



Opening Lines



The Division of General Internal Medicine is the academic home for an increasingly diverse group of faculty and staff members. In many ways, our most distinguishing feature is the breadth of areas we cover, providing a landing place for many areas of work that do not otherwise fit into the structures of academic medicine. This is why so many important new fields in medicine had their origins in Divisions of General Internal Medicine, including geriatrics, palliative care, and emergency medicine. As this issue of *Generally Speaking* reminds us, our mission to support a wide range of activities remains as vital as ever, extending

across our clinical, educational and research domains. And our Division is made even stronger by our commitment to support a diversity of members that help create an environment where new ideas flourish and new programs can be launched. The work of our colleagues inspires us to do more for our patients, our students, and our communities. In this regard, I encourage you to read about the medical student teaching programs in our ambulatory and inpatient settings and the experience of one of our colleagues in the Freedom Clinic. As the famous basketball philosopher Phil Jackson said, “The strength of the team is each individual member and the strength of each member is the team.” Enjoy!

DGIM Hosts Inaugural Women in Medicine Event

On March 8th (coinciding with International Women’s Day 2017), the DGIM Office for Faculty and Staff Career and Professional Development held its first Women in Medicine event. This inaugural event was part of a larger MGH Department of Medicine (DOM) effort to recognize women in medicine and bring together our medical residents and fellows with our primary care and hospital medicine physicians. The DGIM expanded the offering to include the DGIM NP/PAs, PhDs, Practice Managers, and Research Managers. This was an opportunity for



us to get together with women from all facets of the DGIM to get to know one another and to help foster collaboration and a sense of com-

munity. The evening began with a welcome from the Director, Dr. Mary McNaughton-Collins, who, along with the Administrative Director, Shelli Mahan, have spearheaded Divisional efforts in the area of Faculty and Staff Career and Professional Development. The group participated in a “Happiness

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Culinary Literacy Corner: *The Dessert Flip*

Helen Delichatsios
Culinary Literacy Expert

Everyone loves dessert, a sweet treat at the end of a meal. Dessert is not always fully enjoyed because of concern of breaking the caloric bank. The "dessert flip" is a clever way to maintain the indulgence without the guilt: instead of a decadent dessert

with a strawberry on the side; make the strawberry or fruit the main actor. Dip a strawberry in dark chocolate and voila: your brain is ecstatic while the body is enjoying the health benefits of fruit and dark chocolate! A great combination of simplicity and visual appeal - give it a try to impress your friends at your next dinner party or pot-luck. Also, it's a fun and healthy activity for kids - a great way for the

whole family to explore your creativity by experimenting with decorations.

Remember, we eat with our eyes and the first bite counts the most. Slow down and savor it!



If you are interested in learning more about Dr. Delichatsios' work in culinary medicine, email her at: HDelichatsios@partners.org

Chocolate Covered Strawberries & Dried Apricots

Ingredients:

** There are many variations on this recipe - feel free to experiment & decorate*

8 ounces dark or semi-sweet chocolate chips or chopped bar chocolate

1 tablespoon shortening or coconut

1 pint strawberries ****Note**** must be very dry - wash then pat with paper towel (otherwise water will ruin the

5-10 dried apricots

Directions:

Part 1: Heating the chocolate

*Stove-top method - place chocolate in double boiler or a glass or metal bowl in a pot of barely simmering water. Stir constantly until completely melted

OR

*Microwave method - place chocolate in glass bowl and microwave for 15 second intervals, stirring in-between until completely melted

Part 2: To dip the strawberries, hold by stem and dip into the chocolate. At this point, you can be creative and further dip into crushed nuts or add decorations to the dipped strawberries before the chocolate dries. Then place on baking sheet lined with wax paper. Use dried apricots to mop up any remaining chocolate. Chill in fridge for 30 minutes (longer will develop condensation). Then serve - ideally on the same day!!!





Spotlight on Core Medicine: *DGIM Heavy Lifters* on the Core-I Medicine Ambulatory Block



Lessie Robb-Nicholson *Director of Education*

Every year, about 52 Harvard medical students spend a full year here at MGH learning clinical medicine in the Principal Clinical Experience. A highlight of the year is the twelve weeks they spend on the Core-I Clerkship in Medicine. For many students, this is an exhilarating and defining experience, and Core-I Medicine at MGH is consistently rated very highly among HMS'ers.

The success of the clerkship at MGH is due to the hard work of many in the Department of Medicine, and especially the three DGIM physicians who are responsible for leading it – **Dr. Leigh Simmons, Clerkship Director**, and **Associate Clerkship Directors Drs. Amulya Nagarur and Kate Johnston**, who are responsible for the inpatient experience and feedback/evaluation, respectively.

I sat down with Leigh recently to learn more about the Clerkship and her role. A busy primary care physician in Internal Medicine Associates, Leigh is not only the Director of the MGH Clerkship, but also chairs the Medicine Clerkship Committee at HMS, which sets standards for Core-I Medicine at all the HMS-affiliated hospitals.

