

GME ON-CALL

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Hello and Happy New Year! I hope everyone had a happy and health holiday season. We normally reserve our new year wishes for the new academic year in July, but we missed our usual July newsletter this year due to a variety of exciting changes in GME, so here we are wishing you a Happy New Year from a calendar perspective.

The GME Office welcomed Maddie Cornell, MEd, C-TAGME as a project manager to our team in early July. Maddie came to us from a program administration role at Tufts, and will focus on our scope of responsibilities project, ensuring that all providers across the institution can access each trainee's supervision requirements, working with Dennis Spencer on our Curriculum for Academic and Professional Success, and working with Josh Nagler on our professional development resources for program leadership. Welcome, Maddie!

The GME Office also welcomed program coordinator Bridget Tully to the team in mid-July. Bridget came to us from the Adolescent Medicine and Pediatric Environmental Health program at Boston Children's, and will provide general administrative support to our GME team as well as oversee trainee support projects such as the Safe Ride Home program, call rooms, and wellness and social events. Welcome, Bridget!

We also welcomed an unofficial new team member to GME- Kaytlyn Hope and husband Christopher welcomed baby Asher in mid-July. We are very happy for Kaytlyn and Christopher, and were so excited to meet Asher, who as you can see from this photo is quite adorable.

We are excited for the rest of the current academic year; we have some terrific events coming up over the next few months, from Thank a Resident/Fellow Day to GME Day/Week to CAPS to Residency Match Day, stay tuned for an exciting winter and spring!

Tery Noseworthy, C-TAGME, Director GME



Asher Hope

SPOTLIGHT ON: FERTILITY PRESERVATION AND SUPPORT FOR DIVERSE PATHS TO PARENTHOOD

NEW FERTILITY PRESERVATION BENEFITS AVAILABLE TO ALL BCH EMPLOYEES

Boston Children's announced some exciting new benefits available to all BCH-paid employees, including residents/clinical fellows, who receive health benefits through Boston Children's. The hospital has added to and removed limitations to the benefits already in place. These benefits became available to all employees on October 1, 2024. They include:

- Voluntary egg/embryo or sperm cryopreservation: for an enrolled employee or the employee's enrolled spouse (up to \$20,000 lifetime maximum).
- Removing barriers to IVF treatment: No time requirement to conceive naturally (i.e. no need to demonstrate infertility) or use intrauterine insemination (IUI) to be eligible for in-vitro fertilization (IVF). This includes coverage of: reciprocal IVF treatment for same-sex female couples without documented infertility.
- Donor sperm coverage: without documented infertility requirement.
- Embryo banking: Patients who meet the medical necessity criteria for IVF as outlined in the Blue Cross and Blue Shield medical policy no longer are required to use all frozen embryos during an IVF treatment cycle before another fresh cycle is approved.

More information is available on the internal web page under Human Resources – Benefits – Medical, Dental, Vision Insurance - scroll down to Fertility Treatment Rider and Fertility Preservation Rider.

NEED HELP FIGURING OUT YOUR BENEFITS?

- Submit your question via HR Hub by going to Human Resources - HR Hub. · Send an email to HRhub@childrens.harvard.edu
- Call Team Blue at Blue Cross 1-888-743-4505
- Download the MyBlue App from Blue Cross Blue Shield and use the “chat now” function.

FERTILITY RESOURCES

Looking for more information on how to support trainees related to Fertility and Assisted Reproduction Technology (ART)? Check out these resources below, collated by Victoria Bradford (BCH cardiology fellow) and the GMEC Wellness Committee.

ART resource repository: Check out our page on the GME external web

Accommodation guidelines for program leadership: We have put together a guide for program leadership with regards to potential logistics and accommodations at the program director's discretion surrounding fertility treatment and pregnancy loss for trainees, which can be found [here](#).

FERTILITY PRESERVATION AND SUPPORT FOR DIVERSE PATHS TO PARENTHOOD (CONT.)

“PRESERVING AND PROTECTING REPRODUCTIVE OPTIONS” EDUCATIONAL PANEL

The GMEC Wellness Subcommittee held an educational panel for residents and clinical fellows on Monday, September 9th, 2024. The panel was motivated by a needs assessment distributed by GME, which showed that the majority of trainee respondents (56%, 71/126) reported delaying childbearing until after training (primarily due to finances and clinical demands), and that 82% (89/108) of respondents with a uterus were interested in fertility preservation.

