

**2022-2023 Early Career Program Participants**

Name	Headshot	School/ Department	Phenotype/ Track	Email	Project description
<p><b>Ali Abdallah, BDS, CAGS, DScD</b></p>		<p>GSDM/ Restorative Sciences &amp; Biomaterials / Postgraduate Prosthodontics</p>	<p>Clinician Educator</p>	<p><a href="mailto:aja92@bu.edu">aja92@bu.edu</a></p>	<p>The project documents a series of comprehensive prosthodontic cases with the aim of developing clinical protocols for interdisciplinary care with the aid of digital technology. There is a gap in communication among dental disciplines especially prosthodontics and orthodontics. The case series demonstrates practical and beneficial approaches for interdisciplinary care. The concept of a prototype is introduced as a tool for interdisciplinary communication.</p>
<p><b>Arpan Mohanty, MBBS</b></p>		<p>BUSM/ Medicine, Gastroenterology</p>	<p>Clinician Administrator</p>	<p><a href="mailto:amohanty@bu.edu">amohanty@bu.edu</a></p>	<p>My project is titled Improving Hepatocellular Carcinoma Surveillance at BMC. It is designed to implement an evidence-informed strategy at the provider and organizational level, that combines patient navigation and dash-boarding (consisting of communication and tracking tools in electronic health record, Epic Radiant), to increase hepatocellular carcinoma (HCC) surveillance in at-risk patients. The long-term goal is to improve HCC surveillance rates at BMC as a step towards reducing the cancer equity gap. This project interventions are tailored to BMC and based on prior evidence that patient navigation and dash-boarding strategies improve HCC surveillance rates. BMC is need of novel and effective HCC cancer surveillance strategies as HCC is the commonest upper gastrointestinal cancer diagnosed (32%) here and our preliminary data shows that there is substantial underuse of HCC surveillance. The proposed research project is a multi-disciplinary collaboration with support from sections of gastroenterology and abdominal radiology (Dr. Christina Lebedis) and the Epic optimization team (Dr. Rebecca Mishuris).</p>
<p><b>Daniel Bourque, MD</b></p>		<p>BUMG/ Medicine, ID</p>	<p>Clinician Educator</p>	<p><a href="mailto:daniel.bourque@bmc.org">daniel.bourque@bmc.org</a></p>	<p>The proposed academic project is the implementation of a team-based learning curriculum for the infectious diseases fellowship program. The infectious diseases training program focuses on supervised clinical training in the inpatient and outpatient settings, which is augmented by a didactic lecture series. While lectures can provide an effective way of delivering factual information, they are often not as effective in active learning and mastery of the material being taught. Recently, particularly in medical school curriculums, educational methods have shifted towards the use of teaching activities that encourage active learning, communication and collaboration among students. One commonly used technique is TBL, which is a form of small-group learning in which students prepare prior to class and then carry out application activities in class through collaboration with their peers. Evidence has shown that TBL can enhance knowledge acquisition and foster critical thinking. While the use of TBL has become common in many medical schools, it is rarely applied in graduate medical training. This curriculum implementation would introduce TBL to the infectious diseases fellowship program. TBL sessions will be held quarterly and will consist of two teams of infectious diseases fellows. A longitudinal survey will be carried out after each session and will assess the learner's accept of the teaching modality, preferences for learning approach, and comfort with the material covered</p>