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DGIM Ambulatory Preceptors	
Beacon Hill Associates	MGH Charlestown
Helen Delichatsios	Priya Gupta
Ron Dixon	Mark Eisenberg
Erika Riley	Lauren Glickman
Internal Medicine Associates	Michael Garrity
Allan Goroll	Jim Morrill
Shiri Feingold	Rajani Larocca
Garrett Chinn	MGH Senior Health
Danny Chin	Fadi Ramadan
Mass General Medical Group	Medical Walk-In Unit
Claude Alabre	Nii Tettah
MGH Women's Health	Benson Henry Institute
Kate Johnston	Darshan Mehta
Liz Lincoln	Michelle Dossett
*Also, our Chelsea Urgent Care Physicians regularly work with students	

From left: Jessica Detmer-Lillard, Leigh Simmons, Kate Johnston, Amulya Nagarur, Lisa Neville



Albright Teaching Service Growing and Thriving

The Albright Teaching Service provides a premier educational experience for students, specifically providing learning in a team-based model alongside attending and NPPA clinicians. The Albright Service – which historically accommodated a handful of fourth year medical students – now hosts dozens of students from HMS and area PA schools.

“Hospitalists love being at MGH for the same reasons other doctors are drawn here – to work with the best and to be involved in the academic mission of the institution,” said one Albright attending. Another hospitalist said, “The Albright Teaching line has been really rewarding personally and has led me to seek out other teaching opportunities at the medical school.”

HMS students who spend four weeks of their Medicine clerkship on the Albright Service appreciate the close interaction with attending physicians.

One student commented, “I thought it was a great experience...On Albright, you get to work one-on-one with a hospitalist...with dedicated time with an attending.”

It’s not just medical students who seek to do their clerkships on the Albright Service. It is also a sought-after rotation for physician assistant (PA) students. What started three years ago as a partnership between the Albright Service and Northeastern has grown to include the MGH Institute of Health Professionals. PA students from the



Dr. Kristen Livesey with HMS Students Vish Sridharan and Brandon Law

schools spend five weeks working on Albright Service.

Coordinating the schedules of all these students rotating each month on Albright can be challenging. “We are lucky to have a tremendous team working to ensure every student is provided the ideal opportunity to grow and develop their medical knowledge,” said Melissa Mattison, Chief of the Hospital Medicine Unit.

Inaugural DGIM Women in Medicine Event

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Booster” led by Dr. Kerri Palamara (our DGIM Coaching Guru) and a narrative session on “Crafting our Stories” led by Dr. Suzanne Koven (our DGIM Writer-In-Residence).

The remainder of the evening was a casual mix and mingle event, allowing people to get to know their colleagues and form new connections, while renewing old friendships. There is already great enthusiasm for the second annual event in March 2018, and also for small gatherings over the course of the next year to keep the momentum going.



Happiness Boosters!

Book Collection | Hugs | Humor
Laughter | My animals | Cheese
Rihanna Song | My kids | Yoga
Bright moon in a beautiful sky
Chocolate | Swim Meets | Merlot



HMU Award Winners

We’d like to congratulate a few members of the Hospital Medicine Unit recently received awards recognizing the exemplary work that they do.

- ◆ Jonathan Wing, MD, and Bill Hillman, MD were both recipients of 2017 Patient Safety Star awards!
- ◆ Steve Knuesel, MD, received the 2017 MGH PCE Faculty Teaching Award in Medicine. This award is determined by Harvard medical students who spend their Principal Clinical Experience (PCE) year at MGH. Each year, the students nominate and vote for the faculty and residents in each core clerkship who have contributed the most to their education over the course of the year.

DGIM Heavy Lifters on the Core-I Medicine Ambulatory Block

(Continued from page 3)



Can you describe the Medicine Clerkship and its goals?

Leigh Simmons: The core is twelve weeks long—eight weeks of inpatient and four weeks of ambulatory rotations. The educational goals are for students to learn the breadth of diagnoses encountered in internal medicine, evaluation of the undifferentiated patient, principles of acute care of patients in the hospital setting and of chronic disease management in the outpatient setting, and to be exposed to careers in internal medicine.

That's a tall order! How does the ambulatory component of the clerkship fit in?

LS: The ambulatory block is where students learn about chronic disease management. It is also a place where students really sharpen their diagnostic skills. Patients often present with symptoms that are undiagnosed and need to be evaluated for the first time. Students learn frontline history-taking, the proper ordering and interpretation of diagnostic tests, the importance of the patient/doctor partnership in achieving successful outcomes, and how to handle uncertainty.

The centerpiece of the outpatient month is time spent in a primary care practice. Students also spend time in selected subspecialty clinics, (rheumatology, pulmonary, cardiology, dermatology, and ophthalmology) and in group didactic sessions. Over the course of four weeks, a student will see

and evaluate over 100 outpatients.

The ambulatory block of Core Medicine was first suggested by **Dr. Allan Goroll**, an IMA practitioner and the first graduate of the Primary Care Training Program at MGH. It has since become a highlight of the Core Medicine experience here.