The goal of the panel was to improve education and awareness regarding fertility outcomes and ART options for physicians, thus leading to informed decisions regarding timing of pursuing childbearing and the resources available to provide additional support.

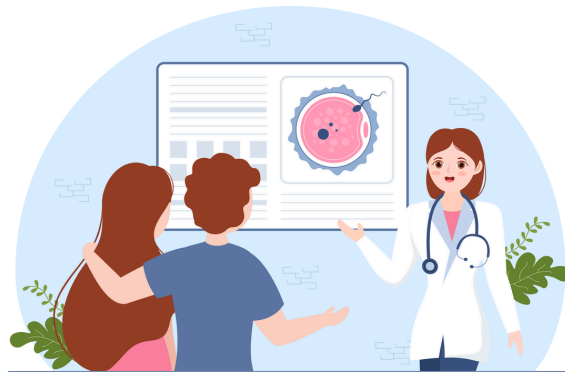
The moderated educational panel was divided into three sections: local reproductive endocrinologists, hospital benefits representatives, and peer physicians with personal experience related to infertility, IVF, elective cryopreservation, same-sex family building and surrogacy. Learning objectives were distributed to trainees prior to the workshop with an associated survey for submission of anonymous questions to guide the panel discussion. There were over 40 trainees in attendance (hybrid of virtual and in-person), in addition to members of the GMEC community and panel participants.

We plan to offer this educational panel annually in the fall prior to benefits enrollment, likely with more customization for attendees in the future based on their individual needs.

PERSPECTIVE PIECE

One of our GMEC Wellness Committee and Housestaff council members, Victoria Bradford, recently published a perspective piece on her own experience balancing unexplained infertility and recurrent pregnancy loss with clinical fellowship. In addition to illuminating a struggle faced by so many physicians pursuing parenthood, her essay includes a call to action for advocacy and interventions to support medical trainees whose paths towards parenthood necessitate assisted reproductive technology (ART), particularly female and LGBTQIA+ physicians. She ends by highlighting the exciting work being done by BCH and GME to improve access to ART through expanded benefits and improved resource utilization.

The piece, entitled “In Vitro, but Not Yet In Vivo,” can be found in December’s online edition of JAMA Cardiology, or linked [here](#).



The Program for Postgraduate Trainees: Future Academic Clinician Educator

The Program for Postgraduate Trainees: Future Academic Clinician Educators was held December 7–9 at 401 Park in Boston. It is a 3-day intensive program sponsored by Boston Children’s Hospital and Icahn School of Medicine at Mt. Sinai, in affiliation with the Harvard Macy Institute. Designed for residents and fellows aspiring to become academic clinician-educators, the program focuses on enhancing teaching skills and advancing scholarship in medical education. Participants engage in small group work, problem-solving, and interactive activities with individualized feedback, and case-based discussions led by experienced faculty. Applications are encouraged from trainee-faculty mentor teams, with explicit project support from mentors. Scholars must propose a medical education project relevant to their training program, as the course learning revolves around project development.

Among the 60 resident/fellow participants were

- Victoria Bradford, MD, Clinical Fellow, Pediatric Cardiology
- Sabrina Karim, MD, Clinical Fellow, Pediatric Gastroenterology
- Nguyen Lu, MD, Resident, Pediatrics
- Gabriella Myerson, DO, Clinical Fellow, Child and Adolescent Psychiatry
- Elizabeth Steuber, MD, Clinical Fellow, Child and Adolescent Psychiatry
- Christopher Teng, MD, Clinical Fellow, Pediatric Cardiology

Interested in participating in a future program? Watch your email in the spring for an announcement about applications opening, or reach out to the PGME team at medicaleducation@childrens.harvard.edu.



The Program for Postgraduate
Trainees/Participants

Article Recommendation By Jennifer Kesselheim, MD, M.Ed, MBE

Have you been pondering inclusivity in your program? Are you looking for a thought-provoking new read in GME? Look no further as Journal of Graduate Medical Education recently published important guidance in an article entitled “[Inclusion and Belonging for Introverts \(and Extroverts\) in Graduate Medical Education](#).”[1] The authors observe that faculty and educators may hold implicit biases that can interfere with accurate assessment of residents and fellows. Such unconscious bias are often discussed with reference to gender, race, disability, and English language skills among other variables. Less commonly highlighted is the bias that can influence the assessment of GME learners who are more quiet, less likely to speak up, or who belong to the 30-50% of the population who are introverts.

