



Opening Lines



Each year, we welcome a talented group of new clinicians, scientists and educators to our Division. The large number of new members is a reflection of our ongoing growth, in addition to the recruitment that occurs when colleagues move on to new opportunities or wind down their careers. In a Division with over 300 members, even a very low rate of turnover would still result in a substantial number of new faces each year. This issue of *Generally Speaking* includes photos and brief blurbs of the 48 new colleagues joining us this year. Given our size and geographic spread, it can be very challenging to meet many of these new Division members but I encourage you to seek them out and welcome them to our Division. More than anything, the special value of a career at MGH reflects the opportunity to work with extraordinary colleagues. Having met many of these new members, I can tell you that the quality of our faculty continues to grow even stronger and I am excited about the opportunity to work with this group in the years ahead. In addition, with this issue of our newsletter, we are launching a series to profile many of the outstanding educational programs and educational leaders across our Division. As our Director of Education, Lessie Robb Nicholson is leading our efforts to extend our reach across the spectrum

of training levels and support the growth of opportunities for faculty members to engage in teaching activities.

I look forward to seeing many of you at our State of the Division meeting on October 14 at 8 AM in Simches 3110.

On the Horizon

- ◆ **September 21**
Schwartz Center Rounds for the Primary Care Community
12:30 PM, Their Conference Room
- ◆ **October 6**
Clinical Research Day

Center for Faculty Development:
New Faculty Orientation
12-3 PM
- ◆ **October 7**
Chelsea HealthCare Community Research Day
8-11 AM, Chelsea HealthCare Center
- ◆ **October 14**
DGIM State of the Division
8-9 AM, Simches 3110

Ether Day Reception
2-3:30, Bulfinch Tent

Lynn Black Heads Medical Efforts at RNC

In July, Lynn Black, MD, had the opportunity to oversee medical response for the Republican National Convention (RNC) as the Chief Medical Officer (CMO) for the Emergency Management Group (EMG) under the Department of Health and Human Services. As the CMO, Dr. Black provided technical and clinical expertise for the EMG, which was responsible for health protection for the Secret Service, police, firefighters, and any other professional responders for the RNC. This role required coordination with multiple agencies including the CDC, FDA, and Public Health Service, along with logistics, communications and IT staff.

The EMG provided 24/7 coverage in the HHS Secretary's Operations Center. The Operations Center had continuous coverage from various news services at the RNC on multiple giant screens along with newsfeeds, police reporting, weather

reports and twitter feeds. Additionally, Dr. Black and her team stayed in constant contact with ground operations and the medical tents in Cleveland. "My shift was typically 2 PM – 1 AM, so I saw the ENTIRE convention live, which I had never anticipated!" said Dr. Black. Luckily, there were no major incidents, mostly heat related illnesses, minor trauma and dispelling some reported threats.



Lynn Black in the EMG's command center during July's RNC

Culinary Literacy Corner

Helen Delichatsios
Culinary Literacy Expert

What's for Dinner?

Have you ever noticed how the quality of your decisions declines as the day progresses? "Decision fatigue" is a well recognized concept that negatively affects the quality of your life including dinner choices you make for you and your family. Moreover, hunger potentiates the negative influence of decision fatigue on your dinner experience. The solution? A few minutes of planning! As clinicians, we prepare for our patients the next

day. Similarly, thinking about the next day's dinner is a good investment of your time. Cooking and healthy eating do not need to be time consuming and can be done asynchronously. Picking up fresh ingredients on the way home, defrosting meat, chopping vegetables, and - importantly - delegating tasks to family members - are just a few ideas of food preparation tasks that can be done ahead of time. As an example, this column's recipe is a perfect back to school, seasonal recipe

The Culinary Literacy Corner will be a recurring section of Generally Speaking. If you are interested in learning more about Dr. Delichatsios' work in culinary medicine, email her at: HDelichatsios@partners.org

HUBweek to Showcase DGIMers

As one of the founding institutions, Mass General will once again play an integral role at HUBweek 2016. Mass General's involvement extends to the DGIM, with faculty members representing our division in a number of events during the week-long festival. HUBweek 2016, which runs from September 25 to October 1, will look to build on the rousing success of its inaugural year.