DGIM Primary Care Clinicians constitute the backbone of the ambulatory core, sharing their time, expertise, patients and staff with students year after year. And, we could not manage such a large teaching effort without the tireless work of administrators **Lisa Neville** and **Jessica Detler-Lillard**. It is a privilege, and also fun, to work with such dedicated colleagues, and hopefully to inspire students to consider careers in Primary Care Internal Medicine!

Mongan Mondays—Because You Never know Where Your Next Collaborator Might Come From!

In late December 2015, Chief of Medicine Katrina Armstrong announced that the Department of Medicine was creating an umbrella structure dedicated to expanding and strengthening research across the department in the areas of health disparities, health policy and economics, epidemiology, population and community health, and patient outcomes population and health care sciences.

Bringing together researchers from six centers and units (the Cancer Outcomes Research Program, Clinical and Translational Epidemiology Unit, Disparities Research Unit, Disparities Solutions Center, Medical Practice Evaluation Center, and the Mongan Institute Health Policy Center) plus other DOM investigators working in these areas is no easy task, and one of the first orders of business for interim Director Josh Metlay was to find a way for already busy investigators to come together to find out more about each other's research.

With this in mind, the “Mongan Mondays” series was born. The hour long seminar combines lunch with two brief presentations and discussion. The first three dates gathered 35-40 interested faculty and generated some great dialog as well as introductions and exchanges of emails among investigators who may not have been aware of each other before.

The last MM of the season was held on March 20, and featured presentations by Ken Freedberg and Rochelle Walensky from the Medical Practices Evaluation Center, and Aswita Tan-McGrory of the Disparities Solutions Center. A new series of events is already planned to start this September!



Drs. Jessica Haberer (Top) and Mark Siedner (Bottom) each presented at our inaugural Mongan Monday Seminar in November.



Pages: Notes from the DGIM Writer in Residence



Andrea Reilly
Guest Columnist

Freedom Clinic offers care, respite to survivors

A recent Boston Globe Magazine article told the story of a fourteen year-old Dorchester girl sold for sex by a man she met online, while her loving family thought she was at the mall with friends. The article highlighted the dark underworld of human trafficking, which flourishes abroad, in the U.S., and here in Boston. Survivors of trafficking need healing and one place they find it is the MGH Freedom Clinic. In this column, DGIM physician Andrea Reilly, M.D., writes about the challenges and joys of caring for these especially vulnerable patients.

On my first day, I was nervous. I had been a doctor for twenty years, but

was I up for this? Could I handle the stories of trauma I would hear?

In April 2015, the MGH Freedom Clinic opened to provide free primary care to survivors of human trafficking. I am one of four physicians who have worked at the clinic since its inception. I've seen the ugliest side of life there – the worst of what one human being can do to another – but also the beauty of life, and the amazing resiliency of human beings.

My first patient's boyfriend-turned-pimp had made her a prisoner in her own home. She was tied up and abused for months. She had extensive dental and orthopedic injuries and trouble sleeping. The woman had a primary care physician locally, but shame kept her from returning to that practice. She didn't want to explain her injuries, to tell her story.

Thankfully, this patient was accompanied to the Freedom Clinic by an advocate from a social service agency who gave her a feeling of security. Survivors of trauma learn to mistrust people, and that often includes physicians. One study suggests up to 87% of victims report having been evaluated in a health care facility while being trafficked and without being identified as a victim.

Two years ago, I had only just begun to learn of the horrors and prevalence of human trafficking here and around the world. There is no stereotypical victim. I have taken care of patients from ages 13 to 62, men and women, domestic and foreign. Each has a story he or she has kept hidden for weeks, months, or years.

It is not easy to escape. For some, addiction entangles them in trafficking. Pimps may encourage drug use to keep their victims docile. Several of my patients have escaped trafficking and then fallen or been pulled back in. For some, it is a quick way to earn money – some left school as early as 13 or 14 – and others are ensnared by their traffickers through threats and force. We work with local law en-



PARTNERSHIP for FREEDOM

MODERN SOLUTIONS TO MODERN DAY SLAVERY

forcement and Homeland Security. Our patients are often rescued by federal or local agents, brought to a safe house – and then to us.

It may surprise some to learn that in the Freedom Clinic we do not often talk about trauma with our patients. Patients know they are there because of their trauma. We can address it if we need to or if they wish to, but there is no elephant in the room. We can just get on with taking care of the rash or sore throat. If the nightmares and insomnia get too bad, the Freedom Clinic has a specialized mental health team available as part of our multidisciplinary clinical team (emergency medicine, psychiatry). We also have a network of trusted sub-specialists, including substance use disorder clinicians, dentists, surgeons, and gynecologists. Tasks range from obtaining operative notes from the Ukraine to helping a patient think through an unexpected pregnancy.

I have learned volumes about the vulnerabilities and needs of this special population, all from the patients themselves. I am continually impressed by their grace and strength. As one survivor writes: "To love is to believe. May we so love as to believe!"



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

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MGH DIVISION OF GENERAL INTERNAL MEDICINE



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