Assessment of competency in GME hinges largely on observable behaviors. But how are the behaviors of introverts going to be measured by faculty who may carry assumptions about others who are more quiet? Can being an introvert erroneously give the impression of uncertainty, indecision, or lack of engagement to those prone to bias in this setting?

Program leaders can stimulate discussion on this front among fellows and teaching faculty. As with other implicit biases, an initial step is individual personal reflection to explore one’s own personality and whether a resident or fellow with an introverted personality may lead to bias in assessment. The authors identify other long term strategies such as reviewing assessment instruments, advising structures, and processes overseeing resident and fellow promotion for inclusivity, with deliberative involvement of more introverted learners.

References: Caren M. Stalburg, Wilhelm Lehmann, S. Beth Bierer, Deborah Simpson; Inclusion and Belonging for Introverts (and Extroverts) in Graduate Medical Education. *J Grad Med Educ* 2 December 2024; 16 (6): 747–748.



The Essential Role of Residents and Fellows as Teachers

Alan Woolf, MD, MPH

Member, GMEC Executive Committee

Katherine O'Donnell, MD

Associate HMS Dean for UME at BCH

From their first day of training, residents and fellows hold their clinical appointment from Boston Children's Hospital and their academic appointment from Harvard Medical School. And so, in addition to their role as clinicians learning their craft, they serve as crucial contributors to our educational mission, teaching students from HMS or Tufts or those on elective from medical schools around the country. Students coming to BCH are often just beginning their introduction to the art and science of pediatric medicine. Their daily interactions with house-staff can be pivotal experiences. In some cases, an outstanding pediatrics clerkship or elective can change the entire arc of a medical student's future medical career.

The Program in Medical Student Education at BCH leads and innovates pediatric education for learners from multiple institutions. For Harvard Medical School (HMS) students, the program consists of the pediatrics segment of the new BRIDGES pre-clerkship clinical skills course for Pathways students, the pediatrics segment of the Introduction to Clinical Medicine course (ICM) for jointly MIT/HMS administered Health Science & Technology (HST) track students, the Core Clerkship in Pediatrics (the largest clerkship at HMS), the Clinical Capstone in Pediatrics, Advanced Integrated Science courses, the pediatric sub-internship and numerous advanced electives. For Tufts SOM students, the program includes the inpatient portion of the core clerkship in Pediatrics and several sub-internship and advanced elective experiences. The core clerkships are highly rated, with students specifically highlighting the breadth of clinical experience and teaching from residents, fellows, and faculty.

BCH remains one of the most popular rotation sites for advanced pediatrics electives for both students from affiliated programs (HMS & Tufts) and visiting students from other medical schools. We participate in HMS's Office for Diversity Inclusion and Community Partnership Visiting Clerkship Program for under-represented in medicine students.

In these clinical experiences, residents and fellows act as 'boots on the ground' everyday educators and role models, integrating students into the daily teamwork approach. At the bedside, the highest standard of care is delivered by the team to patients and their families. BCH residents and fellows also play important roles with students outside of their clinical rotations, through teaching in simulation sessions and classroom-based pre-clerkship courses, mentoring through the pediatric interest group, and conducting mock interviews to prepare students for residency application season. Pediatric residents and subspecialty fellows generously give their time and effort to make these experiences memorable for students. In addition to building core clinical skills and a foundation in pediatric medicine, these experiences and interactions with our stellar trainees play an important role in recruiting students to pediatric careers in general and to BCH specifically.



Celebrate Thank a Resident/Fellow Day on Friday, February 28th!

Join us in honoring the hardworking residents and fellows who play an essential role in patient care, medical education, and our healthcare community. Established by the Gold Humanism Honor Society in 2018, Thank a Resident/Fellow Day is celebrated annually on the last Friday in February. This year, the special day falls on Friday, February 28th.

The GME Office at BCH will commemorate the occasion with small tokens of appreciation for our residents and fellows. We also encourage each program to celebrate in its own unique way. Here are some ideas:

- **Kudos Board:** Create a space for colleagues and staff to post thank-you messages.
- **Notes of Gratitude:** Write heartfelt notes to express your appreciation.
- **Celebratory Events:** Host a lunch, coffee hour, or after-hours gathering.
- **Protected Time:** Give residents and fellows dedicated time to participate in activities.
- **Thoughtful Gifts:** Offer small tokens of appreciation to recognize their hard work.

