

GME ON-CALL

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In GME we celebrate two new years – the start of the new academic year and the start of the new calendar year. Both are exciting, and while the July weather certainly sounds appealing right about now, the first week of January is an invigorating time too. It's amazing how quickly time passes by; it seems like just yesterday we were welcoming our incoming trainees and now the year is half over! It's the midway point of the year, a time to pause and think about all that has been accomplished already this academic year and all that is to come over the next 6 months. It's also a compelling time for our trainees in their final year, whether they plan to continue their training or move on to an independent role. We are always interested to hear what is up next for our graduating trainees.

We are happy to report that as of December 2025 Boston Children's Hospital has received a status of Continued Accreditation as an institution from the ACGME (the Accreditation Council for Graduate Medical Education; this decision comes as a result of our institutional site visit in April 2025. We had 2 minor administrative citations that have already been addressed but otherwise were found to be in substantial compliance with ACGME requirements. While preparing for and undergoing a site visit was definitely stressful, we enjoyed the chance to showcase the excellence of GME at Boston Children's Hospital.

Speaking of the ACGME, the annual Educational Conference is coming up from Feb 19th to the 21st in San Diego, California. It is an excellent time to learn and to connect with colleagues from around the country. Several members of the GME leadership team will be there; if you're going let us know – we would love to see you there!

We also have a request for you. We are working hard to update our GME Instagram account, both to connect with the BCH GME community and to showcase our amazing training programs and institution to future applicants. We'd love to be able to feature more program- specific content – ideas for what you could submit include program activities (both educational and social), awards or recognitions for the program, the trainees or the faculty, match celebrations, or behind the scenes moments that highlight your program culture. You can make your submissions [here](#). We'd also like to do some "day in the life" videos; if you would be interested please reach out to Maddie Cornell.

We hope you enjoy the winter issue of the GME newsletter; if you have content you'd like to see or would like to be a contributor please do not hesitate to let us know!



Congratulations to Tery Noseworthy!

Congratulations to Tery Noseworthy, C-TAGME, Senior Director for Graduate Medical Education, on being awarded the ACGME's GME Institutional Coordinator Award. This award recognizes an institutional administrator who demonstrates in-depth knowledge of graduate medical education and manages the multiple roles of administrator, organizer, counselor and enforcer. Tery was nominated by members of the GME leadership team, program leadership, and a group of residents and fellows. She will receive her award at the ACGME annual educational conference on February 19th, 2026.



Applications for ACGME initiative below

Applications are now open for the ACGME's Back to the Bedside initiative. Back to Bedside is designed to empower residents and fellows to develop projects that transform their clinical learning environment and foster meaning and joy in work by allowing them to engage and connect on a deeper level with what is at the heart of medicine: their patients. Supported by the ACGME, Back to Bedside provides a competitive funding opportunity for resident- and/or fellow-led teams to develop innovative, cost-effective projects to strengthen the physician-patient relationship. The initiative is also intended to create a learning collaborative of resident-/fellow-led research teams.

For more information or to apply, click [here](#).

**BACK TO BEDSIDE**

Cultivate joy and meaning in work by improving the physician-patient relationship

OPPORTUNITY DESCRIPTION


Two-year projects to enhance meaning in clinical learning environments by fostering the physician-patient relationship



ASSESSMENT CRITERIA FOR A PROPOSED PROJECT

- Resident- or fellow-developed and led
- Strengthens relationships with patients
- Sustainable
- Adaptable to other programs or contexts
- Innovative and cost-effective

PROJECT FUNDING



Option 1: up to \$10,000
Option 2: up to \$5,000

Additional travel stipend available to offset costs to attend:

- Learning Collaborative meetings in Chicago, Illinois
- Annual Educational Conference in Orlando, Florida

Article Recommendation By Jennifer Kesselheim, MD, EdM

Even those of us very familiar with the clinical learning environment at Boston Children's Hospital may have less insight into the experience of residents or fellows with disabilities. For example, what is it like to train in one of our programs for residents or fellows who are hard of hearing, who have difficulty climbing stairs, or who are neurodivergent? A recent publication by Salinger et al in the Journal of Graduate Medical Education[1] explains that the prevalence of disability and use of accommodations is increasing among medical students in the United States, which will translate to a need for graduate medical education programs to be facile in supporting these trainees. At present, residency and fellowship programs may fall short of inclusivity when it comes to disabilities. Barriers like stigma, bias, and obscure policies may lead to unmet needs among trainees.

