Boston Children's Hospital

GME ON-CALL

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A Message From The Co-Chairs

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We continue to host exciting events and make tremendous progress in graduate medical education at Children's Hospital. We are witnessing great changes planned for how we measure the progress of trainees in their acquisition of the requisite knowledge, skills, and professionalism necessary for independent surgical and medical practice. The advent of the ACGME's new approach to medical education, termed the Next Accreditation System (NAS), is at our doorstep and it will require both flexibility and hard work as we adapt to the new requirements and move forward together.

Comings & Goings: We want to take this opportunity to thank Ms. **Victoria Kennedy**, outgoing program coordinator for the Pediatric Hematology/Oncology Fellowship Training Program for her superb contributions to the fellowship over these past several years. **Ms. Cacilda Teixeira**, program coordinator for the Pediatric Gastroenterology and Transplant Hepatology, has relocated to North Carolina to pursue her MBA at the University of North Carolina – Chapel Hill. Good Luck Cacilda, you have our deepest gratitude for all of your hard work over that past years. Cacilda's successor, **Elizabeth Perry** has begun her work as program coordinator and we are honored to have her join the GME community. **Stephanie Blenner, MD** will take over as Training Program Director for the Developmental/Behavioral Pediatrics fellowship program at Boston Medical Center starting 7/1/2012. Children's Hospital co-sponsors this training program. Our congratulations to Dr. Blenner in her new position and our thanks go to the former TPD, **Dr. Laura Sices**, for a job well done!

In conjunction with the Boston Combined Residency Program (BCRP), the GME Office will sponsor a **GME Spring Retreat** for training program directors on **June 15th from 12:30-4:00 pm** at the Harvard Research Center on Pasteur Drive. This outstanding faculty development event is held twice each academic year and usually attracts more than 40 participants. Dr. Jennifer Kesselheim, our GME educator, who has been working closely with Dr. Ted Sectish of the BCRP to develop offerings at this retreat. The theme planned for this session is exploring the new ACGME concept of 'Milestones'. Our guest speakers include Dr. Debra Boyer, fellowship training director in pediatric pulmonary medicine, and two physicians from Beth Israel Deaconess Medical Center who have great expertise in this area. Please

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see the article on the retreat elsewhere in this newsletter.

The Office for GME, in partnership with the Program in Patient Safety & Quality (PPSQ) at Children's Hospital, has developed a reformulated jointly-administered Education Committee. The new Committee, led by Andrea Colon and Melinda Morin of PPSQ and Dr. Jennifer Kesselheim of the GME office, will have goals and objectives on teaching aspects of improving the health care and the safety of patients. The Committee has already started its work on a new needs assessment instrument and has great plans to continue to improve training at Children's Hospital.

The **next meeting of the GMEC** will be held on **Monday, June 11th** from **5-6 pm** in the **Gamble 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!

There will be **an orientation for all new clinical fellows** at the Conference Center at Harvard Medical School on Pasteur Drive on **June 29th** from **7:30 am to 5pm**.

Finally we want to extend our congratulations to all of our residents and fellows who are completing their training at Children's Hospital in June. Some of you are staying at the hospital to pursue further training; some of you are leaving to go elsewhere. But all of you deserve our thanks and praise for a job well-done. You have achieved a pivotal accomplishment in your professional careers as physicians and are now ready to take on the complex and challenging health care needs of children anywhere and everywhere. We salute your temerity, your courage and integrity, and your determination to succeed!

Medical Historian Visits Boston Children's Hospital Dr. Kenneth Ludmerer

Dr. Kenneth Ludmerer, the Mabel Dorn Reeder Distinguished Professor of the History of Medicine at the Washington University in St. Louis, came to Children's Hospital on Wednesday, April 4th, to help celebrate the Hospital's 2nd Annual GME Day. Dr. Ludmerer is a preeminent medical historian who graduated from Harvard University and completed his Master of Arts and Medical Degree at The Johns Hopkins University in Baltimore, MD. He then pursued a postgraduate fellowship in the history of medicine at Harvard and completed his internship, medical residency, and chief residency at Barnes Hospital in St. Louis before joining the faculty of Washington University in St. Louis. Dr. Ludmerer has had a distinguished career as a medical historian and has served a variety of national organizations in leadership roles, including the Board of Directors for the Accreditation Council of Graduate Medical Education. He is a highly regarded author of three books. He is presently completing a new book, *Let Me Heal: The Development of Residency Training in the United States and the Struggle to Preserve Excellence in American Medicine*, which will be published by Oxford University Press.

