



GME ON-CALL

A Message From The Co-Chairs

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We continue to host exciting events in the early part of this academic year and we are making tremendous progress in graduate medical education at Children's Hospital.

Comings & Goings: We want to take this opportunity to welcome Dr. Joan Stoler, who is the new fellowship training director in Medical Genetics. Joan brings considerable experience to the position and has already begun to work closely with the current fellows in putting into place programmatic changes, including revised and expanded orientations to the division's research opportunities and new evaluation procedures. She replaces Dr. Mira Irons, who deserves our deepest thanks and praise for her continued role as an educator in this outstanding fellowship program. Dr. Irons has performed exemplary service as the fellowship training director for the past 8 years. She currently serves as the chairwoman of the Medical Genetics Residency Review Committee (RRC) of the Accreditation Council for Graduate Medical Education. Dr. Irons also continues to devote considerable time and effort as the Director of Internal Reviews for the Office of GME here at Children's Hospital.

We also want to extend our congratulations to Dr. Kyle Kurek, who became the fellowship training director for the Pediatric Pathology training program on July 1st. Dr. Kurek has replaced Dr. Theonia Boyd who has stepped down from this role in order to pursue other scholarly activities. Dr. Boyd led the training program for 5 years and through its most recent successful site visit from the ACGME on May 18th.

In conjunction with the Boston Combined Residency Program (BCRP), the GME Office will again sponsor a Winter Retreat for training program directors on Tuesday, January 10 from 12:30-4:00pm at the Harvard Research Center on Avenue Louis Pasteur. This is the 7th such retreat that has been sponsored by the GME office over the past 4 years. Dr. Jennifer Kesselheim, our GME educator, has been working closely with Dr. Ted Sectish of the BCRP to develop curricular offerings at this retreat specifically related to GME communications between trainees and faculty, core competencies, and programmatic policies and resources. We invite all who are interested in graduate medical education to attend this session. For further information or to register, please contact Samantha Taylor in the GME Office at (617 355 4372).

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The GME Office, in collaboration with the Program for Patient Safety & Quality (PPSQ), is also pleased to announce a new granting mechanism to support research projects initiated by trainees (residents, fellows, and/or medical students). Children's Hospital has committed research funds to this new initiative, and it is expected that several projects will be funded. The goals and objectives of these research endeavors must center on some aspect of improving health care and/or the safety of patients; and the research must be completed during training, with a work-plan not to exceed two years. The committee to develop this new Trainee QI Research Grant Program will be formed during this upcoming academic year. More information and a schedule of requests for applications for funding is expected to be released in 2012. Keep checking the GME site on the Children's Hospital internal webpage to learn more details about this exciting new funding opportunity in the months to come.

Upcoming meetings of the GME Committee are scheduled for Monday, November 14th and Monday December 12th, both from 5-6 pm in the Gamble Reading Room in the house-staff library. All training program directors, associate directors, coordinators, and resident/fellow representatives are invited to attend. We hope to see you there!

Residents & Fellows Reminded of Mandatory Quality Improvement & Patient Safety Training

The Office of GME, in partnership with the Program in Patient Safety & Quality (PPSQ) at Children's Hospital and officials at the independent Institute for HealthCare Improvement (IHI) Open School for Health Professions, has developed a novel way to help individual programs satisfy the dual ACGME competencies of practice-based learning & improvement and systems-based practice. A task force of the GME Committee led by Drs. Michael Farias, Mira Irons, Caleb Nelson, and David Waisel worked hard to develop the resource during 2009-2010. The new initiative consists of mandatory on-line educational modules intended for all residents and clinical fellows covering 8 different modules in 4 different themes. Each of the modules take about 15-20 minutes to complete. The trainee must achieve a 75% test score to pass the module. The curricular content is as follows:

- Theme 1: Human Factors in Complex Systems
Understanding the science of human factors
- Theme 2: Medical Errors and Patient Harm
To Err is Human
Errors Can Happen Anywhere— and to Anyone
- Theme 3: Communication among Individuals and Teams
Why Are Teamwork and Communication Important?
Basic Tools and Techniques
Communication During Times of Transition
- Theme 4: Adverse Event Reporting and System Improvement
Identifying & Reporting Errors
An Overview for the Model of Improvement

National Resident Matching Program (NRMP) 2011 Match Data

5121

Internal medicine positions offered in match

2482

Pediatric positions offered in match

16,559

U.S. Seniors' participated in the match

23,421

First-year residency positions offered in match

2737

Second-year residency positions offered in match

95%

First-year residency positions were filled

National Resident
Matching Program
(NRMP) 2011
Match Data

37,735

Applicants participated
In the match

2178

Students and graduates of
osteopathic schools
participated in the match

3769

U.S.
citizens and students
from international
medical schools
Participated
in the Match