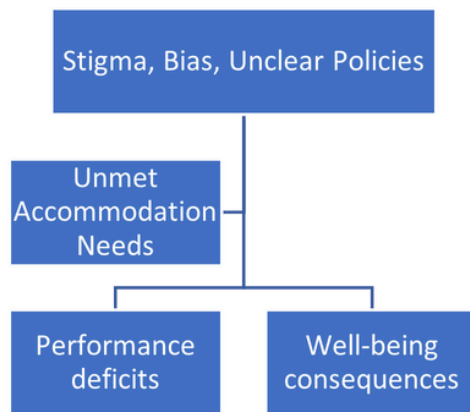


Fig: Barriers to meeting the needs of residents and fellows with disabilities and consequences for those learners

The ACGME requires that all sponsoring institutions have a disability policy. The purpose of such a document is to clarify how to disclose a disability, how to request accommodations, and how such accommodations will be provided. At Boston Children's, the policy relevant to GME applies to all employees, and is available on Policy Stat from the quick links menu on Web2 (just search for "disability"). At some institutions, residents and fellows may struggle to access the relevant policy, so sharing its location with your trainees can prove helpful.

In addition, past research has shown that program leaders may find implementation of disability policies to be difficult, due to limited experience, structural barriers, uncertainty about whether accommodations requests are reasonable, and concern about undue burdens for other trainees. The Office of GME can be a helpful resource in such circumstances so we hope program leaders will reach out as needed. In addition, the ACGME, in partnership with the Josiah Macy Jr. Foundation, has created a "resource hub" related to resident and fellow disabilities.[1] This virtual collection of case studies, research papers, and toolkits can assist program leaders who are working to meet the needs of residents or fellows. It is also a recommended best practice for GME to collect data on their own practices such as the prevalence and outcomes of accommodations requests. Feedback from programs and trainees around how the disability policy is applied should be systematically gathered to optimize accountability of the sponsoring institution.

[1] Salinger M, Sheets ZC, Bienstock JL, Rudkowski JC, Shaw KR, Edje L, Messman A, Fisher H, Fousone M, Kakara M, Martin K, Marcelin JR, O'Toole JK, Passiment M, Ortega P, Meeks LM. The Disability Policy Toolkit: Resource Development and Applications Within Graduate Medical Education. J Grad Med Educ. 2025 Dec;17(6):792-797. doi: 10.4300/JGME-D-25-00887.1. Epub 2025 Dec 16. PMID: 41415981

[2] DOCS with Disabilities Initiative. ACGME. Available at <https://dl.acgme.org/pages/disability-resource-hub>.

Safe Ride Home program - Lyft

As of December 2025, the GME Safe Ride Home Program has transitioned from Lyft Pass to Lyft Concierge. This change improves accuracy in ride requests and helps prevent unintended personal rides from being charged to the program.

The Safe Ride Home program is not meant to subsidize routine travel to and from scheduled work shifts, regardless of the timing of the shift or circumstances surrounding the shift. While we strongly encourage you to make appropriate use of this program, we also ask that you follow the guidelines and use public transportation whenever possible in order to support the program's financial sustainability.

Helpful tips around Lyft Concierge:

- You must first [sign up](#) with the Safe Ride Home program, before you are registered for Lyft Concierge
- Rides must now be requested through a web browser, not the Lyft app (*tip: bookmark the link emailed to you after signing up for easier access)
- This program is only for rides home from the hospital. It cannot be used to commute to the hospital, to/from other rotations, or as a planned method of daily transportation.