Dr. Ludmerer spoke with groups of training program directors, faculty,

BY THE NUMBERS

2012 NRMP's Specialties Matching Service

2,931
Programs

45
Specialties

6,799
Fellowship Positions

6,138
Fellowship Postions Were Filled.

2,423
Programs Filled their Positions

87.2%
Pediatric Surgery Positions filled by U.S Allopathic Graduates

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BY THE NUMBERS

2012 NRMP's Specialties Matching Service

86.5%
Female Pelvic Medicine and Reconstructive Surgery Positions Filled by U.S. Allopathic Graduates

86.5%
Gynocologic Oncology Positions Filled by U.S. Allopathic Graduates

84.9%
Hand Surgery Positions Filled by U.S. Allopathic Graduates

81.1%
Interventional Radiology Positions Filled by U.S. Allopathic Graduates

19.0%
Primary Care Sports Medicine Positions Filled by Osteopathic Graduates

13.4%
Pediatric Emergency Medicine Positions Filled by Osteopathic Graduates

fellows, and residents during his visit and he also met with the leadership of the Hospital. Drs. Alan Leichtner and Jennifer Kesselheim facilitated the discussion during a morning session with faculty, while Dr. Todd Lyons led the clinical discussion during morning case rounds. A wide range of topics were

discussed, from the future of medical training and service versus education, to duty hour limitations.

Dr. Alan Woolf, the ACGME's Designated Institutional Official at Children's Hospital Boston welcomed the audience to GME Day Grand Rounds and introduced Dr. Ludmerer. Dr. Ludmerer spoke eloquently during his grand rounds presentation about the evolution of the medical residency and the move from graduate medical education toward vocational training. He observed that the moral dimension of the residency hinges heavily on unwavering commitment, attention to detail, and management of error. And he described how the learning environment helps to develop professional values of service and charity care. He spoke of the triumphs seen in residency programs, particularly during the war, throughput, and work hour regulation eras. Dr. Ludmerer emphasized the need for medical educators to step up and lead in the face of cultural challenges which have become inherent to the GME community and be a voice for the real improvements in residency education.

Finally he challenged physicians, namely residents, to reevaluate their approach to education in honor of their commitment to the public and the profession.

Graduate Medical Education Day events concluded with a luncheon for members of the GME Committee and GME Office Staff. At the luncheon Dr. Ludmerer explored with attendees explored ways to maintain the integrity of medical education and how we as educators can and must ensure that our trainees understand their responsibilities to themselves, to the profession and to the public. Finally the Children's Hospital community expressed its deep appreciation of Dr. Ludmerer's time and effort in joining us for what proved to be a most interesting and constructive dialogue on all aspects of medical education.

ACGME Launches Next Accreditation System (NAS)

Dr. Thomas Nasca presented an overview of the ACGME's Next Accreditation System (NAS) at the ACGME's annual meeting in Orlando, Florida, on March 4, 2012. This new system, which will be introduced in phases over the next 2 years, will change the approach to assessment of a residency or fellowship training program's educational effectiveness. The current system will continue through June 30, 2013; July 2013 through June 2014 will be the 'construction year' of the NAS. Pediatrics is one of a few vanguard specialties involved in the early roll-out.

Key system attributes will include:

- Specialty-specific educational milestones
- A focus on improvement and self-study
- Development of national normative data
- Less prescriptive program requirements
- Greater flexibility allowing educational innovation
- Reduced burden of accreditation
- Greater emphasis on institutional oversight

These attributes will encompass a change in the metrics and approach to program evaluation, while continuing to support previous guidance related to duty hours and integration of the six educational competencies into the curriculum.