Within the DGIM ranks we are proud to be so well represented among the impressive collection of talented and influential panelists contributing to HUBweek. "A Conversation on Racial and Ethnic Disparities with the Family of Henrietta Lacks" will feature Joseph Betancourt, MD, MPH, alongside two grandchildren of Henrietta Lacks, in a roundtable discussion about the legacy of Henrietta Lacks, her remarkable contribution to medicine, and the intersection of medical research and racial and ethnic disparities in healthcare. Tim Ferris, MD, MPH, and Sarah Wakeman, MD, are both speakers at the one day forum: "Synaptic Gap: 21st Century Brain Science Meets Mental Health Treatment and Policy" which will focus on translating neuroscientific advances into real world solutions. Dr. Wakeman is also a panelist on "The Science of Addiction: How Opioids Work in the Brain" which will examine the mechanics of opioid addiction discuss the different approaches to treatment. Together, Annie Brewster, MD, and Suzanne Koven, MD, MFA, will present "Medical storytelling: Patients, families, clinicians, and caregivers write and tell their stories." This series of programs will include at patient storytelling workshop, the recording of individuals medical stories, and a panel discussion on Storytelling and the Future of Medicine. Lastly, Tommy Heyne, MD, MS, will panel "Michelangelo to Van Gogh: Connecting medicine and disease to art and artists", a session which will challenge attendees to examine works of art from a different, medically influenced point of view.

We encourage to everyone to come out and support your fellow DGIMers, and to take part in the many events offered during HUBweek.

Butternut Squash Red Pepper Soup:

Ingredients:

- One package pre-cut butternut squash (much easier than cutting it yourself)
- One red pepper, chopped
- Olive oil - two tbsp or more (use liberally)
- Cumin (1 tsp), salt, pepper
- 1/2 onion, peeled and chopped
- Chicken stock or water - 8 oz or more as needed



Active prep time: 5 minutes the night before, 15 minutes before dinner. Time does not include roasting and simmering time, which needs monitoring but no active engagement.

Part 1: Night before: Preheat oven to 350F, place cut up butternut squash and chopped red pepper on a baking tray, drizzle with olive oil and sprinkle cumin, black pepper, salt (sparingly). See photo. Roast for 20-30 minutes or until tender. While roasting, engage in usual evening activities (responding to emails, homework help, etc). After roasting, allow to cool and place in the fridge for the next day.

Part 2: Dinner day: Exhausted from a long day at the office/hospital and thinking of ordering in? No need to because most of the work is already done! In a pot, add the olive oil and start heating. If you can chop an onion quickly enough before the oil is hot, go for it. Otherwise, chop up the onion before you turn on the oil to cook. Fry the onion for 3 minutes until soft and add the roasted butternut squash and red pepper (from the fridge). Add the chicken stock and/or water and bring to a boil. Then reduce to simmer and simmer for 10 minutes.

Use an immersion blender (much easier than transferring to a blender) and blend until pureed. Serve immediately and enjoy with your family. As always, make sure you make extra for lunch the next day (the soup microwaves well). Even better, make a bigger batch and freeze some of it. Freezers should always have ready-to-eat meals.

Happiness Committee Recognizes Lisa Perry!

With its increasing popularity hospital-wide, The Division of General Internal Medicine's Hospital Medicine Unit continues its efforts to spread happiness throughout MGH. This quarter, they have announced the third Happiness Hero – Lisa Perry!

The Hospital Medicine Unit Happiness Committee was originally founded to promote optimism, resilience, and camaraderie. One year ago, the committee created an award which seeks to recognize these virtues amongst our colleagues here at MGH. The award identifies those who inspire joy, and convey enthusiasm throughout the day. The DGIM generously funded a certificate and a custom-designed Happiness Hero pins to reward the awardees.