809

Couples participated
In the match

739

Couples both matched to
their respective
residency program
preferences

Although some individual training programs have elected to offer their own QI curriculum and their residents or fellows can waive participation in the IHI modules, this on-line course offers a high quality standardized method of fulfilling, in part, compliance with ACGME requirements in practice-based learning and improvement. So far more than 200 physician trainees have completed the series. Drs. Farias, Irons, Waisel, and Nelson presented a workshop covering this innovative work at an AAMC seminar on quality improvement held in Chicago, IL, in June 2011. Congratulations to the team on this positive step forward in developing educational materials on quality improvement aimed at the needs of our residents and fellows.

[Note: These mandatory QI training modules can be found at the Graduate Medical Education Program area of the internal website of Children's Hospital under "Practice-Based Learning and Improvement".]

How Do Pediatric Residents Use the Internet?

The American Academy of Pediatrics conducts a mailed survey to 1000 graduating pediatric residents each year. Data collected in 2010 included their habits in using the Internet.

Eighty percent of residents surveyed reported using digital technology on a daily basis. Such use included obtaining medical information, communicating with attending physicians and other residents, conducting literature searches, preparing for board exams, and discussing issues with other residents. A minority of residents (< 20%) reported using the Internet to communicate with families.

As many as 92% and 77% of residents reported using laptop computers for personal and patient care activities respectively. When asked about use of desktop computers, the percentages were reversed (76% used them for personal and 89% for patient care activities). For medical education purposes, most residents reported using a desktop (87%) or a laptop (90%); but 52% of residents in 2010 also reported using a smart phone for their medical education needs.

Most residents reported using social networking sites on a daily (42%) or weekly (32%) basis for their personal use; but 89% denied using any such sites for professional purposes. Over 80% denied ever using Twitter, wikis, or podcasts either for personal or professional activities, although some reported reading or creating blogs on a daily (8%) or weekly (30%) basis during their personal Internet time. For more information on the AAP Graduating Resident Survey, visit:

www.aap.org/research/graduatingressurvey.

Spring 2011 Faculty Development Retreat by Jennifer Kesselheim

The Office of Graduate Medical Education sponsored a Faculty Development Retreat on June 17, 2011. Retreats of this kind have previously focused on building ACGME competency-based curricula, writing goals and objectives for educational experiences, developing and implementing competency-based evaluation tools, and feedback. We have also used the retreats as opportunities to think creatively and collaboratively about challenges we all share in medical education. For example, we have focused on quality improvement projects as well as on the teaching of professionalism. This most recent retreat was dedicated to education in communication.



We started by hearing from educators who have innovatively addressed communication training. First, Dr. Chris Landrigan described the multi-center trial he is running to examine the impact of a novel format for resident hand-offs. Using a neumonic called IPASS, Dr. Landrigan and his research team hope to optimize clinical communication between trainees. Next, Dr. Laura Rock from Beth Israel Deaconess Medical Center presented her curriculum to teach residents how to conduct family meetings in the intensive care unit. Finally, Dr. Elizabeth Rider presented her work with difficult conversations from the Program to Enhance Relational and Communication Skills (PERCS). In particular, Dr. Rider focused on the faculty development efforts aimed at improving teaching skills with regards to communication.

Following these presentations, retreat participants were divided into four groups. Each group engaged in an interactive exercise intended to facilitate brainstorming and vetting of new ideas for teaching communication at the residency and fellowship levels. After working together for an hour, each group presented their favorite ideas to the larger group.

If you missed this retreat, don't worry as we intend to offer retreats of this kind twice in this academic year. In fact, the next retreat will be January 10, 2012; please save the date! In addition, many retreat materials will still be made available on the GME website. For questions about the retreat, feel free to contact Dr. Jennifer Kesselheim at Jennifer.kesselheim@childrens.harvard.edu

National Resident
Matching Program
(NRMP) 2011
Match

26,000+

Total number of positions
in the match

16,559

U.S. Seniors' participated
in the match

1768

Number of U.S. seniors
matched to pediatric
positions

2940

Number of U.S. Seniors
matched to internal
medicine positions

1268

Number of first-year
positions filled by U.S.
medical school seniors in
emergency medicine

National Resident
Matching Program
(NRMP) 2011
Match Data

671

U.S. seniors filled anes-
thesiology positions

15000+

Successful matches for
U.S. Seniors

22,386

First-year positions
were filled

The data presented is
based on the
2011 Match
conducted annually by
the National Resident
Matching Program
(NRMP)



ACGME changes in duty hours

In July 2011 the ACGME put into place new duty hours requirements. Changes include:

- the reduction in maximum shift lengths for PGY1 residents to 16 hours
- the limiting of shifts for PGY2 residents and higher to 28 hours
- the clarification that time between shifts must be at least 8 hours and should be 10 hours
- the inclusion of all moonlighting activities, both internal and external, in duty hours totals.