SITUATION/EXAMPLES	CAN I USE THE SAFE RIDE HOME PROGRAM?
I worked 24+ hours and feel too drowsy to safely drive/ride a bike.	Yes
I have worked a lot this week and am feeling too fatigued to safely drive/ride a bike.	Yes
My shift ended at 2 a.m.	Yes
I am leaving at 9:30 p.m., and I feel unsafe walking/ taking the T.	Yes, but please also consider the hospital's shuttles and security escort services.
I am on Night Float.	No, unless you also meet one of the other criteria.
I'm coming in to the hospital for work.	No
I was called back to the hospital while on-call from home.	No
It's raining/snowing/cold and I don't want to walk to the T.	No
I need accommodation for an injury that impacts my commute.	No; please reach out to Occupational Health, who will assist you in identifying options.
I am going to a shift at another hospital/work-related event/social event/airport to go to a conference/ anywhere that is not my home.	No

GME Trainee Spotlight

Rachel Bethune Howard, MD
Complex Pediatric Care Fellow



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

I am Canadian and had done all my education and training there prior to moving to Boston for the Complex Care Fellowship. Growing up in Calgary, which is right by Banff National Park, I spent a lot of time in the mountains hiking, skiing, and camping. I moved to Ontario for my undergraduate degree in Biology at Queen's University then to Saskatchewan for my Master of Public Health. I was fortunate to attend medical school in my hometown at the University of Calgary (where I met my now husband!). We couples matched to Winnipeg, where I completed Pediatrics Residency at the University of Manitoba. After that, we moved to Boston for Fellowship! So far, I have lived in 4 out of the 10 Canadian provinces and have been fortunate enough to visited 8/10 provinces and 1/3 territories.

As a fun fact, in my pediatrics residency, we did a lot of Northern and remote medicine. I have traveled as far as Iqaluit, Nunavut and the Arctic Circle to care for children in rural and remote settings. It is where I learned my passion for health equity and honed my advocacy skills. It is also where I tried beluga whale, saw polar bears, and experiences the most incredible Northern Lights.

When and how did you decide to go into medicine?

I don't have a particularly inspiring story about my choice or path to medicine. I always loved biology and had exposure to medicine through family members and undergraduate experiences. I knew I wanted to do something related to biology that helped people and where I could work with kids. In retrospect, Pediatrics was an obvious choice!

What made you choose your current specialty?

I am currently in my final year of a Complex Care Fellowship, where I am training to care for children with medical complexity. This amazing group of kids are defined by multiorgan system involvement, developmental / intellectual disability, medical technology, and high healthcare utilization. In the fellowship, I do primary care for children with medical complexity, consultative outpatient complex care, inpatient consults, and inpatient complex care ward service. We work with families to diagnose and treat concerns at the overlap of multiple systems, help with symptom management, manage polypharmacy, work with medical technology support and decision-making, care coordination, and much more!

I chose this specialty because I love General Pediatrics, but I also wanted my own sub-specialty scope of practice. Complex care lives right at this intersection. Each child is unique with their own way of communicating, expressing joy, and engaging with the world. I love helping families build on their strengths and walk alongside them when it is challenging. There are many complex decisions to be made with few guidelines, and I find great satisfaction is working through these decisions with families. I enjoy learning from, and working closely with, so many different specialty colleagues. Because the children I work with have difference conditions, communication abilities, and response to treatment, there is often significant diagnostic mystery and complex treatment options, which makes the day-to-day academically interesting. But, I also love to see the many ways kids communicate their joy and play, despite all the technology and medical conditions they may have.

GME Trainee Spotlight (CONT.)

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

I am fortunate enough to be completing a second concurrent Fellowship in Bioethics through Harvard Medical School. These seminars are often the highlight of my week, where we dive into a broad range of ethics topics ranging from pediatrics, end-of-life care, to AI and more. My focus in the ethics fellowship is to explore how we can better support family decision-making in complex care.

Clinically, I am working to set up an inpatient complex care consult service so that we can better support patients, families, and providers. Right now, we are in the pilot phases in ICUs and PIMCU but are planning for ongoing expansion. If you have a consult request, please reach out as we would love to help! Setting up a new program at BCH has been an amazing learning opportunity and I am very fortunate to have incredible mentors in the journey. I will be presenting our work at the upcoming Pediatric Academic Societies conference held in Boston this Spring.

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

Outside of work, my husband and I love to stay active outdoors. In the last few years, we have taken up road bike in the summers and ski tour in the winters. We have loved biking all around New England any weekend we can get away. Our favorite place so far has been Acadia National Park in Maine or doing big hill climbs in Vermont. We have biked the steepest paved mile in all the US (shout-out to the Lincoln Gap in Vermont where I fell over it was so steep!) In the winters, we are avid backcountry skiers and are learning to embrace east coast skiing. We traveled to Japan last year for two weeks of ski touring and are dreaming about our next ski touring adventure in 2027 so all recommendations are welcome! I am an avid runner and am working my way up to my first marathon in May 2026. After running outside in -15 Celsius in Canada, winter running in Boston is a treat. My favorite place to run is along the Charles River or the Arboretum. We travel back to Canada to see family and get West Coast mountain time whenever we can.

