

GME ON-CALL

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A Message from the Co-Chairs

ALAN WOOLF, MD, MPH

DEBRA BOYER, MD, MPHE

The winter season is always busy in graduate medical education here at Boston's Children's Hospital. It is even busier this academic year of the Covid-19 pandemic, as training programs have pivoted to include virtual forms of remote learning into their curriculum. The switch to telehealth visits in the out-patient department has challenged programs to include learners in those interactions. The GME Committee continues to discuss such compelling issues within GME as physician wellness, work compression, and burnout. Hospital leadership continues to address ways to improve the clinical learning environment (CLE) in this challenging time of the COVID pandemic and has endeavored to implement new initiatives aligned with its six goals (described in the last issue of GME On-Call) regarding equity, diversity and inclusion.

The Office of GME staff and other GME faculty members continue to work closely with officials at Harvard Medical School (HMS). New educational modules address how residents, fellows, and faculty should interact with Harvard medical students on the wards and in the clinics.

The GME Office recently announced the date of the Annual **Graduate Medical Education Day** to be celebrated at Boston Children's on Wednesday, **March 31st, 2021**. Dr. Alan Woolf is the Chair of the Planning Committee. Kaytlyn Darling is the head of the staffing committee from the Office of GME. Other members include Debra Boyer, Jean Emans, Alan Leichtner, Maxine Milstein, Lori Newman, Tery Noseworthy, Sarah Pitts, and Ariel Winn. The Planning Committee takes the lead in organizing the many events of the day.

Comings and Goings

We are thrilled to announce that Sebastian Ferrell has taken the position of GME Quality Improvement Data Analyst at Boston Children's Hospital. Sebastian takes on the responsibilities of Ben Yarsky, who left Boston Children's in September to set a new career direction for himself in health care by enrolling in a master's degree level program of advanced training in health services and quality improvement at Johns Hopkins University in Baltimore. Sebastian earned his BA degree at Colby College in Waterville, Maine and brings considerable skills and knowledge from his previous work experience as a data analytics coordinator.

Sebastian will work in the Office of GME in helping individual training programs here at Boston Children's update our dashboard of learning environment indicators for all of our 72 training programs. He also will collaborate with training programs to develop personal performance metrics for their individual trainees to allow them to gauge their own progress in delivering high-quality clinical care.

Comings and Goings cont..

Sebastian plans to work closely with our Boston Children's partners, such as the IT Department, learning how to use Boston Children's tools such as the Patient360 database. Sebastian is also involved in the Work Intensity Study and supports the efforts of the House Staff Quality Council. In these and other projects, Sebastian will play a key role in helping us achieve our goals in GME.

We want to congratulate **Susan Boissonneault** on her retirement from Boston Children's Hospital. Sue has been at Children's for 35 years, and has spent the last 30 in Cardiac Surgery. She is looking forward to no alarm clock, spending time with her family post-COVID, and starting a new chapter in her life. Thank you for all your hard work, Sue! We want to welcome **Wilson Kuang**, who will be taking over as the Congenital Cardiac Surgery Program Coordinator

Upcoming Events

Don't forget this year's **GME Day**, which is set for **March 31st**. Sessions are planned to be held via zoom to include trainees, faculty and hospital leadership. Grand rounds will focus on efforts towards a more equitable and inclusive approach to medical education. The Department of Medical Education has also been awarded \$5,000 from the Boston Children's Hospital Alumni Association to sponsor a celebration of **Juneteenth** during the week of **June 18th**. Don't miss these upcoming exciting educational events!

The ACGME will for the first time hold its Annual Meeting virtually from February 24-26, 2021. Registration for this important national GME event is now open.

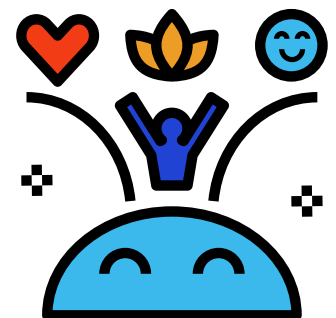
The **GME Executive Committee** will meet virtually on **March 1st, 2021** from 1-2 pm. The next meetings of the **GME Committee** will be held virtually on zoom on Monday, March 8th from 5-6 pm and again on Wednesday **April 7th** from **4-5 pm**. All training program directors, associate directors, coordinators, and resident/fellow representatives are invited to attend. We hope to see you there!