Another change made by the ACGME is the allowance of violation of the maximum shift rule for residents of PGY2 level or higher in unusual circumstances. Residents may, by their own choice, stay beyond their scheduled shift to continue to provide care for a particular patient. The reasons for such a violation to be acceptable are limited to continuity of care of a severely ill patient, the educational importance of the patient and the situation surrounding the patient, or compassionate attention to the need of the patient or their family. Under those circumstances, the resident may stay beyond their scheduled shift but must hand over the care for all of their other patients and document the reason for staying in writing.

Residents may also now return to the hospital with fewer than 8 hours between duty periods under circumstances that have been defined by each Residency Review Committee (RRC). The training program director is required to monitor the circumstances in each instance of a resident returning to work with fewer than 8 hours between shifts.

The ACGME has also further clarified the rules surrounding call from home. Residents

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who are on-call from home and are called back into the hospital must now log any hours that they actually spend at the hospital. However, this return to the hospital when on call from home does not start a new duty hour period and thus does not violate the rule that residents must have a minimum of eight hours between shifts. However, the frequency and duration of call from home must not preclude rest or reasonable personal time for residents. The training program director is expected to monitor the effects of call from home on the residents.

Each individual RRC has now also created specialty-specific duty hour requirements; these changes stratify the requirements by level of training and in some cases indicate circumstances for supervision and acceptable clinical load. These specialty-specific requirements can be found under the “Program Directors and Coordinators” tab on the ACGME’s web page at www.acgme.org.

Residents and Fellows Parking Update

Monthly Parking Rates for FY12: There are no planned rate changes for fellows and residents parking in FY12. Those monthly parking rates will continue to be:

- Residents: \$120 monthly
- Fellows: \$170 monthly

Both residents and fellows will be directed to park at the Simmons Garage on Avenue Louis Pasteur in order to receive this subsidized rate. All employees (including residents and fellows) are welcome to park in any of the available parking facilities but full monthly rates will apply and residents and fellows will not be provided discounts in these lots.

Subsidized MBTA Passes: fellows and residents are permitted to receive MBTA monthly passes at a 50% subsidized rate when purchased through the Parking Office. The deadline for ordering or changing is always the 10th of the month for the following month’s pass and passes purchased outside the Parking Office will not be reimbursed.

NEW Courtesy Parking Access (Black Vouchers): fellows and residents are now both authorized to sign up for complimentary weekend and evening parking in the CHB Patient Family Garage, regardless of whether or not they are enrolled in a monthly parking program. The allowed access hours are:

- Mon-Fri: Enter after 6pm - exit by 10am
- Sat-Sun: 24 hour access (exit by 10am Mon)

Employees must stop by the parking office to request and set up this parking access. Previously this had been the “Black Voucher” program and it was only available to fellows. In July of 2011 we transitioned all of this access directly to the employee’s CHB ID and just recently opened this program up to include residents. Black fellows Vouchers are no longer accepted in the Patient Family Garage

Bikes and Motorcycles: There is free bike parking in the secured bike cage and complimentary motorcycle parking on the first floor of the Patient Family Garage. You must register your bike or motorcycle in the Parking Office to be granted access. Unregistered bikes and motorcycles will be removed

ACGME by the Numbers
ACGME Data
Resource Book
Academic Year 2010-2011

8887

Total Number of
Programs Currently
Accredited by the
ACGME

4.30

Average Cycle Length of
Programs Currently
Accredited by the
ACGME

1017

Total Number of
Programs with at Least
One Program Director
Change

113142

Number of Residents
Completing an ACGME
Accredited Program

2606

Number of Residents Not
Graduating from an
ACGME
Accredited Program

61%

Nuclear Medicine has
the Largest Percentage of
Residents who are
International
Medical Graduates

ACGME by the Numbers
ACGME Data
Resource Book
Academic Year 2010-2011

80%

Obstetrics and
Gynecology have the
Largest Percentage of
Female Residents

30.8

Mean Age of Residents

1071

New York has the
Largest Numbers of
ACGME
Accredited Programs

684

Number of Sponsoring
Institutions in the
United States

This information was
obtained from the
ACGME Data
Resource Book:
Academic Year
2010-2011

Daily Parking at Simmons: Both residents and fellows are permitted to purchase daily parking passes to the Simmons Garage for \$7.50 per day (50% off the normal employee rate). Daily passes can be purchased in the Parking Office and are restricted to a maximum of 3 passes purchased per visit.