What is your favorite thing about Boston?

I absolutely love living in Boston! My favorite thing about Boston is how walkable it is with lots of parks, cute neighborhoods, and amazing restaurants. My favorite area to go is South End or around Beacon Hill. It has also been an incredible experience training at Boston Children's Hospital. Seeing the most advanced medicine, having world-leaders as teachers, and support for education and research has made me feel ready to contribute actively to the complex care field. I am eternally grateful to the entire inpatient and outpatient Complex Care Team, thank you for the mentorship and support!



GME Trainee Spotlight

Raja Pillai, MD/PhD
Neurodevelopmental Disabilities resident

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

I was brought up in Copake, New York, a very small, rural community upstate. For part of my adolescence my father lived in Kingston, New York, so I spent some time there as well, but the majority of my time was spent in Copake. In high school I had an assortment of small jobs, including working for the Columbia County Highway Department and helping teach a summer drama course to elementary school students.

When and how did you decide to go into medicine?

I initially wanted to go into chemistry (it's a long story, but that all started from playing a Breakout-style video game where the levels were named after the elements of the periodic table). Then in college this changed to doing wanting to do autism research (both of my brothers have autism, similar to several who go into this field). However, I decided I wanted to pursue clinical work as well after volunteering at a home for adults with developmental disabilities and realizing that I really enjoyed the interpersonal aspect of care.

What were you doing before you started your current program?

Prior to starting Neurodevelopmental Disabilities training, I was completing my pediatrics prelim at Baystate in Springfield, MA. Prior to that I did the MSTP at Stony Brook University on Long Island, New York (which coincidentally is the hospital at which I was born).

What made you choose your current specialty?

I was actually going to be a child psychiatrist through most of medical/graduate school. However, once I did my clinical rotations, I realized that my interest was really in the intersection of neurology, development, and mental health, particularly in children and adults who are unable to verbally express themselves. The Neurodevelopmental Disabilities pathway seemed like the best way to gain the necessary experience in all three fields.



GME Trainee Spotlight (CONT.)

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

I am hoping to direct my further research and clinical practice to brain stimulation techniques such as transcranial magnetic stimulation (TMS) and electroconvulsive therapy for individuals with severe psychiatric disturbances (such as patients with intellectual disability and catatonia and severe self-injury who also have neurologic conditions). I'm currently working on an IRB protocol to try and perform low frequency TMS on patients with juvenile myoclonic epilepsy and depression, as many providers don't feel comfortable performing TMS on patients with epilepsy. Should this be helpful, my goal would be try see if this can be used in other patients with complex medical conditions.

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

I enjoy creative fiction. I've written a few children's plays and I also enjoy running Dungeons and Dragons campaigns. I have recently gotten into competitive whistling as well and am currently practicing for my third competition. Having my cat, Prince, sitting on my lap during any of these is always a plus.

What is your favorite thing about Boston?

I think my favorite part of this city is that there is actual greenery throughout the city and it's not a concrete jungle. Being from a rural background I always crave some plant life.