Interim visits will be implemented every 18 months under the CLEAR (Clinical Learning Environment Assessment Reviews) program and will focus on integration of trainees into ongoing hospital safety and QI programs, evidence of institutional programs reducing disparities, the hospital's supervision policies, and oversight of duty hours and transitions of care. Thus institutional requirements will focus on:

BY THE NUMBERS

2012 NRMP's Specialties Matching Service

11.3%
Rheumatology Positions Filled by Osteopathic Graduates

10.1%
Child and Adolescent Psychiatry Positions Filled by Osteopathic Graduates

9.8%
Pediatric Critical Care Medicine Positions Filled by Osteopathic Graduates

8,955
Registrants for the 2012 Appointment Year

4,376
Applicants Graduating from U.S. Allopathic Medical School

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2012 NRMP's Specialties Matching Service

607
Applicants Graduating from U.S. Osteopathic Medical School

64
Applicants Graduating from Canadian Medical Schools

16
Applicants Graduating from Fifth Pathway Programs

1.63
Positions Per Active U.S. Allopathic Graduate

- Patient safety
- Quality improvement
- Care transitions
- Supervision
- Professional responsibility
- Duty hours
- Fatigue management
- Honest, accurate reporting

The NAS is a bold new vision of how the United States can move towards more effective training in medicine for a new generation of professionals. Over time we anticipate great opportunities for innovative training tools and techniques, as well as new educational approaches to the betterment of health care.

[NOTE: material for this column taken from ACGME and AAMC websites]

ACGME Has a C.L.E.R. Vision

As part of its movement towards the next accreditation system (NAS), the ACGME has outlined a new approach to the periodic review of institutional compliance with its policies and regulations. This new program is termed the "Clinical Learning Environment Review" or "C.L.E.R." and it is scheduled to be implemented over the next 2 years. This program is built on the recognition that the responsibility for the quality and safety of the environment for learning and patient care resides at the level of the institution, a key dimension of the ACGME's 2011 Common Program Requirements. To assess this aim, the ACGME will conduct periodic site visits to evaluate the GME learning environment of each sponsoring institution and its participating sites. The intent of this new program will be to generate national data on program and institutional attributes that have a salutary effect on quality and safety in settings where residents learn and on the quality of care rendered after their graduation.

Some key components of the C.L.E.R. program have emerged:

- Periodic visits will occur every 18 months, with the first 18-month cycle to begin in the last quarter of 2012.

- Sponsoring institutions will receive relatively short (3 weeks) notice of the visits, which are expected to involve senior leadership of the sponsoring institution and its primary clinical site(s).

- Initial visits will be used to set baselines and for providing feedback and learning to the sponsoring institutions.

It is anticipated that the C.L.E.R. program will provide frequent on-site sampling of the learning environment, permit lengthening of the interval of standard ACGME site visits of individual programs if other parameters of the program's performance are at the expected level, emphasize elements of "new" competencies demanded by the public, and provide the opportunity for sponsoring institutions to demonstrate leadership in patient safety, quality

improvement, and reductions in disparities. For more information on the C.L.E.R. program, GME On-Call readers can visit the ACGME's website at **www.acgme.org.**

Children's Hospital Pulmonary Fellowship Training Program Receives Accolade From American Thoracic Society

The Pediatric Pulmonary Fellowship Training Program, under the direction of Dr. Debra Boyer has been named "Best Practices Programs" for 2012 by the American Thoracic Society (ATS) for its innovative approaches to fellowship training. Only six training programs nationwide received this prestigious recognition of teaching excellence. Dr. Boyer had previously conducted a nationwide needs assessment among pulmonary fellowship training directors which identified some training 'gaps' in clinical exposure, teaching experience and procedural training. She and other Children's Hospital pulmonary faculty then devised a "pulmonary boot camp" curriculum to address these needs using the Children's Hospital program as the pilot. Three four-hour sessions used mixed modalities of training including an introduction and 'ice-breaker', some didactics, partial task training, and full-scale high fidelity simulation, including sessions with professional actors portraying complicated pulmonary cases requiring exceptional communications skills. The commendation was presented to Dr. Boyer on May 19th at the ATS International Conference in San Francisco. We in the GME Office give her and the other pediatric pulmonary faculty and fellows our heartiest congratulations!