Parking Policies: A full list of parking policies is available on the parking website, however two of particular note to residents and fellows are:

- Parking authorization for residents and fellows is based on their position as listed in PeopleSoft and verified by their CHB ID (which should say resident or fellow). Employees who are not identified as either resident or fellow in PeopleSoft are not eligible to receive these parking benefits.
- All parking provided for employees is intended for use while the employee is working a shift at the hospital and employees are expected to exit the parking facilities when they are not working. Long term storage or personal use parking is not permitted.

Changes in the ACGME Rules: Justification of Duty Hours Violations

As of July 1st 2011, the ACGME now allows for occasional violations of both the maximum shift length and minimum time between shift rules under very specific circumstances. The ACGME requires that the training program director monitor the reasons for violations and approve or deny them on a case-by-case basis.

Here at Children's Hospital Boston we are using computer-based New Innovations software to track these acceptable exceptions; resident are asked to enter in a narrative section the justification for violation of the maximum shift or minimum time between duty periods rules at the time that they log their hours. When the resident logs hours that create a violation of one of these rules, they are immediately asked to enter a justification for the violation. Justification notifications are sent to the residency/fellowship coordinator and the training program director; the training program director is then expected to enter into the New Innovations narrative section and review the justification. The Program Director must then decide whether to accept the justification if he/she feels the reason was valid under the reasons allowed by the ACGME, decline the justification if he/she feels the reason was insufficient under the ACGME's specified guidelines, or ask the resident to provide additional information.

These newly instituted national duty hours guidelines add some flexibility to the resident's participation in patient care. Such justifications acknowledge the special demands placed upon trainees by a clinical learning environment. At the same time they keep as the highest priority both the quality and safety of patient care.

Questions? Contact the
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GRADUATE MEDICAL EDUCATION COMMITTEE MEMBERS
AY2012

TRAINING PROGRAM	FACULTY	RESIDENT/FELLOW	ADMINISTRATOR
Adolescent Medicine	Sara Forman Sarah Pitts		Annette Luongo
Allergy/Immunology	Lynda Schneider		
Child Neurology	Kiran Maski David Urion	Leslie Benson April Levin Caitlin Rollins	Kelley Hyatt
Child/Adolescent Psychiatry	Stuart Goldman		
Congenital Cardiac Surgery	Pedro del Nido	Ibrahim Abdullah	
Developmental Behavioral Pediatrics	Lisa Albers Prock		
General Pediatrics	Alan Woolf Javed Hussain	Corinna Rea	
Graduate Medical Education	Mira Irons Jennifer Kesselheim Fred Lovejoy Alan Woolf		Tery Noseworthy
Medical Biochemical Genetics			
Medical Genetics	Mira Irons		
Medical Toxicology			
Neonatal Perinatal Medicine	John Zupancic	Sagori Mukhopadhyay	
Orthopaedic Sports Medicine			
Pain Medicine			Lee Hillman
Pediatric Anesthesia	David Waisel		Bridget Koryak
Pediatric Cardiology	David Brown	Greg Yurasek	Stephen Ciano
Pediatric Critical Care Medicine		Carolyn Stickney	Gretchen Sampadian
Pediatric Emergency Medicine	Josh Nagler		
Pediatric Endocrinology	Diane Stafford		
Pediatric Gastroenterology	Paul Rufo	Jennifer Woo	Cacilda Teixeira
Pediatric Hematology/Oncology	Jennifer Kesselheim	Esther Obeng Yana Pikman	Victoria Kennedy
Pediatric Infectious Diseases	Tanvi Sharma	Hayden Schwenk	
Pediatric Nephrology	Ghaleb Daouk	Nilka de Jesus-Gonzalez Namrata Jain	
Pediatric Orthopaedics	Kim, Young-Jo		
Pediatric Pathology	Kyle Kurek		
Pediatric Pulmonology	Debra Boyer	Rizwana Popatia	
Pediatric Radiology	Sarah Bixby Michele Walters		Julia Rissmiller
Pediatric Rheumatology			
Pediatric Sports Medicine	Pierre D'Hemecourt Michael O'Brien		Brooke Christian
Pediatric Transplant Hepatology			
Pediatric Surgery/Surgical Critical Care	Craig Lillehei		Terry McCarthy
Pediatric Urology	Bart Cilento	Emilie Johnson	
Pediatrics	Fred Lovejoy Ted Sectish	Ken Michelson Lakshmi Ganapathi Christopher Yuskaitis Jonathan Hubbard	
Sleep Medicine		Stephanie Zandieh	