Let's make February 28th a day of gratitude and recognition for our incredible residents and fellows. Start planning your celebrations today!

Save the date for GME Day/Week

Wednesday April 9, 2025

New TAGME Certification

Congratulations to the GME program and institutional administrators who successfully achieved their Training Administrators in Graduate Medical Education (TAGME) certification this year -

- Maddie Cornell, GME
- Katherine Mooney, Pediatric Surgery

Want to learn more about TAGME? Visit <https://tagme.org/>

Winter Wellness

A big thank you to everyone who joined us for Frosty Festivities last month! Your energy and excitement made the event truly magical. It was a joy to celebrate the season together, and connect faces and names. We are so grateful for your participation and support, and we can't wait to create more memorable moments with you in the future. Wishing you a warm and wonderful winter!



GME Trainee Spotlight

Dustin Gable, MD
Child Neurology resident

Tell us a little bit about your background growing up/pre-medical school

I hail from a long generation of farmers in Northwest Ohio. I grew up on my family's dairy farm and graduated from Miller City High School, a small public school with a class of 40 folks I was with since kindergarten! I am the second oldest of 6 kids- 1 sister and 5 brothers with whom I "lovingly" fought over who would milk with our grandparents in the milk house verses feed the calves or do the machinery and field work. I was planning on going to the branch campus of Ohio State closer to home so I could work with my dad and go to school, but my mom said I should apply to the main campus of Ohio State in Columbus just so I could tell my grandma I got in because it would make her proud. I got in! Grandma was proud. So, I moved to Columbus, OH to go to The Ohio State University- go Bucks!

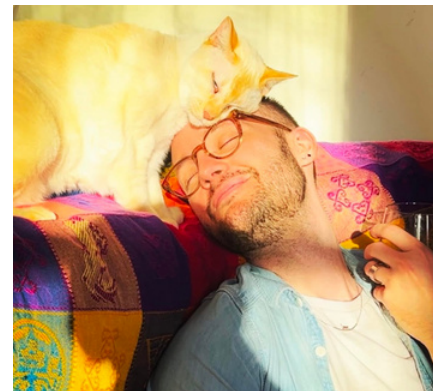


When and how did you decide to go into medicine?

I essentially found my place on the path unwinding in the circle of life on the farm. From caring for and learning about all the ailments that befall cows, and the ways we treat them, to learning to keeping the weeds and bugs at bay among the soybeans, corn, and hay, health was always on the mind. Nurturing and healing were innate to this lifestyle, and I developed a passion for it. I was particularly good at acting, math, and chemistry in school, but biology was most interesting to me, so I started there in college. I chose a research major and joined a skin cancer genetics lab (They even accepted me when I interviewed in lab wearing a suit lol.) My OSU undergraduate advisors Mandy Toland and Lori Martensen bear a lot of responsibility for where I am today. Science and research had me sold- where I found that understanding biology could be built with math and chemistry. As a sophomore at OSU, I spent a summer at St. Jude in Memphis as a research fellow where I met MD, PhDs doing cancer work in lab and also delivering experimental therapies to terminally ill children. I remember being in the OR watching one potential therapy being administered, and from there-on out, I wanted to do both lab work and clinical medicine, so applied to MD, PhD programs.

What were you doing before you started your current program?

I was at Hopkins in Baltimore for 9 years which was a wonderful time. I completed a PhD in Human Genetics with my advisor, Dr. Mary Armanios whom I still work very closely with and who has become a lifelong mentor and role model for me as a physician scientist. I worked to identify disease genes in short telomere syndromes and understanding maturation mechanisms of telomerase and other small RNAs. I completed pediatrics in the BCRP before moving to Neurology at BCH.



GME Trainee Spotlight (CONT.)

What made you choose your current specialty?

Funnily enough- I applied into internal medicine to be an adult rheumatologist but changed 2 weeks before ERAS applications were due to Child Neurology. It started with a radial nerve palsy and nasty trampoline.

After my adult neurology rotation, my first rotation back from my PhD, I was given feedback that I was overall average at neurology. As an eternal optimist, I decided that it meant good news to be average among many smart medical students, but maybe neurology wasn't the specialty for me...