Patient Safety Orientation For Rotating Residents And Clinical Fellows

Did you know that there are more than 900 rotating residents and clinical fellows each year at Boston Children's Hospital? These residents and clinical fellows come to us from other Boston-area hospitals as well as institutions around the country and sometimes even around the world. Orienting these rotators to Boston Children's Hospital is no small task, since they come from a variety of different training programs and rotate to us at different times throughout the year. The combined Program for Patient Safety and Quality and Graduate Medical Education Trainee Education Committee has created a patient safety module for the rotators to orient them to the culture of Boston Children's Hospital, our important clinical policies and procedures and some of the intricacies of caring for children. The module consists of slides with key points accompanied by a narrative. The module is required for all rotating residents and clinical fellows and is assigned via NetLearning. It replaces the monthly orientation session on the first of the month and the video of the orientation previously available on-line, and continues to be accompanied by the House Officer Information Card that is given to all rotators; this handy pocket-sized card contains key information for residents and clinical fellows.

Upcoming Meetings and Events

Training Program Director/Faculty Retreat

June 15, 2012
from 12:30-4pm
Joseph P. Martin
Conference Center
at HMS

House Staff Orientation

June 29, 2012
from 7:30am-4pm
Joseph P. Martin
Conference Center
at HMS

New Innovations Evaluations Training Session

July 20, 2012
1:00 - 3:30
333 Longwood
2nd Floor
Training Room

2012 Association of Pediatric Program Directors (APPD) Fall Meeting

October 3-5, 2012
Renaissance Arlington
Capital View Hotel
Arlington, VA

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Upcoming Meetings and Events

American Academy of Pediatrics National Conference and Exhibition

October 20-23, 2012
Ernest N. Morial Convention Center
New Orleans, LA

New Innovations GME Seminar

November 12-13, 2012
Cleveland, OH

New Innovations Coordinator Conference

November 14-16, 2012
Cleveland, OH

2013 ACGME Annual Educational Conference

February 28-March 3, 2013
Swan and Dolphin
Orlando, Florida

Pediatric Academic Societies Annual Meeting

May 4-7, 2013
Washington, D.C.

Program Agreements – Frequently Asked Questions

Q: What is a Program Agreement?
A: A program agreement is an agreement between your program and another training program or training site. The agreement establishes the rules and expectations for a resident/clinical fellow rotating to another training site or program.

Q: When is a Program Agreement needed?
A: A Program Agreement is needed when your residents/clinical fellows rotate to another program or site outside of Boston Children's Hospital or when you accept residents/clinical fellows rotating to your program from another training program outside of Boston Children's Hospital. Agreements are required for both required and elective rotations.

Q: What does a Program Agreement include?
A:ProgramAgreements typically include the names and rotations dates of the residents/clinical fellows, who will be responsible for the residents/clinical fellows while on rotation, expectations for evaluation, policies related to the residents/fellows experience at the rotation site and goals and objectives for the rotation as well as regulatory concerns such as licensing, credentialing, salary and malpractice. It also includes financial agreements where applicable.

Q: Who is responsible for creating the Program Agreement?
A: The resident/clinical fellows' sponsoring institution is generally responsible for creating the agreement.

Q: How do I create a Program Agreement for my residents/clinical fellows?
A: Contact Tery Noseworthy in the GME Office to initiate a Program Agreement.

Q: What do I do with a Program Agreement for residents/clinical fellows rotating to our program?
A: All Program Agreements must be reviewed by the GME Office and the Legal Office (and Finance when applicable). Please submit any Program Agreements that you receive to Tery Noseworthy in the GME Office, who will take them through the approval process. Please note that it can take up to a month to get an agreement approved. Since residents/clinical fellows cannot start until the agreement has been approved and signed, it is important to submit the agreement well in advance of the rotation.

Downloading New Innovations Mobile Applications

To download the Duty Hour application to a Droid phone.

1. Go to the apps "Market"
2. Type "NI GME" in the search box
3. Click "Install"

To download the Duty Hour and Procedure Logger applications to an iPhone and iPod Touch.

From the internet
1. Go to http://www.apple.com
2. Click on the Downloads tab
3. Scroll to the App Store
4. Type NI GME in the search field
5. Continue to download the application

From the iTunes App Store

1. On the iPhone, tap the App Store icon
2. Tap Search, then type NI GME in the search field
3. Tap the appropriate app
4. Tap Install

Questions? Contact the GME Office	Tery Noseworthy *Program Manager* 617-355-3396	Samantha Taylor *Administrative Associate IV* 617-355-4372	Daniel Herrick *Data Coordinator* 857-218-5195