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<b>Karolina Brook, MD</b>		BUSM/ Anesthesiology	Clinical Administrator	<a href="mailto:Karolina.brook@bmc.org">Karolina.brook@bmc.org</a>	<p>Currently, we do not have a way to consistently capture adverse and non-routine events (NREs) for all of our anesthetics. The existing options for anesthesia providers to report these events is using our quality distribution email list (which includes me and a few other department leaders), or to file an RL. However, this is done inconsistently by members of our department, such that the volume of reports is far lower than the actual number of events.</p> <p>In the goal to be a high-reliability organization that is consistently searching for system dysfunction in need of fixing, with the goal of preventing adverse events from ever occurring, data collection is fundamental it forms the foundation for identifying trends and improving systems.</p> <p>There are many potential contributory factors leading to low levels of reports, but one of them is that the reporting is voluntary. When I started in my position in 2020, I identified with key leaders in our department the need for our department to have a mandatory quality reporting tool tied to every single anesthetic we provide. And over the past year, I have gotten the project approved by BMC CMIO and CIO, such that we are partnering with a vendor to implement a mandatory QA/adverse event form tied to every anesthetic record. The form is planned to be implemented in Q3 this year, but that's when the project actually begins namely data management to evaluate actual number of adverse events, trends, and potential systems issues.</p>
<b>Ludwine D. Paul, MSN</b>		BUSM/ Medicine, Cardiology		<a href="mailto:ludwine.paul@bmc.org">ludwine.paul@bmc.org</a>	<p>My project seek to evaluate the impact of an FDA approved novelty device on reducing re-admission and length of stay among heart failure patients here at BMC and it's impact on quality of life of these patients. The project will be a retrospective study of 25 patients who have received a CardioMEMS device and being managed remotely by a group of heart failure NPs in collaboration with their respective cardiologist and cardiac nurses through telephone calls and office visits as necessary. The project will compare rate of re-admission and length of stay one year pre and post implantation and aim to show significant reduction on re-admission and heart failure hospitalization length of stay.</p>
<b>Michael Wasserman, MD</b>		BUSM/ Radiology	Clinician Educator	<a href="mailto:Michael.wasserman@bmc.org">Michael.wasserman@bmc.org</a>	<p>The field of medicine is continuously advancing, and I personally see some of these advancements every day in the field of radiology. With these advancements, we must always learn how to adapt and grow as clinicians. I would like to encourage our residents and staff to use their creativity to further advance our field in clinical practice, research, education, and quality. In doing so, I would like to start a design thinking workshop for our radiology residents and staff. Design thinking is a creative thinking process where one tries to understand a problem from a target user's perspective, question the assumptions about the current system, and ideate, design, and test new prototypes. The factor I want to focus on specifically is the perceived quality of the didactic and case-based lecture curriculum. While lecture quality is excellent overall, there are always ways to improve one's teaching methods and adapt to the evolving conference dynamics. Participants will include all of the radiology residents and any/all of the staff members who seek to learn, create, and/or improve upon our current teaching methods. We will go through a series of exercises in design thinking, problem-solving, team-building, innovation, and mindfulness with the hope of cultivating new and/or improved practices in education.</p>

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<p><b>Monica Ahluwalia, MD</b></p>		<p>BUSM/ Medicine, Cardiology</p>	<p>Clinical Scientist</p>	<p><a href="mailto:Monica.ahluwalia@bmc.org">Monica.ahluwalia@bmc.org</a></p>	<p>I have recently started an Inherited Cardiovascular Diseases Clinic at Boston Medical Center. There has been increasing recognition of the importance of genetics in understanding an individual's risk of disease. We have identified that there is a need for more dedicated and structured effort to build a clinic that provides comprehensive care for patients and their families. Thus, my goal is to provide the best care possible for our patients integrating genetics and clinical cardiology, provide genetic testing along with pre and post-test counseling, identify at-risk relatives and offer cascade screening to other family members. Notably, Black and other minority patients with hypertrophic cardiomyopathy have not been well served by our genetics clinics in the current era as they have experience inequities in care and higher burden of disease and I plan to address these inequities. In regard to research, I plan to study our diverse patient population and ask key clinical questions describing clinical outcomes. Currently, I am studying the natural history and clinical outcomes of asymptomatic or minimally symptomatic patients with obstructive hypertrophic cardiomyopathy. Overall, I would like to ensure that Black and minority patients are well-represented within our international, multi-center SHaRe registry and aim to establish our program at BMC as Center of Excellence under the Hypertrophic Cardiomyopathy Association in the short-term.</p>
<p><b>Poorani Goundan, MBBS</b></p>		<p>BUSM/ Medicine, Endocrinology, Diabetes and Nutrition</p>	<p>Clinician Educator</p>	<p><a href="mailto:poorani.goundan@bmc.org">poorani.goundan@bmc.org</a></p>	<p>Currently, the training provided for diagnostic thyroid and parathyroid ultrasound imaging is of variable quality and intensity among endocrine fellowship programs in the United States. Outside of fellowship training, there are only a few comprehensive ultrasound training courses available at the national level. The proposed project is to create an online thyroid and parathyroid ultrasound curriculum. It would aim to provide comprehensive education on ultrasound technique and interpretation that is geared towards an endocrinology fellow-in-training or an endocrinologist in practice and could be used to supplement in person/direct training available to an individual. The topics would include ultrasound physics and optimizing ultrasound machine settings, ultrasound anatomy of the thyroid and other structures in the neck, thyroid imaging including thyroid nodules and non-nodular pathology, parathyroid imaging and lymph node imaging.</p>