

# GME ON-CALL

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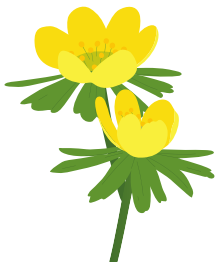
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It is (finally!) spring in Boston, and I think we are all ready for a little nice weather after all that cold weather and snow. You can feel the change in the air, and it's nice to see daffodils popping up all throughout the Longwood Medical Area. The Red Sox are back, the Celtics and the Bruins are in the playoffs, and the World Cup is coming to Foxborough in June.

We've had a lot of interesting things happening in GME since our newsletter, some of which you will find included here. One of our favorite days of the year is GME Day, an entire day devoted to education, conversation, and community. Read on to learn more about this year's event, which focused on AI and its use in medical education.

You've probably also seen some of our new communication efforts in the form of our email newsletters. We created these newsletters as a new, concise way to share information with different audiences while also trying to reduce the email burden by combining more information into one, monthly email. We now have [Updates from the House Staff Council](#), a monthly newsletter sent to all residents and clinical fellows that includes important updates and reminders about benefits, educational opportunities, and social and community events. [The Program Leadership Update](#) is targeted to program directors and program administrators and provides just-in-time education and reminders about current tasks and events throughout the academic year. The [GME Diversity, Equity and Inclusion](#) newsletter is also targeted to program leadership and aims to remind everyone of upcoming recognition days and months, inform of hospital-wide educational and social opportunities and suggest ways to incorporate recognition days and months into program curriculum. We are excited to have launched these newsletters and welcome your feedback on ways we can continue to improve them to best meet the needs of our GME community.

As we rapidly approach the close of another academic year, we in GME want to thank everyone in the GME community for their dedication, resilience, and continued commitment to education, research, quality improvement and patient care. We want to congratulate those trainees who are graduating; we wish you every success as you start your next chapter. And for those of you who are continuing training with us, we look forward to supporting you throughout the year while also welcoming our incoming trainees.



## GME Day 2026: Exploring AI in Medical Education

GME Day 2026 brought our community together on April 8 for a focused exploration of artificial intelligence in medical education. A highlight of the day was Grand Rounds, featuring Jonathan Hron and Traci Wolbrink, who led a thoughtful and practical discussion on how AI is shaping clinical training and the future of education.

The day began with a leadership session on AI in medical education, centered on institutional perspectives and the evolving role of AI in training environments.

Attendees then joined Grand Rounds, “Beyond the Hype: Preparing Medical Trainees and Educators to Work with AI,” which moved beyond buzzwords to highlight real-world applications, opportunities, and challenges.

The afternoon retreat offered two engaging options: a Hot Topic Debate on AI in Medical Education, featuring Ariel Winn, Jennifer Kesselheim, and Laura Chiel, and a practical session, AI for Medical Administrators, led by Kaytlyn Hope, focused on real-world tools to support daily workflows and program operations.

GME Day provided a meaningful opportunity to learn, connect, and reflect on how to thoughtfully integrate AI into our work while maintaining the core values of medical education.



## Article Recommendation By Jennifer Kesselheim, MD, EdM

Those of us with leadership roles in Graduate Medical Education, whether as program director, chief resident/fellow, or program administrator, may confront difficult decisions or even crisis situations. Do we feel prepared to confront these high stakes scenarios? Our faculty development and other training experiences may not adequately explore how leaders should approach complex decisions and, more importantly, how to proceed when the decision goes poorly. The concept of “Recovering from a Leadership Misstep” is the subjects of a new paper from Hamel and Fletcher published in the [Journal of Graduate Medical Education](#).<sup>[1]</sup>

Leaders and their teams should proactively plan for the next time when something does not go well. And missteps do occur, whether because we acted without involving enough stakeholders, or we did not bring enough sensitivity for the moment, or a conflict in the program has begun to gain problematic momentum. We must plan ahead for such inevitable difficulties because, as the authors note, “how a leader responds to mistakes is more important than the mistake itself.”