Graduate Medical Education - Wellness

The GMEC wellness subcommittee has conducted 'burnout' surveys 3 times each year since 2018 using the Maslach Burnout Inventory. Based on the latest survey results, the committee has made four recommendations for training program leadership to consider:

1. Find ways to actively show appreciation for the work of fellows
2. Invest or divert administrative support to 1-3 administrative tasks currently being shouldered by residents or fellows (e.g. scheduling, insurance, etc)
3. Acknowledge the burden of loneliness (especially for those primarily remote during COVID).
4. Limit unnecessary e-mail communication when off duty. Encourage a culture of NOT expecting responses when off-duty.

It is up to us create a culture of wellness, and to show our residents and/or fellows the recognition that they deserve and an appreciation of their work. Small gestures such as a kind note, acknowledgement of a birthday, congratulations on a success, or recognition of a good deed, can go a long way! The GME Office is making also making plans for 'National Thank-A-Resident/Fellow Day' on February 26th and is always willing to share innovative wellness initiatives that you would like to share.



Interviews Go Virtual at Boston Children's Hospital

Until this year, applicants for residencies and fellowships at Boston Children's Hospital came for in-person visits, with tours of the facilities and meetings with faculty, house-staff and the training program director. Often the visit included a meal and/or a social function, participation as a guest at an internal teaching session or case rounds, and a tour of nearby Longwood Avenue institutions.

But last Spring, the Covid-19 pandemic put a hard stop to all that. No more traveling, no more in-person tours, no more in-person group meetings. In a matter of a few months, all of the more than 75 Boston Children's training programs had to pivot to develop new capacities for on-line interviewing. All in-person visits were suspended. By necessity, a new approach to the recruitment and selection process was required for the recruitment of house-staff who will start in July of 2021.

And remarkably, training program leaders and program coordinators got to work, made it happen, and had an excellent interviewing season last Fall. Applicants were now invited to virtual interviews at specific times, with similar inquiries into their backgrounds, self-described strengths and weaknesses, interests, and future plans. Their application portfolios all still included the letters of support from their faculty mentors and program chairs (fellowships) or medical school dean (interns).

The Boston Children's Hospital GME Office staff, working with Marketing and Department of Medical Education videographer specialists, created a spectacular virtual tour of Boston Children's narrated by current house-staff: Drs. Blair Streater and Mollie Wasserman. If you haven't seen it yet, the website is:

<https://dme.childrenshospital.org/graduate-medical-education>

Some individual training programs also made their own videos to showcase their working spaces and procedure rooms, along with descriptions from current house-staff and sometimes testimonials from faculty and program alumni. The Boston Combined Residency Program (BCRP) leadership created an Interviewee specific website full of all the information an applicant could need, including videos of "a day in the life of a BCRP resident", "Living in Boston" and tours of both Boston Children's Hospital and Boston Medical Center.

While the verdict is still out, there are many anecdotal reports that this year's interview process went extremely well and has many advantages. There were a few technical glitches, but these can always be addressed and remedied.

There was no need for medical students or residents to make expensive travel arrangements for multiple destinations with air fare, hotel rooms, meals, etc. The process was fair and transparent. All of the 'virtual appointments' could be pre-arranged. There was the opportunity to schedule virtual 'second looks' days for some programs. A very successful 'second look' event was organized specifically for under-represented minority candidates in October.

Many fellowship matches have already been made and the new trainees will take on their new roles starting on July 6th. The NRMP 'Match Week' for prospective interns starts on the week of March 15, 2021.



Entrustable Professional Activities (EPAs): Briefly Described

ALAN D. WOOLF, MD, MPH

ACGME DESIGNATED INSTITUTIONAL OFFICIAL FOR BOSTON CHILDREN'S HOSPITAL

The ACGME incorporates competency milestones into its recommendations for the evaluation of the progress of residents and fellows during their training. Another metric of progress towards independence is that of Entrustable Professional Activities (EPAs). As interest in the use of EPAs as an assessment strategy has grown, specialty societies have developed specialty-specific EPAs. Programs also develop customized EPAs to document achievement of desired outcomes for specific rotations.

The EPA is a reflection of the real-time assessment of the individual's performance in the workplace. EPAs are observable, measurable units of work with a prospective purpose: the evaluation of the trainee's readiness for future critical patient care responsibilities. Whereas many milestones and competencies may describe attributes of the learner, EPAs describe the essential work of the profession. Each EPA includes several sub-competencies a CCC considers critical to making entrustment decisions, focusing on a trainee's ability to integrate sub-competencies into the delivery of care. EPAs provide a framework for defending decisions about a learner's trustworthiness and readiness to progress professionally.

