact right amount of the different aspects of life—is hard to achieve right now, I hope that I can at least give the people right next to me my full and present self. That's challenging enough!



JACLYN DAVIS, MD
PULMONARY FELLOW



Tell us about where you grew up?

I grew up in Needham, MA, a town right near Boston. I was born into a family of Boston sports fans. My earliest memories of visiting the city were to attend baseball games at Fenway Park. What I loved even more was taking field trips to the Museum of Science and the New England Aquarium. In those wondrous places, I first realized the marvel and intrigue of the sciences, especially biology. I didn't know it then, but that was the beginning of my interest in medicine.

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

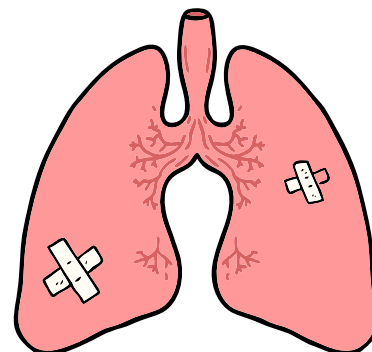
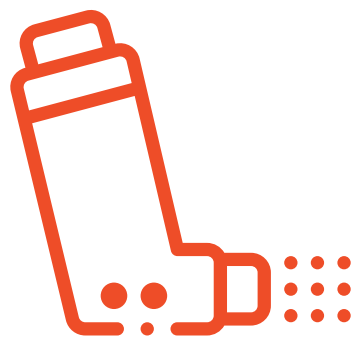
I have always been curious about how the world works, which led me to love and study science. Equally important to me was to pursue a career dedicated to the service of others. In college I participated in research in a basic lab studying the nervous system of the cricket, where I quickly learned that I much prefer working directly with people. Through working with several inspiring physician-scientists across multiple Boston hospitals, I discovered the great impact one could make by both caring for patients and studying the disease processes affecting them. I chose a career in medicine and never looked back.

When and how did you decide that you wanted to work in Pediatric Pulmonary Medicine?

Once arriving to medical school, pediatrics was an easy choice – in my mind, there is simply no better patient population to care for. I enjoy treating and learning from children, teens and young adults across all developmental stages. The potential to make a lifelong impact is especially motivating. In residency, I realized pulmonary medicine in particular offers a unique opportunity to care for both common, chronic illnesses like asthma, as well as more rare genetic disorders, whose diagnostics and treatments are still being studied and developed. There is so much to learn about - from the physiology to pathology and the psychosocial determinants of respiratory health. I cannot imagine a more rewarding field.

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

I attended medical school at the University of Massachusetts Medical School, a program with a strong focus on primary care including pediatric medicine. I fell in love with the field of pediatrics there, inspired by the amazing pediatricians I worked with. I really enjoyed the opportunity to care for the entire family as a pediatrician. I completed my residency training at Massachusetts General Hospital for Children, a warm and supportive program where I discovered my interest in pulmonary medicine under the mentorship of the incredible pulmonary faculty. This led me to a fellowship in Pediatric Pulmonology here at Boston Children's Hospital.



Can you tell us about your current work?

Since entering fellowship, I have had the chance to reflect on opportunities to improve healthcare delivery. Our present COVID19 pandemic created a unique set of circumstances that helped us welcome the age of telehealth, a relatively novel form of healthcare delivery. I am interested in studying how most programs effectively maximize outcomes for our patients. To do this, I have joined our Pulmonary Quality Improvement group led by Dr. Gregory Sawicki, which has focused on studying our transition to virtual medicine within our Division through a Quality Improvement lens. Based on some of the results elicited from this and other work, we are now examining how to incorporate technology designed for remote monitoring, including home spirometry devices, into the care paradigm for our patients with Cystic Fibrosis and other respiratory diseases. By understanding how to optimize the role of telehealth for our patients going forward, we believe we can improve patient outcomes and the value of care we are able to deliver to our patients.

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

Balance is an elusive goal to achieve during medical training and this ongoing effort has been recently complicated by the strains imposed by our current pandemic. Spending more time at home and working remotely has underscored for me the importance of maintaining social connections. I have been finding outlets in taking walks with friends and family and arranging time to see loved ones virtually for occasions big and small. Exercise has also always been a key part of my mental and physical balance. I have enjoyed taking my puppy for longer walks and finding new hiking trails to enjoy the outdoors with my husband. I look forward to a time when travel becomes safe again as I have always valued finding new perspectives through exploring new places and learning about different countries, cultures and cuisines.



SUNDUS MARI, MD
PSYCHIATRY FELLOW

Tell us about where you grew up?

My mother is German, and I grew up in her beautiful quaint hometown, Rosenheim, in southern Germany. We lived only about an hour drive away from Salzburg, Austria where most of “The Sound of Music” was filmed. The lakes and mountains are surely what I miss the most. Though my father is of Palestinian origin, the majority of his family resides in Jordan. We (I am the youngest of four) spent every summer in Jordan visiting my extended family. They were summers filled with pleasant weather, horse-back riding, dancing, eating fresh fruits and vegetables from the farm and plenty of desert barbecues accompanied by delicious Mediterranean dishes. It was therefore not difficult for my father to convince us to move to Jordan when I was around 12 years old. It was quite challenging to learn a new language and customs and to leave my friends in Germany behind. Nonetheless I am grateful for that experience and I believe it helped me embrace cultural diversity and understand the significance of interconnectedness.