The article goes on to outline preemptive strategies that leaders can take starting now as well as steps to be taken for long term success. Many of their tips are summarized here (Box). One particularly intriguing idea is to conduct a “pre-mortem analysis” in which the leadership group imagines a decision they intend to make, or a course of action they want to take, and envisions their own failure. If things did not work as planned, what could be the potential reasons for this? This exercise allows the team to identify threats to success they may not have noticed before and empowers everyone to poke holes in the plan, with a high degree of psychological safety, since it is the objective of the pre-mortem analysis.

### RIP OUT ACTION ITEMS

- Pause before making an important decision; seek diverse input to build trust and shared mental models.
- Conduct a pre-mortem analysis to identify potential failures and refine decisions, while promoting psychological safety.
- Own mistakes openly: acknowledge errors, share lessons learned, and commit to improvement to model a growth mindset.
- Normalize team mistakes by focusing on systems and processes, not personal shortcomings, to support learning from failure—and success.

At the other end of the spectrum, the authors advocate for the “success cause analysis.” Rather than dwell on what has gone wrong, leaders should identify successful components of a plan and identify what allowed that success to transpire. Once the team determines the factors that led to success, they can return to those core principles when engaging in future decision-making and planning.

I hope you will take a few minutes to peruse this guide on leadership and to share it with your collaborators and colleagues in GME. Allowing a deliberate study of our missteps as GME leaders normalizes the idea that mistakes are ubiquitous and helps our performance and outcomes improve over time.

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[1] Hamel D and Fletcher K. Recovering from a Leadership Misstep. J Grad Med Educ April 2026; 179-80.

## Advancing GME: Highlights from the ACGME Educational Conference in San Diego

February brings many things every year, including the annual ACGME Educational Conference, *Meaning in Medicine*. This year's event was held in San Diego. More than 5000 stakeholders in the GME Community were in attendance for the three-day conference, and Boston Children's Hospital was well-represented with attendees from the GME Office and several training programs.

The conference focuses on continuous improvement in education, with some sessions focusing on ACGME requirements and expectations and others representing best practices across all areas of GME. The first day has different tracks for new program directors, institutional GME leaders, program administrators, and special interest groups, such as rural medicine. The second and third day of the conference bring everyone together for a broad offering of keynote talks and workshops. Sessions ranged from psychological safety and resilience to coaching and mentorship to feedback to innovation. Each Review Committee also holds a session where people in those specialties can ask questions and hear directly from RRC staff.

Kaytlyn Hope and Maddie Cornell both spoke at the ACGME Conference during the program administrator day; their talk, entitled [Empowering GME Coordinators: Sustainable Onboarding and Retention via a Digital Resource Hub](#) was very well received.

Tery Noseworthy was also presented with the ACGME's GME Institutional Administrator award at the conference, an award that recognizes contributions to GME from an administrative perspective.

The conference also offers lots of opportunities for networking and collaboration; it is always a pleasure to connect with colleagues from around the country and around the world and to identify potential collaborations and resource sharing opportunities.

We left San Diego with renewed energy, practical tools, and a deeper appreciation for the shared mission of advancing graduate medical education.

Wish you could have been there? Mark your calendars for next year's session, which will be held February 25<sup>th</sup> through February 27<sup>th</sup>, 2027 in San Antonio. You can also view recordings of several of the keynotes and workshops from this year's conference by logging on to [Learn at ACGME](#); while a free account is required, anyone can create one.



## **GME Trainee Spotlight**

Claudio Schenone, MD  
Perinatal Surgery Fellow



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

I was born and raised in Valencia, Venezuela, where I completed my medical school training. I was lucky to care for underserved populations, including indigenous communities, where I learned that medicine is not just about applying evidence—it's about connecting with people, understanding their context, and truly being present for them. In many of these settings, what mattered most was not what you had, but how you showed up—for patients, for their families, and for their community. Those experiences taught me the value of compassion, adaptability, and seeing medicine as a way to heal, not just treat. That perspective has stayed with me and continues to shape how I care for patients today.