Then, after I completed 1.5 years of clinicals and was thinking of applying into pediatrics or internal medicine, I was on a pediatrics sub-internship where I met a 14 YO girl whose arm went numb at a trampoline park. When presenting the case to my attending, she asked which nerve I thought was affected- and I said I didn't know—I didn't think I was that good at neurology. So she told me to figure it out. I went back to re-examine the patient, and then got my Netter's anatomy atlas out and put my money on the radial nerve. It was truly just fun using my physical exam and localizing, and she said I should do a rotation in child neurology. But ERAS was due soon- I thought I didn't have time! I also didn't know it was its own residency! Luckily enough, there was a sub-intern spot open the following Monday.

Anyway- so I did a sub-internship in child neurology, and it was the best: fantastic and kind people who loved their job, complex medicine and science, and some of the most meaningful conversations I had ever had in medical school with patients and families. So much of what makes us who we are as humans is driven by the nervous system, and diseases affecting this tamper with many things so precious to us- our vision, hearing, movement, walking and overall independence- among the many themes that may be discussed on any one day of "work." It was also around this time that the gene therapy, nusinersen or Spinraza, was FDA approved to treat spinal muscular atrophy (SMA). Kids that used to never walk and would even die from respiratory failure within the first year of life, were now living and meeting normal motor milestones. I had to be a part of this field, and so I switched to Child Neurology and haven't looked back.

Tell us a little bit about something you are working on

I am currently in the lab of Elizabeth Engle working on understanding patterns of fetal motor neuron development in spinal muscular atrophy using mouse models. There are now 3 approved gene therapies for spinal muscular atrophy, and we know that early delivery in the neonatal period means much better motor outcomes. It is the hope that this research can shed light on timing and rationale for more routine delivery of fetal SMA therapy in the future.

I also have been working on the trainee mental health program with Lauren Coyne in OCS over the last 5 years. Physician well-being is near and dear to my heart.

What are your hobbies, or what do you do for fun?

While in Baltimore, I was lucky enough to meet my long-term partner, Alex who was completing a masters in violin performance at conservatory while I was doing my PhD.

We adopted two cats (Oscar and Arnold) and a dog (Winnie) and started our academic journeys together. He is finishing his PhD in Musicology at Brown this year as I wrap up child neurology. More recently, although we lost Oscar this past year after a good fight L, we adopted our newest kitty, Olive. She is actually a mature lady of 4 years, and we call her Olivia. We also adopted a new puppy in residency, Martha Dolores, named after two great women- Martha Argerich the great and famous Argentinian classical pianist, and my grandmother Dolores.

For fun, we love to sit on our couch with the animals, drink coffee in the morning, wine in the evenings, read, watch tv, and play video games. Downton Abby, Veep, Schitt's creek, and Harry Potter on repeat. I am also currently lost in the Wheel of Time and ACOTAR series. I like going dancing and to arcades with some of my best friends, many of which are my co-residents!

What is your favorite thing about Boston?

I love the ability to walk everywhere and be by the ocean, and I haven't had to have a car in 5 years!!



GME Trainee Spotlight

Jessica Martin, MD

General Academic Pediatrics Fellow



Tell us a little bit about your background growing up/pre-medical school

I grew up in the D.C. suburbs and attended University of Virginia for undergrad, where I met my husband. Charlottesville, VA will always be one of our absolute favorite places, and we got married at our favorite Cville vineyard, which we love visiting whenever we can. After undergrad, I completed a post-bac program and received my M.S. in Physiology and Biophysics at Georgetown University and was thrilled to stay on at Georgetown for medical school. Although DC/Northern VA is my home, my entire family is from the Twin Cities, and we go to Minnesota at least twice a year – for the holidays and for the State Fair!

When and how did you decide to go into medicine?

My friends and family have told me that I said I wanted to be a pediatrician from as early as elementary school, though I think this became more decisive towards the end of high school. I actually grew up doing ballet and was in a program in high school where I would leave school early to attend four hours of ballet classes and rehearsals each day. Though I considered dancing professionally for a short time, in my heart I always knew that I wanted first and foremost to be a doctor and to work with children. In college, I volunteered at the UVA Pediatrics Department, which just confirmed that being around kids is the absolute best and pretty much cemented my desire to be a pediatrician.

What were you doing before you started your current program?

When it came time to decide where I wanted to do residency, I was ready to leave my DC/VA bubble. I completed residency at Stanford and loved living on the West Coast for three years. While we loved California, my husband and I knew we wanted to be closer to family and we were thrilled when I matched at Boston Children's for General Academic Pediatric Fellowship.

What made you choose your current specialty?