As our third winner, and just in time for fall, Lisa Perry has been recognized by many within the department as a Happiness Hero! For the past 3 years, Lisa has worked as an Operations Assistant on Ellison 12, connecting families and colleagues with the smiles they need.



When given the news of her award, manager Melissa Joseph explained, “Lisa is very knowledgeable about her role and responsibilities. She incorporates her southern hospitality, her smile, and her easygoing style into her actions. We are glad to hear that she is the recipient of this award as she has now been designated a Happiness Hero!”

It is clear that Lisa not only excels in her

duties and daily responsibilities, but does so with great love and compassion. “Lisa is one of those people that make me look forward to coming to the hospital. She offers us tired and downtrodden nurses and doctors a pitcher of water with fresh cucumbers she’s brought from home and maybe some string cheese if we’re hungry. On a long hard night, a hug from Lisa changes everything and renews my spirit to face the challenges of patient care.” Wrote Margaret Seater, MD.

Others have noted, “Infectious optimism! Has a way of doing everything nicely”

For personal reasons, Lisa has recently been away from her MGH family. In her absence, we want Lisa to know how important her role has been in taking care of our patients. Hurry back to work, Sister Lisa!

And as a reminder, in your travels around MGH, please be mindful of Happiness Heroes all around you, as this distinction will be awarded quarterly.

Spotlight on Education

Lessie Robb-Nicholson *Director of Education*

The Division of General Internal Medicine attracts teachers! If you want the evidence, just take a stroll through any MGH-affiliated site. In offices, conference rooms, hallways and at patients’ bedsides, DGIM faculty members are engaged as ambulatory preceptors, inpatient attendings, advisors, coaches and lecturers for students, trainees, colleagues and patients. Education is woven into the fabric of our everyday lives. It is also a core value at MGH, and for many of us, the excitement of this learning environment is a reason to work here.

It turns out, DGIM faculty are having a hefty impact on education at MGH. A general inventory reveals that roughly 90 PCPs contribute to outpatient precepting of our medical residents. Additionally, 71 precept Harvard students in ambulatory clinics for Core Medicine and three longitudinal conti-

nunity clinics: Foundational Continuity Clinic, Primary Care Clerkship, and Crimson Care Collaborative. Seventeen DGIM faculty teach students in the Principal Clinical Experience and the first-year skills development course. DGIM faculty members stamp a large teaching footprint on the inpatient side, too. General internists are responsible for greater than 75% of the two-week teaching blocks each year. While numbers do not measure impact on learning, they do reflect a devotion to teaching in our Division that we celebrate!

It’s also a good time for teachers here at MGH! There has been an explosion of interest in education at every level. Residents Interested in Medical Education (RIME) is a lively interest group on education developed by our medical residents. The DGIM Resident Preceptors devote retreats to improving teaching skills and sharing best practices of resident education. DOM committees support Undergraduate and Graduate medical education. An impressive unit

of DGIM Inpatient Core Educators model high quality, effective teaching. A DOM initiative has started to support medical education research. Likewise, the MGH has expanded the charge of the its Executive Committee on Training and Education (ECOTE) to support innovation and research in medical education through grants, rounds, and this year, a day-long symposium devoted to medical education. Finally, HMS has allotted much more time in its curriculum for students to learn clinical skills, including fundamentals of doctor-patient communication, physical exam and dynamics of working in clinical teams. A sizable portion of this teaching is done by generalists in DGIM!

In future issues of *Generally Speaking*, we will highlight these teaching activities in our Division. To that end, if you are involved in teaching which is not mentioned above, we want to know. We’ve only seen the tip of the DGIM teaching iceberg!