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

As a young child, I always enjoyed studying. I had my homework done days (sometimes weeks) in advance and looked forward to exams so I could create and follow study plans. As a result, when it was time to apply for colleges, I was intrigued by fields that would require a lifetime of learning. In addition, the culture in Jordan gave me the impression that the most valued careers were either in medicine or architecture/engineering. Since physics (and mathematics) were my favorite subjects, it somewhat came as a surprise to my family and friends when I chose to apply for medical school (in the Middle East most medical schools are accelerated 6-year programs that you start right out of high school). I think that part of me wanted to stand out from the rest of the family (where almost no one has a medical career). I didn't decide that I truly wanted to be a doctor until after becoming one (after graduating medical school). It showed me that in addition to my quest for life-long learning, I thrive in a field where I can directly work with and care for other human beings.

When and how did you decide that you wanted to work in Child and Adolescent Psychiatry?

With minimal prior exposure to medicine, I didn't choose my specialty until after I completed all my clinical clerkships in medical school. I was torn between Psychiatry and Obstetrics/Gynecology. The brain and how we think always fascinated me. However, I ultimately picked Obstetrics/Gynecology. I enjoyed working with my hands and hoped that it was one of the specialties that is more focused on health/wellness rather than disease. About one month into my residency in New York, I realized that I had made the wrong decision. I noticed that I was most comfortable when I was being consulted on the inpatient psychiatric unit. Thankfully, I was able to switch and then felt right at home during my adult psychiatry residency training. My interest in child and adolescent psychiatry developed during my two-month rotation at an adolescent partial hospital program. Here I found the focus on health/wellness mentioned earlier and it felt like that last missing piece in my journey to professional fulfillment.



SUNDUS MARI, MD CONT.



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

My medical school is located in Qatar but it's a branch campus of Cornell's medical school in New York City, NY. We therefore had the opportunity to do some clinical rotations in Qatar and others in NY. It was valuable to be exposed to different healthcare systems and patient populations. I then completed my adult psychiatry training here in Massachusetts at Harvard South Shore Psychiatry Residency Training Program. It is based at the Veterans Administration Hospital and gave me a solid foundation in working with patients with complicated trauma histories and/or substance use disorders. During my residency training I developed and expanded an interest in psychotherapy by completing the psychotherapy track during my fourth year as well as a one-year fellowship in child psychoanalytic psychotherapy at the Boston Psychoanalytic Society and Institute. My other interests include lifestyle medicine/wellness and the mind-body connection. Prior to joining Boston Children's Hospital, I co-led a quality improvement project focused on decreasing resident burnout and improving wellness.

Can you tell us about your current work?

I'm currently towards the end of my two-year fellowship in child and adolescent psychiatry here at Boston Children's Hospital. During my first year I completed the basic rotations (Psychiatry Consultation Service, Emergency Psychiatric Service, Inpatient and Outpatient Psychiatry) and established my continuity clinic. One of the great aspects of our fellowship program is the flexibility of our second-year elective time. It allowed me to explore other fields I'm interested in (such as integrative psychiatry, college mental health) while also honing my core clinical skills and providing depth in psychotherapeutic modalities (such as trauma-informed and psychodynamic psychotherapy). I took on an additional role as chief fellow to learn more about leadership and administrative aspects of academic medicine.

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

I have been blessed with organizational skills that make it (relatively) easy for me to stay on track with tasks I need to do. However, despite that, I sometimes need to be reminded to give myself a break and stay away from screens. What has helped me, particularly during the pandemic, is setting firm boundaries and trying to separate work from personal life. If all else fails, my pup Miles will always cheer me up and push me to go outside (though sometimes it's the other way around). My interest in integrative psychiatry/holistic medicine stems from the balance these practices have brought to my own life. I enjoy doing yoga and meditation or any practice that strengthens the mind-body connection.



**KARYN AUSTIN, MD, PH.D & RYAN
KOBAYASHI, MD
CARDIOLOGY FELLOWS**

Tell us about where you grew up?

Karyn: I grew up in Foxboro, MA and then moved to northern Vermont when I was in 8th grade. I was always a competitive soccer player (played throughout high-school and college) but took up cross-country ski racing when I moved to Vermont.

Ryan: I was born and raised in the sprawling suburbia of Orange County in Southern California. I have two younger siblings. My sister is a high school teacher and my brother is currently in law school.



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

Karyn: I actually wanted to be a paleontologist when I was a child (still holding out hope it may happen one day). I enjoyed digging in the dirt and “discovering” things, even if it was a chicken bone I had buried hours earlier. Every summer I went to soccer camp and then usually some type of science camp. While in college I majored in biochemistry and studied various aspects of abortive transcription. After college, I was trying to decide between going to medical school versus going to graduate school. I was then introduced to idea of MD/PhD training – which felt like the perfect solution!

