










2023-2024 Early Career Program Participants

Name	Headshot	School/ Department	Phenotype/ Track	Email	Project description
Anthony Mell		Pediatrics	Clinician Educator	anthony.mell@bmc.org	I have been asked to create an 18-month long health equity curriculum for the Boston Combined Residency Program (BCRP) pediatric residents in the Leadership in Equity and Advocacy track (LEAD) that will cover three domains of health equity content, professional identity development, and skill building. The curriculum will take place during 2 to 3 hour monthly sessions with the residents and will repeat twice every 3 years to ensure all residents get a chance to experience all the content. I would like to develop this curriculum in a way that is rigorous and acceptable for research and publication purposes.
Ari Damla		Radiology/M SK	Clinician Educator	ari.damla@bmc.org	The ACR Imaging 3.0 concept aims to shift the focus of radiology from volume-driven to value-driven by emphasizing direct patient and referring provider contact. This initiative integrates radiology into patient care, education, and decision support, to advocate for appropriate imaging. The ultimate goal is to provide high-quality, patient-centered care and minimize unnecessary imaging by building relationships with patients and providers, reducing healthcare costs, and improving outcomes. We currently have a great opportunity in the upcoming year to implement these concepts into the ongoing revamping of the medical school education curriculum and also the residency curriculum. My goal with the medical students is to introduce these concepts through dedicated lectures, increase shadowing opportunities, and emphasize ACR appropriateness criteria through case-based learning. I will work with the residency to introduce and implement a new "rounding resident" elective rotation.
Ariana Weber		Emergency Medicine	Clinician Educator	ariana.weber@bmc.org	My goal would be to create a simulation-based curriculum to teach EMTs how to manage OB complications in the field. Boston EMS EMTs performs many deliveries each year and most are uncomplicated. However, when there are complications, the impact can be enormous for both the mother and infant and can be very stressful for the providers. This curriculum will present the gold standard techniques for managing two main OB complications, nuchal cord and shoulder dystocia. The material in this curriculum will use two educational formats. There will be a 90 minute didactic portion that will consist of a PowerPoint lecture. This will be followed by a hands-on simulation based portion that will take 2 hours. The simulation portion will be innovative as the material will be presented via gamification, an escape room. Participants will need to successfully work through three cases in pairs to obtain a code that will open the escape room. After the simulation portion has been completed, participants will be asked to complete a post-test to compare with their pre-test, which will be administered before the didactic portion. Finally, 3-6 months later, the participants will repeat the post-test to evaluate long term skill retention.




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Caroline Mullin		Family Medicine	Clinician Educator	caroline.mullin@bmc.org	Hypertensive disease is a leading cause of maternal morbidity and mortality. At BMC, several leaders in obstetrics are working hard to prevent, treat and close racial disparities associated with hypertensive disorders of pregnancy. However, our institutional data regarding rates of maternal hypertensive disease is challenging for HealthNet clinics and providers to access regarding their local patient populations. Furthermore, without easily accessible and transparent data, the opportunities to develop and assess effective interventions to improve maternal racial disparities remain sparse. This project, entitled "Tracking Hypertensive Diseases of Pregnancy in a BMC HealthNet Community Health Center," aims to develop a user-friendly Epic workbench report which tracks hypertensive disease in pregnancy at a local community health center. The goal of this project is to develop and evaluate this Epic report so that BMC and CHC providers can easily access their clinic-specific and provider-specific data in a public platform. When such data becomes easily accessible, this will enable providers and community health workers to develop local interventions, track improvement in real-time and collaborate better with BMC obstetrics.
Eric Nolen-Doerr		Medicine/Endocrinology	Clinician Educator	eric.nolen-doerr@bmc.org	Members of the nutrition support team have identified a potential opportunity to improve the care, transition, and outcomes of patients who have undergone outpatient PEG/G-tube placement. It has been observed that these patients may not be reliably supported after PEG/G-tube placement toward establishing a nutrition plan as well as independence in tube care and troubleshooting. With this project we are hoping to review outpatient PEG/G-tube placements and map the patient's clinical course post-procedure. In review of these patients hoping to evaluate adequacy of support post-procedure and identify possible interventions in the timeline to improve outcomes.
Hannah Barber Doucet		Pediatrics	Clinician Educator	hannah.barberdoucet@bmc.org	This project will establish health equity as an explicit educational pillar within the BMC PEM Fellowship, falling alongside clinical and research skills. This will include a PEM health equity curriculum delivered to fellows and faculty with a focus on both knowledge and specific equity-focused skills; experiential learning opportunities; and coaching/mentorship to incorporate tenets of equity into fellow projects. It will also include additional opportunities and requirements for fellows who choose to have a specific focus on equity during their fellowship time. This program will be studied for effectiveness, either in collaboration with other overlapping departments (emergency medicine fellows and BMC health equity fellows) or in conjunction with other PEM fellowships running similar programming in the same academic year.