Pages: Notes from the DGIM Writer in Residence

Marjory Bravard, MD
Guest Columnist

“...but this is the way we’ve always done it”

*Most of us have spent so much time in the hospital that we barely notice its rhythms and routines. In this guest column, MGH hospital medicine physician **Marjory Bravard, MD** questions one of our most basic inpatient practices—and offers a simple yet radical proposal for changing it. - Suzanne Koven, MD*

Close your eyes and picture an old fashioned medical ward, say, the Bulfinch ward in 1932. Your patient is a 67 year-old man with a heart attack, diagnosed by history, 3 lead EKG, fever curve, and white blood count. The treatment: several days of bed rest followed by gradually increasing "dangling time" with legs off the edge of the bed, finally progressing over a period weeks to walking. How medicine has changed!

What has not changed is that hospitalized patients lie in bed, no matter what. As

a mechanical engineer by training and a hospitalist by profession, I spend a lot of time thinking about the design of the hospital and how it influences our behavior and impacts health outcomes.

If you walk the modern wards, you'll see patient after patient lying in bed. For some, this aids healing. But for many it may actually impair healing. Even healthy young adults lose muscle mass with bed rest and for our sick, elderly inpatients, the effects are multiplied (see [link](#)).

Why do patients lie in bed all day? Because they always have? Because there's nowhere to sit? Because an alarm goes off every time a patient gets out of bed? Because a hospital locates patients by bed, so that when it's time for a CT scan or dose of an IV antibiotic, patients need to be in bed so that they can be found?

In my ideal hospital, the default would be patients *out* of bed. Each patient would be provided with a Murphy bed, folded up into the wall except for naps and nighttime. Patients would need a special order to lie in bed all day, otherwise beds would be folded

away by breakfast. Without a bed a patient couldn't help but be more active and weight bearing, even if only to transfer to a chair. I would be surprised if we didn't see decreases in deconditioning at discharge, and perhaps less need for post-acute stays. Other hospital-induced ills such as constipation, delirium, and post-operative ileus might also be less frequent.

Our more mobile patients could be alerted by text or restaurant-style pager when their next medication is due, test slot has opened or even when their PCP is 10 minutes away. They'd be free to wander the halls of the hospital or even step outside for a breath of fresh air.

How might that affect healing, and the experience of being an inpatient? I'm curious to know your thoughts—and those of your patients. Ask them!



Would you like to share a story from your DGIM experience here, or have a private consultation about a manuscript or about writing in general? Contact me at skoven@mg.harvard.edu

Stoeckle Birthday Celebration

On August 8th, Many gathered to Celebrate Dr. John Stoeckle's birthday. Dr. Stoeckle, who received his 65 year pin on Ether Day in 2013, was incredibly influential in shaping the course of primary care at MGH. Among many other accomplishments, Dr. Stoeckle founded what would go on to become IMA. Dr. Stoeckle is revered and respected for his illustrious career, and more importantly, he is still a cherished friend to many in our division. It brought us great joy to be able to celebrate with him.



MGH DIVISION OF GENERAL
INTERNAL MEDICINE



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Meet the new DGIM Faculty



Benjamin Bearnot, MD
Charlestown Health Center
Kraft Fellow in Community Health Leadership. Interested in addressing the current opioid epidemic and pursuing a career involving SUDs research.



Jacqueline Chu, MD
Chelsea Adult Medicine
Interested in providing primary care to patients with HIV and HCV, and developing systems to improve care within that population.



Mark Dumais, MD, MBA
Hospital Medicine Unit
Previously served as CMO and/or VP at 3 community hospitals in Maryland. Clinical expertise is in performance improvement.



Sami Elamin, MD
Hospital Medicine Unit
Most recently served as Chief Medical Resident at Beaumont Hospital in Dearborn, MI, where he was also named Resident of the Year for 2015.



Utibe Essien, MD
Chelsea Health Center
DGIM Clinical and Research Fellow. He was a strong advocate for increased Diversity and Social Justice during Residency at MGH.



Michael Forrester, MD, PhD
Hospital Medicine Unit
Experienced research molecular biologist with numerous publications. Hopes to train in rheumatology or infectious disease in the future.