The concept of "entrustment" can help guide the level of supervision needed by trainees and guide progressive responsibility for patient care. EPAs align what faculty members are being asked to assess with what trainees actually do in the clinical learning environment (i.e., faculty supervise trainees in the delivery of patient care). Thus, EPAs represent an adaptation of the level of supervision as a consequential decision. The question is posed: 'Shall I trust this trainee to carry out the orders or procedure on this patient?' The five generalized levels of supervision include:

1. Presence allowed but no permission to enact the EPA
2. May practice EPA with direct (pro-active) supervision
3. May practice EPA with indirect (reactive) supervision
4. Unsupervised practice allowed (distant oversight)
5. May provide supervision to junior learners

In following this guide, traditional rankings (i.e. exceeds expectations, meets expectations, below expectations) are replaced by observable interactions:

- I need to explain everything
- We can do this together
- I can watch the learner do it
- I can briefly leave the room
- I can leave until he or she calls
- I can leave the hospital
- The learner is ready for independence

Qualities that enable trust in medical trainees include:

- Capability - specific knowledge, skills, experience, awareness, oversight
- Integrity - truthful, good intentions, patient-centered
- Reliability - conscientious, predictable, accountable, responsible
- Humility - observing limits, willing to ask for help, receptive to feedback
- Agency - self-confident, proactive towards work, team, and safety

More information about EPAs can be found at the American Board of Pediatrics website:

<https://www.abp.org/entrustable-professional-activities-epas>

[Sources: ACGME & ABP websites; Dr. Olle ten Cate (UMC Utrecht) - HMS lecture on 09/12/19]

GME Trainee Spotlight

KEVIN MAUCLAIR SIMON, MD
CHILD AND ADOLESCENT PSYCHIATRY FELLOW
ADDICTION MEDICINE FELLOW

Tell us about where you grew up?

In my nuclear family, I'm the youngest and only boy of three. My parents, now married 47 years, both immigrated from Haiti during the '60s. I grew up in a single-family home in the East Flatbush neighborhood of Brooklyn, New York. My father was (and continues to be) a Roman Catholic Deacon (the First African-American Roman Catholic Deacon of the Archdiocese of New York), retired public school teacher, and avant-garde. Like most Caribbean matriarchs, my mother was a "Tiger-mom" and unflinchingly loyal - ask her employer; she has been with the same company for more than 50 years. The environment was vibrant. It seemed all my friends had Caribbean roots. Novell - Jamaica, Ricky - Trinidad, Christopher (we didn't call him Chris) - Barbados, and the list goes on. During the summer, from sun-up to street lights, we would play on blacktops until basketballs deformed. Dinnertime was a cacophony of aromas. My mother would prepare Haitian staples, including Soup Joumou (pumpkin soup typically served



on Jan 01 - to celebrate Haitian Independence Day), Mayi Moulin avec sos paw (cornmeal with smoked herrin), or Griot (fried pork). Yet during my teen years, I would insist on making space on our table for a double cheeseburger (no pickles - extra ketchup) and fries from the vaunted food chain symbolized by golden arches - what was I thinking. Whether walking to school, riding the bus, or taking the train - my memories are imbued with joy.



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

If you asked my 97-year-old grandmother, she would insist since a child. I dare never say my grandmother is sharing a non-truth. However, that is her truth. Given our initial language barrier. She predominately speaks Kreyol, whether in Haiti or America, and a limited amount of English. I used to only speak English out of preference and Kreyol out of necessity when visiting Haiti. My grandmother would routinely espouse the idea of becoming a "doctor or lawyer." In my world, I was going to be an NBA player. I had the athleticism, desire, height, and talent. It seems foolish now, but that belief/cognitive distortion proved valuable and laid a foundation. It forced me to maintain decent grades, and early on, I learned persistence and the concept of delayed gratification. Imagine the hours, days, and weeks it took to learn to dribble a basketball (with

your non-dominant hand) with a unique visor that wouldn't allow you to look down. When I got to college and mentalized, I'm not going to the NBA. I had native abilities that would prove beneficial for pursuing medical school. But it wasn't until junior or senior year at Morgan State University, a historically black college/university in Baltimore, Maryland, that becoming a doctor was my goal. After college, I moved to Carbondale, Illinois, to start a post-baccalaureate program (MEDPREP) at Southern Illinois University. That year and a half proved critical. It allowed me additional time to mature as a learner before being accepted at Southern Illinois University School of Medicine.