OHEI Diversity Subcommittee - BCRP Affinity Groups

<p>Raíces is a resident-led group founded by Latinx residents within the Boston Combined Residency Program (BCRP), bringing together residents, fellows, and faculty. Rooted in culture, community, and shared lived experiences, Raíces fosters connection, mentorship, and mutual support among Latinx trainees. The group creates intentional space to celebrate culture, strengthen community, uplift Latinx voices, and promote equity within training and patient care, while honoring the diversity that exists across the Latinx community.</p> <p><i>*Leaders: Maria Moncaliano, Veronica Morales Colon, Natalie Nanez, Natalia Prats Figueroa</i></p>	<p>BlackCRP</p> <p>The BlackCRP Affinity Group is a resident-run space within the BCRP's Diversity Council dedicated to fostering community, connection, and belonging for trainees who identify as Black, African American, or of the African diaspora. Led by the BlackCRP Affinity Group Co-Chairs, the group hosts events and creates intentional spaces for support, dialogue, and celebration of Black excellence. All trainees across the institution who represent the affinity group are welcome to join. If you're interested, please reach out to British Fields or Baillee Cooper, BlackCRP Affinity Group Co-Chairs. We're currently planning our Black History Month event calendar—hope to see you there!</p> <p><i>*Leaders: Baillee Cooper, British Fields</i></p>	<p>SARI-G (South Asian Resident Interest Group) brings together South Asian residents to connect, celebrate, and build community! We organize social gatherings, group dinners, and holiday celebrations and attend greater Boston area cultural shows, dance classes, and events together. The group is a welcoming space to share traditions, food, and friendships. If you are interested in joining, please email Prabhjot.Minhas@childrens.harvard.edu, Divya.Makkapati@childrens.harvard.edu, and Vineetha.Nallagatla@childrens.harvard.edu. Excited to meet you!</p> <p><i>*Leaders: Divya Makkapati, Prabhjot Minhas, Vineetha Nallagatla</i></p>
<p>BCRPride</p> <p>BCRPride is an affinity group for LGBTQ+ folks and allies. Throughout the year, we celebrate through Pride, TDOR/TDOV, Drag Race, faculty dinners, and more.</p> <p><i>*Leaders: Amanda Dalmau, Navin Kariyawasan, Isabelle Tersio, Mike Taglienti</i></p>	<p>Muslim AG</p> <p>Our aim is to provide a communal gathering space for Muslim BCRP'ers and allies to celebrate Muslim identity, engage in collective religious practice and community-building, and cultivate faculty mentoring relationships.</p> <p><i>*Leaders: Mohamed Elzarka</i></p>	<p>Christian AG</p> <p><i>*Leaders: Matt Nagy, Nicole Young-Sileo</i></p>

OHEI Diversity Subcommittee - BCRP Affinity Groups (Cont.)

<p>Lox and Docs is a group that celebrates our Jewish trainees and provides a community for holiday celebrations, bagel brunches, and cozy Shabbat dinners. We also try to help out with scheduling conflicts around Jewish holidays as well. Most recently we celebrated Chanukah with pizza and donuts. We would LOVE to have trainees on all levels join us! Anyone can contact myself if interested at netta.cudkevich@childrens.harvard.edu</p> <p><i>*Leaders: Netta Cudkevich</i></p>	<p>BARCCD BCRP Alliance of Residents with Chronic Conditions and Disabilities was created to support residents living with chronic conditions and disabilities (including life long and temporary as well as visible and invisible). We provide a safe space for residents who self identify to come together and discuss the highs and lows of navigating residency as differently-abled individuals. We have been working with BCRP leadership to make programmatic changes such as scheduling supports, accommodations, and protected time for medical appointments. We are a supportive and fun loving group!</p> <p><i>*Leaders: Arielle Isaacson, Ariana Meltzer-Bruhn</i></p>	<p>PANDAS (Pacific Islander Asian Doctors Alliance) is a BCRP affinity group for trainees and faculty who identify as Asian and/or Pacific Islander, as well as allies who are interested in learning more about AAPI cultures. PANDA aims to foster community, mentorship, and cultural celebration. This year, we hope to host AAPI-themed events including Lunar New Year celebrations and activities during AAPI Heritage Month.</p> <p><i>*Leaders: Estelle Green, Nguyen Lu</i></p>
<p>IMG</p> <p><i>*Leaders: Matteo Calafatti, Chiara Wychera</i></p>	<p>NAIHO</p> <p><i>*Leaders: Bri Irons</i></p>	

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**

Upcoming Harvard Macy Institute Programs and Opportunities

This **fall**, we are currently accepting applications for three of our programs:

[Technology and AI: Transforming Health Professions Education](#)

February 3 – March 26, 2026 (Live Online, Tuesday and Thursday evenings)

Priority deadline: November 12, 2025

Regular deadline: January 14, 2026

[Assessment and Evaluation: Systems Thinking in Health Professions Education](#)

April 6 – 10, 2026 (Live Online, new five-day format)

Priority deadline: December 31, 2025

Regular deadline: February 25, 2026

[Learning Innovation in Health Care and Education](#)

June 2026 (In Person, Boston)

Priority deadline: February 18, 2026

Regular deadline: April 15, 2026





Anonymous Feedback for GME

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



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