Michele Gaudet, FNP
Hospital Medicine Unit
Transitioning to the HMU from a previous role at MGH as an RN on Ellison 12. Also completed her Clinical Preceptorship in the Cardiac Unit at MGH.



Demetra Gibson, MD, MPH
Hospital Medicine Unit
Joins DGIM as a Global Health Leadership Fellow after completing her residency at University of Chicago Medical Center.



Priya Gupta, MD, MPH
Charlestown Health Center
Recently completed an Adolescent and Young Adult Medicine Fellowship at Johns Hopkins. Interested in addressing health disparities.



Thomas Heyne, MD, M.St.
Chelsea Urgent Care
Completed Meds/Peds Residency at MGH. Interested in Global Health, and Medical Humanities. Works clinically in the HMU as well.



William Hillmann, MD, MS
Hospital Medicine Unit
Hopes to further his interest in medical education and potentially become involved in curriculum planning or medical education research.



Jessica Hu, MD
Ambulatory Practice Future
Interests focus on primary care delivery and expanding it beyond the confines of the office, including models such as telemedicine and home visits.



Charlotte Jenchura, MD
Everett Family Care
Plans to focus primarily on Medical Education, which she was heavily involved in during her residency at Medstar Georgetown University Hospital.



Nathalee Kong, MD
Revere Health Center
Served as one of four simulation chiefs during residency at MGH and was a leader in the Residents Interested in Medical Education (RIME) group.



David Lucier, MD, MBA, MPH
Hospital Medicine Unit
Was most recently a practicing hospitalist at BIDMC while completing an HMS fellowship in Patient Safety and Quality.



Suman Machinani, MD, MBA, MS
Hospital Medicine Unit
Also serves as Associate Director of Product Development at Synlogic. Former MIT Leaders for Global Operations Fellow.



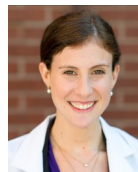
Devin Oller, MD
Chelsea Adult Medicine/Rural Health Fellowship
Particularly focused on providing clinical care that is enhanced by the principals of Social Justice and Medical Ethics.



Jack Rowe, MD, MPH
Hospital Medicine Unit
MGPO Health Policy and Management Fellow who previously served as Chief Resident of the MGH Med/Peds Residency program.



Hemal Sampat, MD
Hospital Medicine Unit
Interested in medical education, especially through the use of simulation, medical ethics and QI. Also works clinically at Chelsea Urgent Care.



Jennifer Schaeffer, PA
Hospital Medicine Unit
Completed PA program at Tufts, during which time she was also involved in research that was presented at the 2016 NE SGIM Meeting.



Ryan Schwarz, MD, MBA
Chelsea Urgent Care
Also serves as COO of Possible, a non-profit that provides healthcare to over 70,000 patients per-year in remote and impoverished areas of Nepal.



Arabella Simpkin, MBChB
Inaugural research fellow in the Center for Educational Innovation and Scholarship. Trained/practiced as a pediatrician in the UK. Recently received a masters in Medical Education.



Matt Tobey, MD, MPH
Chelsea Adult Medicine/Rural Health Fellowship
Founder/Associate Director of the Rural Health Fellowship. Also Medical Director of the Nashua Street Jail Crimson Care Clinic.



Jonathan Wing, MD, MS
Hospital Medicine Unit
Prior experience as a teacher and a Masters in Education lend themselves well to his clinical interest in teaching and medical education.

Meet the new DGIM Faculty



Ian Allen, MD, MPH
Hospital Medicine Unit
Recently completed his residency at MGH. Plans to pursue research interests in Health Disparities and QI.



Rebecca Berger, MD
Hospital Medicine Unit
Currently serving as an Editorial Fellow at the NEJM in addition to her clinical work with HMU.



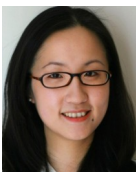
Caroline Boscia, MD
Hospital Medicine Unit
Recipient of the 2014 Annual Resident Teaching Award while completing her Meds/Peds Residency.