GME Trainee Spotlight cont..

What has been a big motivating force in your career?

There has been a collection of forces internal and external to me regarding my career. Initially, a significant proportion of drive came from my college peers. A small cohort of students had a mutual interest in going to medical school and would basically hype each other up. During the transition into medical school, the motivation came from not wanting to fail. I wish I could say all my advisors were supportive and encouraging of my personal goals. However, some have not, and part of the pursuit is to know that you can achieve a goal set. The motivating factor transitioned from a desire to not fail, accomplish a goal to now improving patient outcomes and service delivery.

At what point did you know that you wanted to work in Psychiatry and Addiction?

Before, during, and now after medical school, it has become clear that personal narratives interest me. Among specialties, it is psychiatry that most often makes inquiries into the emotional and psychological state of patients. Be it anxiety, bipolar, depression, or other serious mental illness, patients and their families often have thoughts about their own (loved ones) physical condition and have ideas about the disease/syndrome itself. Psychiatry affords more time and frequency of interaction with patients and their narratives. I view myself as a fellow traveler with patients on their respective journeys.

How did you decide on Child and Adolescent Psychiatry and Pediatric Addiction Medicine?

Throughout my training, I have seen patients' challenges trying to manage their mental health daily. As an Adult Psychiatry resident at Morehouse School of Medicine, I worked at Grady Memorial Hospital (the 5th largest public hospital in the country), serving the vulnerable Atlanta populations in the most acute phase of their mental illnesses. I selected this community psychiatry program because of my commitment to underserved populations and aspiration to improve access to care for underprivileged communities. While serving this population, I regularly encountered patients who suffered from substance use disorders in addition to co-occurring psychiatric disorders. Listening there seemed to be common threads tying them together. Those threads were an introduction of trauma and substance use during early adolescence and delayed time to services. Their lines led me to continue on my academic journey into the field of Child & Adolescent Psychiatry and Pediatric Addiction Medicine.

Can you tell us about your current work?

Boston Children's is a fantastic place to train and work. Clinical and academic opportunities are endless. Completing dual fellowships in Child and Adolescent Psychiatry and (Pediatric) Addiction Medicine, I have two clinical homes, the Department of Psychiatry and Behavioral Sciences and the Division of Developmental Medicine (within the Department of Pediatrics). It is inspiring to regularly interact with thought leaders in pediatric medicine/psychiatry/addiction. Faculty always make themselves available to trainees. Currently, my schedule consists of an outpatient psychiatry clinic



on Mondays. Then depending on the month, I may see Adolescent Substance Use and Addiction Program (ASAP) patients or on other services within BCH or neighboring hospitals that have elements related to addiction. Other non-clinical activities include writing, research, and serving as a small group tutor for HMS students in their Essentials to the Profession and Social Medicine modules.

Trainee Spotlight cont..

Can you tell us a little more about your research?

My research focuses on better understanding, addressing, and improving adolescent substance use/disorder treatment services. I have a broad mentoring team of outstanding thought leaders in substance use, including Drs. Oscar Bukstein, Sion Harris, Sharon Levy, Lydia Shrier, and Elissa Weitzman. Drs. Bukstein, Harris, and Shrier served as mentors on a National Institute on Drug Abuse (NIDA) - American Academy of Child and Adolescent Psychiatry (AACAP) Resident Training Award in Substance Use Disorders. This award allowed me to review and describe the state of measurement-based care in adolescent substance use in a manuscript published in 2020. Drs. Levy and Weitzman serve as primary mentors on my Recognizing and Eliminating disparities in Addiction through Culturally informed Health (REACH) project. REACH is a grant supported by the Substance Abuse and Mental Health Services Administration (SAMHSA) and sponsored by the American Academy of Addiction Psychiatry (AAAP). For this project, I am attempting to characterize the state of available data regarding adolescent substance use treatment outcomes and assess the levels of disparities present. In addition to these funding grants, I have contributed clinical perspectives to NEJM, Health Equity, and Psychiatric Times, letters to the editors of Current Psychiatry, and advocated on behalf of racial justice through the popular press, podcast, and social media.