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Karla Talledo Thais		Medicine/Infectious Diseases	Clinician Educator	karla.talledothais@bmc.org	The administration of antibiotics to hospitalized patients who are transitioning to comfort measures at the end of life can result in adverse events and the emergence of antibiotic-resistant pathogens. The potential harm associated with using antibiotics in these situations is sometimes overlooked, and there is evidence to suggest that it can lead to an unnecessary prolongation of suffering. Interventions such as CPR, which do not align with patient wishes or comfort care, is a clear example of treatments to avoid at the end of life, however, the use of antibiotics can cause confusion for patients, their health care proxies and clinicians. The goal of this project is to gain a comprehensive understanding of the current practices and the factors that influence providers' decision-making around antibiotic administration at end-of-life for hospitalized patients at BMC, with the goal of ultimately improving guideline-concordant care. To address this, I will conduct an anonymous survey of a range of BMC practitioners who provide care to patients at the end of life, including attendings and fellows. The survey will include questions that explore factors about decision-making at the end of life, using clinical vignettes.
Kelly Sayre		Oral & Maxillofacial Surgery	Clinician Educator	kelly.sayre@bmc.org	I would like to complete a qualitative pilot study of current PGY1s on the educational benefit of externships. My overarching goals are to better understand how externships contribute to student preparedness for residency, shift student thinking from a "prolonged interview experience" to a growth mindset that focuses on the educational benefit, and gain further support for dental students to take time away from their home dental schools for externships. A timely secondary outcome will be to understand the value of the new virtual versus traditional in person externships, as the current PGY1s are a unique cohort that have had a combination of these two experiences. In the general surgery education literature, there's a mixed methods study by Englehardt in 2020 where were interviewed and didn't feel prepared for residency and were surprised what it was like (50% took <2 nights call as students). Feeling adequately prepared for residency was associated with a nearly 2-fold lower risk of experiencing burnout symptoms (OR, 0.57; 95% CI, 0.48-0.68)". Dental students are trained in an outpatient dental clinic setting and not a hospital, like they will experience in OMFS residency.
Liberty Reforma		OBGYN/ Maternal Fetal Medicine	Clinician Educator	liberty.reforma@bmc.org	Birthing patients who experience hemorrhage requiring ICU admission do not have the idyllic postpartum experience. In addition to separation from their neonate, they often do not have typical postpartum needs addressed, such as initiation of breastfeeding. These birth experiences can lead to post-traumatic stress disorder and anxiety/depression. I hope to help these patients to continue processing their experience in the postpartum setting. By creating an ICU follow-up clinic, I hope to identify ways that we can improve the postpartum experience in the ICU and to create a tool for providers to help patients process their traumatic birthing experience.

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Marianella Paz Lansberg		Otolaryngology, Head and Neck Surgery	Clinician Educator	marianella.paz@bmc.org	Within otolaryngology, it is common to rely on diagnostic studies (CT and MRI) for diagnosing certain conditions. These help us understand the extent and severity of disease, and determine next steps in management, including surgery. In ENT, imaging aids for surgical planning, operative navigation, play an important role in avoiding complications and is a tool for surgical teaching. The sequencing that underlies this system remains imperfect. When a patient misses a radiology appointment prior to an otolaryngological follow-up session, this will often mean that additional care cannot be provided. Patients are therefore attending appointments despite care being unable to be advanced due to the lack of additional information. Such situations greatly contribute to patient frustration, exacerbating their financial and mental health burden, as well as wasting vital personal and clinical resources. Worst of all, further delays to diagnosis and care. Our study will look at patients who have missed radiology appointments, and subsequently presented at otolaryngology to follow up to their appointments. The project's goal would be to discover the causes and interventions might best help to reduce such "missed appointments".
Monica Germain		Nurse Leadership	Clinician Educator	monica.germain@bmc.org	The purpose of this project is to establish a nursing department wide standing committee that advances, promotes, and supports diversity, equity, inclusion, and racial justice standards and initiatives for nursing staff, students, and other key stakeholders. It is important for a safety net hospital such as Boston Medical Center to envelop DEI as a part of the fabric of the organization sustainability and growth.
Sofia Vivoni Corominas		Psychiatry	Clinician Educator	sofia.vivonicorominas@bmc.org	The immigrant population in Boston has been steadily increasing over the past several years. Boston Medical Center serves many of these patients that come from different cultural/ethnic backgrounds and have limited English proficiency. There is ample literature that identifies language as a barrier to appropriate medical care. However, there is limited data on the use of interpreter services in intensive care settings, particularly with patients experiencing delirium. Suspect that in patients with limited English proficiency who experience delirium, which is a neuropsychiatric syndrome that leads to cognitive and attentional deficits, inconsistent interpreter use will lead to suboptimal communication and ultimately impact course of care. The aim of this quantitative project is to establish baseline data regarding the number of primarily non-English speaking patients with altered mental status admitted to the medical intensive care unit.

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Stephanie Charles		Family Medicine	Clinician Educator	Stephanie.Charles@bmc.org	I would like to develop a project focused on exploring the best practices involved in imparting feedback to medical students. This project will use a qualitative method of interviews to identify medical students' perceptions of the feedback they received; based on the format of their feedback session. It is assumed that those who receive feedback in a structured format which encompasses clear aim, collaborative interaction, and plans for improvement, report higher levels of self- efficacy which will eventually improve work performance. This endeavor will help clinicians who work with students to improve the quality of their constructive feedback and to help strengthen the relationship between educator and student. Increased training in methods of imparting feedback will greatly increase the level of confidence of educators when evaluating students, which will be beneficial to both the department and medical center.