Tiffany Clapp, FNP-BC
Hospital Medicine Unit
Received both the Rising Star in Nursing and Outstanding Scholar awards during her training at Boston College.



Lisa Czanko, MD
Chelsea Urgent Care
Joins MGH as a Global Health Leadership Fellow after practicing in various capacities at 3 NYC hospitals.



Wei He, MD
Hospital Medicine Unit
Prior to MGH, she completed her Internal Medicine Residency at Mount Sinai Hospital in NYC.



Kevin Heaton, MD
Bulfinch Medical Group
Joins the BMG after completing his Internal Medicine Residency at MGH.



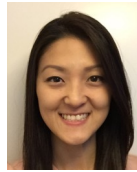
Maryanne Sherburne, FNP-BC
Hospital Medicine Unit
Previously juggled roles as a Hospitalist at UMass Memorial Medical Center and a Neuro-Oncology RN at MGH.



Rutwij Joshi, MBBS
Hospital Medicine Unit
Native of India who completed residency at the University of Texas Health Science Center at San Antonio.



Phillip Manners, MD
Hospital Medicine Unit
Joined HMU in early 2016 after serving as Chief Resident at Rutgers Robert Wood Johnson Medical School.



Jennifer Park, MD
Hospital Medicine Unit
Has presented and published Oncologic research, which she was involved with prior to and throughout her residency



Arpna Patel, MD
Beacon Hill Primary Care
Completed her residency at the University of California, Irvine. Plans to pursue a specialty in Obesity Medicine.



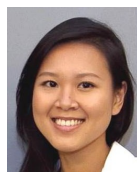
James Perkins, MD
Hospital Medicine Unit
Along with his role at MGH, he also practices as a Hospitalist at St. Elizabeth's Hospital.



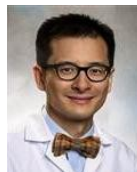
Thomas Peteet, MD
Rural Health Fellowship
A inaugural fellow in the Rural Health Fellowship. Plans to obtain board certification in Addiction Medicine.



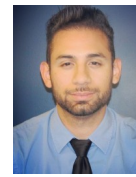
Revathi Ravi, MD
Hospital Medicine Unit
Global Health and Human Rights Fellow. She specializes in the care of patients with HIV/AIDS.



Trang Vu, PA
Hospital Medicine Unit
Former Scholar in the National Medical Foundation's Primary Care Leadership Program.



James Yeh, MD, MPH
Bulfinch Medical Group
In addition to his clinical activities, he is also an Editorial Fellow at the New England Journal of Medicine.



Jorge Sanchez, MD, MPH
Hospital Medicine Unit
Specifically interested in the treatment of patients with Liver Disease, a topic he has researched.



Saranya Sasidharan, MD, MS
Hospital Medicine Unit
Plans to stay involved with projects focusing on clinical outcomes and QI.



Vikram Sengupta, MD
Hospital Medicine Unit
Joins MGH after practicing as a Hospitalist at NYU Langone Medical Center. Clinical focus is on medical education.



Lindsay Shumate, FNP-BC
Hospital Medicine Unit
Prior to joining MGH, she served as a Hospitalist at Anna Jacques Hospital in Newburyport, MA.



Nicole Springer, PA
Hospital Medicine Unit
Will join the HMU having previously completed a clinical rotation with the Unit earlier this year.



Lauren Van Aken, PA
Hospital Medicine Unit
Held clinical roles at BWH and Children's Hospital prior to beginning her PA training at Duke University.



Saipriya Vasudevan, MBBS
Hospital Medicine Unit
Prior to joining HMU, she completed her residency at Maimondes Medical Center in Brooklyn, New York.



Katharine Turck, NP-C
Hospital Medicine Unit
Received the 2015 Sigma Theta Tau Arlyne Barnett Graduate Student Scholarship during her Adult-Gerontological NP program.