Ryan: I decided that I wanted to go into medicine after reading about the work of Paul Farmer and spending time in Haiti as a college student. I had always been interested in science and in learning about his dedication in working for others and how medicine can be used to facilitate change in people's lives, I think I began to realize how impactful and important the field can be. From that point on, I knew that I wanted to be a doctor.



When and how did you decide that you wanted to work in pediatric cardiology?

Karyn: When I started medical school, I thought I was going to specialize in hematology/oncology. It wasn't until residency when I realized that while I loved the science, I wasn't as excited about the clinical work. I felt cardiology offered an ideal balance of both outpatient work and intense inpatient management. Additionally, there appeared to be a lot of opportunities for basic science research, which was very appealing.

Ryan: From early on in medical school I was most fascinated with cardiovascular physiology and was therefore drawn into cardiology. I think it was a combination of learning about the basics of congenital heart disease, working through cases with a pediatric cardiologist as a second year medical student, and my experience during my pediatrics clerkship that guided me. The prospect of working to understand the physiology of each unique circulation while accompanying families through difficult surgical and interventional procedures was perfectly aligned with my interests and initial draw into medicine.

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

Karyn: After college, I worked for 3 years in the lab of Dr. Akiko Shimamura (Heme/Onc) at Children's, investigating the pathophysiology of Shwachmann-Diamond Syndrome. I then completed my MD/PhD at Tufts University. My PhD thesis was on the role of protease-activated receptor 1 (the thrombin receptor) in the pathogenesis of smooth muscle cell de-differentiation and the development of vascular neointimal hyperplasia. Since then, I've been at BCH – both for residency and fellowship.

KARYN AUSTIN, MD, PH.D & RYAN KOBAYASHI, MD CONT.

Ryan: I attended medical school at the Keck School of Medicine of USC in Los Angeles and remained local at Children's Hospital Los Angeles for my pediatric residency training. While I love Southern California, I could not resist the draw to train where so much pioneering work in the field of pediatric cardiology and cardiac surgery was performed and where I knew I would care for every type of heart disease during my fellowship.

Can you tell us about your current work?

Karyn: I'm currently a senior fellow in electrophysiology (EP). To me, this specialty bridges my love for basic science (cardiac conduction is a direct consequence of ion channel function) and clinical medicine. We get to work with generally healthy children in the outpatient setting but also participate in high-risk, high-stress, acutely decompensating patients in the ICU. I find the combination of these features, plus interventional work, and the future of molecular medicine in EP is what excites me about the field. I hope to create a career that allows me to continue interventional work while still carving out time for my research interest (cardiovascular genetics).

Ryan: I am currently in my third year as a categorical cardiology fellow here at BCH. While I enjoy all of the subspecialties in our field, I've been most drawn to heart failure and transplantation and will be staying at BCH next year for a senior fellowship in Advanced Cardiac Therapies. I have a particular interest in mechanical support and feel such advances are driving our specialty into the future and changing what care will look like for many. This is particularly as surgical outcomes continue to improve and those with palliated and repaired congenital heart disease continue to survive into late childhood and on to adulthood.

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

Karyn: To me, the best way to balance work with my personal life is by creating boundaries and going outside into nature as much as possible. I enjoy hiking, trail running, and snow-shoeing and always make time to participate in one of these activities at least every few weeks. I have certain times during the day when I check my email (otherwise it eats up your whole day) and I try to avoid work related tasks when I am outside the hospital. I also recently got a Peloton and have found that to be a fun way to exercise and relieve stress.

Ryan: I think finding time to decompress and for self-care as a trainee is incredibly important but finding balance with demanding clinical and research schedules can be very challenging. Surrounded by such extraordinary colleagues and co-fellows, there is a constant pressure to grow clinically and academically. However, I've found that without allowing yourself time to recharge through whatever outlets bring you energy, your endeavors in fellowship will be less productive and potentially more challenging. I find balance by spending time with family, being outdoors when the weather allows, taking the time to cook interesting meals, and always finding a way to maintain a sense of humor, both at home and at work.



Upcoming GME Dates

May 5, 2021 | CAPS (1st and 2nd Year Fellows)

June 10th, 2021 | Intern Orientation Begins

June 18th, 2021 | Juneteenth Grand Rounds

June 24th, 2021 | Intern Start Day

July 6th, 2021 | Housestaff Orientation



How to Contact the GME Office

Call (617)355-4372

or e-mail

GME@childrens.harvard.edu

GME Office Staff

ALAN WOOLF, MD, MPH

Editor in Chief

Designated Institutional Official

Co-Chair, GME Committee

DEBRA BOYER, MD

Program Director, Pulmonary

Co-Chair, GME Committee

SARAH PITTS, MD

Program Director, Adolescent Medicine

Medical Educator

ARIEL WINN, MD

Pediatric Hospitalist

Medical Educator

TERY NOSEWORTHY, C-TAGME

Director, GME

(617)355-3396

KAYTLYN DARLING, MHA, C-TAGME

Program Manager

(857)218-5195

SEBASTIAN FERRELL

GME Data Analyst

(617)919-6038

BRITTANY ALAIMO

Program Coordinator

(617)355-4372