I have always known that I wanted to work with children – my older brother is a teacher and my mom would volunteer at local preschools, so I think this love of children is in my DNA. Aside from being adorable, kids are honest, hilarious, pure, and kind, and it is impossible to be around them without smiling. I knew that I wanted to be a general pediatrician because I wanted to create longitudinal relationships with my patients and their families – and now that I have my own patient panel in fellowship, I can 100% confirm that getting to know my families and truly bonding with them over time adds so much meaning and fulfillment to my day-to-day life. I would choose this career over and over again in a heartbeat.

Tell us a little bit about something you are working on

Currently, I have been working with a team of amazing nurses, admin, and social workers to re-implement group visits for newborns at Children's Hospital Primary Care Clinic. We restarted these groups in September as a way to provide longer and more comprehensive visits for parents of newborns and as a way for families to connect with one another during the joyful but challenging transition to life with a newborn. They are held weekly and are the highlight of my week every single time. Starting soon, we will be studying whether these groups increase parental self-efficacy and gathering data on parental perceptions of the group visit format.

What are your hobbies, or what do you do for fun?

My favorite activity is cuddling with our 4-year-old golden retriever, Goose. I also love going out to eat at some of our favorite spots where we live in Cambridge, seeing the Boston Ballet at the Opera House whenever I can, and reading.

What is your favorite thing about Boston?

Too many to choose from, but the best part about living here is our community – we have close friends and family here who we get to see often, we have wonderful neighbors, and we have even made friends at our favorite go-to restaurants in our neighborhood.

Academy Announcements:

Teaching Academy Graduates

Congratulations to the following faculty who graduated from the BCH Teaching Certificate Program in Fall 2024!

- Ethan Anglemyer, DO, Child/Psychiatry
- Sarah Cavallaro, MD Pediatric Emergency Medicine
- Shannon Fitzgerald, MD, Adolescent Medicine
- David Kane, MD, Pediatric Cardiology
- Wes Northam, MD, Neurosurgery
- Jennifer Ross, MD, MPH Pediatric Addiction Medicine
- Annie Sullivan, MD, Neonatal Perinatal Medicine
- Katherine Sweeny, MD, Gastroenterology

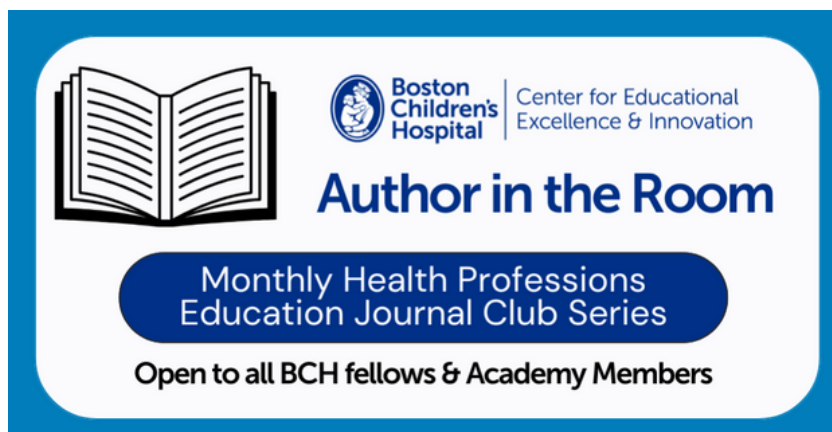
BCH Academy announcement

The BCH Academy invites you to “Author in the Room,” a new monthly series designed to enhance your knowledge and engagement in health professions education.

Open to all Academy members and BCH fellows, this series highlights BCH education research publications. By bringing a lead BCH author “into the room,” we’ll explore key concepts, dive deeper into findings, and discuss their implications for our educational practices. We hope you’ll join us in this enriching learning opportunity!

Register here for the first meeting on Tuesday, January 21st, 2025 from 12:00 – 1:00 pm, on Zoom. We will be joined by Lori Newman, MEd, and several of her co-authors to discuss the following article:

Newman LR, Nagler A, Rudd M, Blanchard RD, Whicker SA, Winn AS, Cohen AP, Parry G, Leichtner AM, Kesselheim JC. Lost in the pandemic: COVID-19’s impact on health professions educators. Clin Teach. 2024; 21(5):e13764. <https://asmepublications.onlinelibrary.wiley.com/doi/10.1111/tct.13764>





Welcoming Asher Hope, born July 19th

Anonymous Feedback for GME

Click [here](#) to fill out survey, or scan the QR code below



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