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

I'm going to channel my wife (Dr. Brittne Halford), who works as an Internal Medicine (Hospitalist) across the street at Beth Israel Deaconess Medical Center, as I answer this question. I am fortunate to have a partner who understands my non-normal schedule. We are beyond blessed to have an incredible nanny who helps us with our beautiful daughter Brooke (2.5yo), and as we expect her baby brother to arrive in May 2021. We prioritize each other, so Fridays = "Date Night" (even during the pandemic), and we routinely check-in about health, wealth, emotional states, and future planning. Given I hold a full medical license and board certification in psychiatry, I provide moonlighting coverage 1-2x/month on weekends to supplement our income. Then there are ancillary supports that I have found invaluable, including my personal therapist and fitness trainer. I've found if I am going to attempt to function at a high level at work, home, and life, I have to take my own physical and mental health seriously.

ACGME COVID Pandemic FAQs: Residents & Fellows

Question: *Can a resident in the (scheduled) final year of education, who is concerned about missing key procedural experiences due to the COVID-19 pandemic extend the educational program to get these experiences?*

Answer: The ACGME does not determine when a resident/fellow graduates from a program. The program director, with input from the Clinical Competency Committee (CCC), must decide whether a resident/fellow has the knowledge, skills, and behaviors necessary to enter autonomous practice and is ready for graduation. In making that determination, the program director has a significant responsibility to both the public and to the resident/fellow. If the resident/fellow disagrees, that decision can be appealed following program and institutional policies.

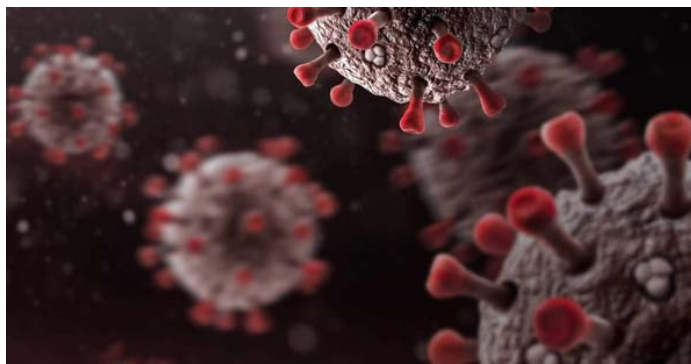
Question: *What is the ACGME's guidance regarding residents/fellows refusing assignments related to COVID-19 patient care?*

Answer: Assignments and reassignments of residents/fellows to other rotations or forms of clinical work can occur at the direction and approval of the program director and the DIO. Such assignments would occur depending on local circumstances to address care and support needs, likely as a result of the COVID-19 crisis. Per the ACGME's guidance on this subject, prior to starting such an assignment, residents/fellows **must** receive appropriate safety and clinical training specific to the assignment and setting, and during the assignment, they **must** have appropriate supervision at all times and **must** adhere to work hour requirements. As an accreditor, the ACGME cannot and does not intervene in disputes between individual residents/fellows and their programs, but the ACGME has established and reiterated these requirements to convey clearly that these must be followed to protect patients, residents/fellows, and supervising physicians, as well as the education of the residents/fellows. Violation of these requirements can result in negative consequences for all involved, including at the accreditation level at the time of the program's next review.

Question: *If a resident has not completed the United States Medical Licensing Examination (USMLE) Step 3 examination due to the COVID-19 pandemic-related closure of testing sites, is the resident eligible for promotion to the next year of the educational program?*

Answer: The ACGME has no requirement regarding residents/fellows taking or passing licensure examinations (i.e., USMLE or COMLEX-USA), except for residents in transitional year programs, who must take USMLE Step 3 or COMLEX-USA Level 3 prior to completion of the program. The Transitional Year Review Committee has been following the availability of these exams and incorporating that into their evaluation of this requirement. The ACGME does not specify criteria for the determination of the readiness of a resident/fellow to progress to the next year of the program or to complete the program. Those determinations are made by the program director with input from the CCC.

Source: <https://www.acgme.org/COVID-19/Frequently-Asked-Questions#activitiesva>



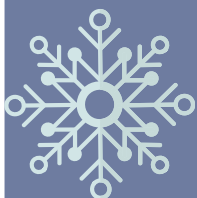
UPCOMING DATES

2/24/21 - 2/26/21 - ACGME Conference (Virtual)

**3/3/21 - NRMP Residency Match List Verification
Deadline at 9pm**

3/31/21 - GME Day

4/5/21 - CAPS (1st and 2nd Years)



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