### **When and how did you decide to go into medicine?**

I was born into a family of clinicians, including my grandfather, my mother, and my two older siblings. They set an incredible example of living a purposeful life by caring for others and making this world a better place, patient by patient, so I decided I wanted to follow their footsteps.

### **What were you doing before you started your current program?**

I was blessed with the opportunity to train as an OBGYN at the University of Tennessee Health Center in Memphis, TN. They will always hold a special place in my heart for opening the doors that made my dream of becoming a doctor in the US come true. Following OB/GYN residency training, I moved to Tampa, FL, where I completed my Maternal-Fetal Medicine fellowship at the University of South Florida. I owe them my love for this specialty and the inspiration to become a fetal interventionist. I wish I could name so many good mentors, friends, and family who've helped me along this journey. I owe them my whole career, and I am beyond thankful to them.

### **What made you choose your current specialty?**

Growing up in a family of OBGYNs definitely influenced me; my passion for maternal-fetal medicine and fetal intervention was sparked early on by my mother and my older sibling, who are in the same field, and as soon as I observed a fetoscopy for the first time, my mind was blown, I was sure then. This field offers a unique opportunity to make a real impact on prospective parents. Every case is different, and decisions are highly individualized. You're constantly balancing maternal and fetal considerations while ensuring the plan aligns with the family's goals and values. What I find especially meaningful is that even when things don't go as expected, being there for families and making sure they feel truly cared for can make a lasting difference in how they process and move forward. That human aspect is a big part of what keeps me grounded in this work.

## **GME Trainee Spotlight (CONT.)**

### **Tell us a little bit about something you are working on?**

I'm currently involved in several innovative projects aimed at expanding prenatal treatment options. The goal is to improve outcomes for fetuses who were historically considered not amenable to treatment, or who would traditionally only be treated after birth, often with significant morbidity. It's exciting to be part of efforts that are pushing those boundaries and potentially changing what's possible in fetal care.

I'm also passionate about the ethical challenges of maternal-fetal interventions and have been fortunate to deepen this work through a bioethics fellowship at HMS and by participating in ethics committees within my institution and national societies. Although many promising interventions are emerging, substantial hurdles remain before they can meaningfully improve outcomes. I believe it is critical that the field advances responsibly, guided by rigorous ethical frameworks that balance innovation with maternal-fetal well-being and respect for family values.

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

Outside of work, I love trying new restaurants and traveling with my wife. I also enjoy racquet sports and am always up for a good match. I'm also really into coffee and enjoy dialing in espresso at home—it's a bit of a hobby at this point.

### **What is your favorite thing about Boston?**

What I love most about Boston is the sense of community and how inspiring it is to live here. You're surrounded by people who are driven, passionate, and striving to achieve meaningful things. There's a real sense of being part of something bigger than yourself, and it's motivating to be in an environment where people genuinely care and go above and beyond for others.



## **GME Trainee Spotlight**

Omar Salman, MD  
Pediatric Anesthesiology fellow



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

I am originally from the West Bank, Palestine. I immigrated to Nashville, TN during childhood and lived there through undergrad. I spent the year before medical school in Boston working for a nonprofit and doing global health work in Jordan and Lebanon. After completing medical school in Virginia, I moved to San Francisco for residency and then Boston for pediatric anesthesiology fellowship.

### **When and how did you decide to go into medicine?**

Growing up in a medically underserved region inspired me to pursue a career in medicine. I am particularly interested in refugee health and health equity, and my ultimate goal is to work in pediatric cardiac anesthesia and critical care to enhance outcomes for vulnerable patients and to serve the community I came from.

### **What were you doing before you started your current program?**

I completed residencies in pediatrics and anesthesiology at the University of California, San Francisco. I then spent about a month and a half as an anesthesia attending at UCSF before starting fellowship at BCH.

### **What made you choose your current specialty?**

I initially chose pediatrics because of its strong emphasis on advocacy. Children are a unique patient population in that they are unable to advocate for themselves, which makes standing up for their needs an essential part of the role of a physician working in pediatrics. About a year into pediatrics residency, I decided to pursue anesthesiology due to the procedural nature of the specialty and my ability to take care of patients in a way that felt more direct. I will be pursuing pediatric cardiac anesthesiology super-fellowship at Children's Hospital of New York (Columbia University) in the fall, and my ultimate goal is to enhance care for children with congenital heart disease in low-resource settings.



## GME Trainee Spotlight (CONT.)

### **Tell us a little bit about something you are working on?**

I am working on a couple of projects to enhance pediatric trauma resuscitation in crisis situations in conflict zones. I am also working on a project exploring mechanical ventilation techniques for children with congenital heart disease to reduce the risk of ventilator-induced lung injury. Finally, I am one of the chief fellows in pediatric anesthesiology, so I am working on medication safety quality improvement projects.

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

I became interested in carnivorous plants and have several in my apartment. I also enjoy vegetarian cooking and vegan baking, which I actually learned more about when I worked at Veggie Galaxy as a side gig during my gap year in Boston.

### **What is your favorite thing about Boston?**

I enjoy being in a city with a small town, and the sense of community that you can achieve here. New England fall also looks like a postcard, and it was nice to come back to having all four seasons after living in California for over half a decade.



## Change is Coming: ACGME Institutional and Common Program Requirements 125

The ACGME is undertaking three major changes to program and institutional requirements, with overarching goals of clarity, streamlining and measurable outcomes.

The new proposed Institutional Requirements, which can be viewed [here](#), focus on reducing administrative burden, clarifying accountability for GME oversight and strengthening the alignment between GME and hospital leadership. Most of the changes are clarifications and reorganizations, and not new mandates.

The new proposed Common Program Requirements have not yet been released for public comment, but the ACFNE has announced that they will introduce greater Review Committee (oversight in key structural areas, reinforce alignment with institutional mission and patient safety priorities, and clarify processes related to program evaluation and work hour exceptions. They have announced that effective immediately they are suspending enforcement of several current requirements. You can see a full listing of the removed requirements [here](#); they generally focus on curriculum, mission and aims and removal of items that cannot easily be measured. Notably it does remove the requirement for the program self-study.

The ACGME is also proposing new requirements related to nutrition education that will be incorporated into specialty-specific requirements. These requirements, which define required experiences and/or competencies related to nutrition, were developed in the recognition of the impact of nutrition in the prevention and treatment of disease, and the need to prepare residents/fellows to develop the skills needed to address nutrition, in the context of their specialty/subspecialty, to improve patient care. You can view the proposed general requirements [here](#).



## GME March Madness Bracket Results Are In!

Thanks to everyone who participated in the GME March Madness bracket challenge.

In the women's bracket, our top overall finisher was Laura Chiel, Associate Program Director in Pediatric Pulmonology. Congratulations Laura!

The other top finishers included Ally Mogelnicki (program coordinator, Clinical Informatics), Katherine Lee (resident, Pediatric Dentistry).

In the men's bracket, our top overall finisher was Megan Bunnell, clinical fellow in Maternal Fetal Medicine/Genetics. Congratulations Megan!

The other top finisher includes Ryan Guibault (fellow, Pediatric Orthopaedics)/Pediatric Orthopaedic team.

Thanks to everyone who joined in the fun!



## Boston Marathon

Congratulations to anyone who ran the Boston Marathon this past Monday April 20<sup>th</sup>, as well as those who assisted in the medical tent or volunteered! 130 years years of Boston Strong!



## Upcoming Events

### Curriculum for Academic & Professional Success Program

The next Fall sessions of the Curriculum for Academic & Professional Success (CAPS) seminars for all clinical fellows in this academic year will be presented on June 4th.

**2nd Year Fellows  
Thursday June 4  
8:30am-12:00pm**

**\*networking breakfast provided**

**1st Year Fellows  
Thursday June 4  
1:00pm-4:00pm**


**\*networking lunch provided**

### Spring Wellness Event

The GME Wellness Subcommittee will be hosting a Ben & Jerry's ice cream truck next month for the residents and clinical fellows. We hope to see you there!

 Date: Tuesday, May 12, 2026

 Time: 4:30 PM – 6:00 PM

 Location: Children's Way Shuttle Bay





## Anonymous Feedback for GME

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



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