



GENERALLY SPEAKING

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Opening Lines



Medicine, especially General Internal Medicine, is a team sport. The strength of our Division lies in the diversity, talent and compassion of its members. Historically, we have celebrated the importance of teamwork in terms of the quality of healthcare we deliver to our patients, emphasizing the value of care coordination and communication. But, as this latest issue of *Generally Speaking* emphasizes, teamwork is also invaluable in providing support and care for the members of the Division themselves. Recognizing the importance of career development and support, the DGIM has launched several initiatives to support our faculty and staff members. In this issue, Susan Hata writes about her experience as a DGIM Balint Scholar. The Balint model is a group-based experience sharing program that promotes resiliency and personal growth. Karen Carlson has been leading a program here at MGH and our Balint Scholar program is designed to further expand the availability of these groups. Other examples of DGIM members helping DGIM members abound, including clinical faculty teaching retreats, happiness heros, annual career conferences, and research affinity groups. Assuring the well-being of the members of our Division is as important a part of our mission as assuring the health of our patients. Enjoy!

Did you know that Annual Career Conferences (ACC) will be a yearly event for DGIM faculty, beginning Oct 1, 2017?

Did you know that your PeopleSoft payroll person (in most cases your practice manager or group administrator) will log confirmation of your ACC in PeopleSoft to track that the ACC has happened?

Did you know that the DGIM Faculty and Staff Career and Professional Development office has developed an electronic, [fillable ACC form](#) that is now available for you to use? We are happy to answer any questions you may have about the form or the ACC process.

Carrying One Another's Burdens: Connection with Colleagues as a Path Back to Joy in Practice

Susan Hata
DGIM Balint Scholar

As primary care physicians, we are no strangers to wounds. New or old, physical or emotional, visible or invisible, healing or nonhealing, our years of experience examining and listening to patients have taught us to recognize wounds in their many forms. We know that only when the wound is uncovered, seen, and understood can the healing begin. And so we encourage our patients not to hide their wounds from us.

We are far less tender with our own wounds. We're all acutely aware of the occupational hazards of our profession in terms of burnout and mental health struggles. But our training has not equipped us to protect ourselves from these risks. Carl Jung described physicians as "wounded healers," a term that resonates with the struggles I see in myself and my colleagues. As someone who mentors residents interested in primary care careers, I think a lot about how to support those who choose this path, and how to prepare them to thrive.

This spring I had the opportunity to attend the "Reflection and Resiliency" HMS CME course, co-directed by Karen Carlson of the DGIM, and held in Orvieto, Italy. As I traveled the miles by plane and train, I thought about the intensity of our days in clinic, and wondered what this course could offer that would ease the struggles we face.

What I found was a refreshing, structured time and space to explore the joys and sorrows of our work as physicians. Wise and experienced faculty led morning discussions focused not on the problem of burnout, but on empathy and ways of finding meaning in our work. Time was set aside to consider the questions crowded out of our minds in a busy clinic session at home: "What do I love about my work? What would it look like for my work environment to be healing for me and for my patients? How can I be present with patients and colleagues?" The rich conversations continued over hiking trails, cobblestoned streets, and glasses of wine throughout the week.

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Education Spotlight: Clinical Faculty Teaching Retreat

For the last 17 years, the Department of Medicine has hosted a Clinical Faculty Teaching Retreat each spring. This year's retreat, "Millennium Learners: Crafting Teaching Moments for a Light Speed World" focused on creating short "chalk talks" for millennial learners. The event attracted over 70 clinical teaching faculty, predominantly from the DGIM. Faculty who teach on the Bigelow and precept in ambulatory clinics attended.

This yearly event is planned by the MGH Residency program and the Annual Retreat Planning Committee. Specifically, this year's event was created and designed by the DGIM's Core Educator Service. Each year the committee chooses an educational topic for faculty development. Prior years have included retreats on Feedback, Milestones, Teaching the Physical Exam, Managing Patients with Addiction, Unconscious Bias, and Patient Communication.

In the opening remarks, Dr. Katrina Armstrong kicked off the retreat with a poem about teachers and parents. Dr. Jay Vyas, the Residency Program Director, provided an overview of the upcoming changes within the residency program.

The invited Keynote speakers were Provost Vincent Manno and Professor Yevgeniya Zastavker from Olin College of Engineering. Their address, titled "Thinking Outside the Box, Re-Engineering Education", highlighted the radical changes made by Olin College to engineering education. Olin was founded on the idea of revolutionizing engineering education by creating a learner focused environment that bridges the gap between education and the real world. Professor Zastavker illustrated her mechanical engineering course on ramps, which teaches students by having them design a stage for two

women who dance in wheelchairs. Her course also touches on the meaning of the word handicap, helping students see the connection between their field and humanity. Despite the obvious differences between medical education and engineering, the Olin speakers inspired the clinical teaching faculty to think

differently about their teaching and how to best craft it to the learner.

Additionally, Dr. Alberto Puig, Director of the Core Educator Service, gave a brief talk about millennials and their learning styles. Having helped design Harvard's newest Pathway for undergraduate medical

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Greenwald Wins 'Outstanding Service to Hospital Medicine' Award



Dr. Jeff Greenwald receiving the 2017 'Outstanding Service in Hospital Medicine' award at the Society for Hospital Medicine's annual meeting in early May.

Jeff Greenwald, of the Core Educator Faculty in the Department of Medicine, received the Society of Hospital Medicine Award for Outstanding Service in Hospital Medicine, the highest honor the society gives to a physician for exceptional service in the discipline. He was recognized for his contributions to the field of Care Transitions through his work on Project BOOST (for which he was lead developer of the intervention and mentor of over 25 sites), medication reconciliation, and other quality improvement efforts. He is also founder and chair of the Boston Association of Academic Hospital Medicine (BAAHM). Since joining the MGH in 2009, his work has concentrated on improving MGH and Partners' discharge care transitions efforts and on the development of novel tools to assess readmission risks; more recently he has been working with Palliative Care at MGH to help disseminate primary palliative care skills to Hospital Medicine and other providers across the MGH care continuum.

Additionally, Kathleen Finn, inpatient associate program director of the Internal Medicine Residency Program and Core Educator - Hospitalist, has been named course director for the annual Society of Hospital Medicine national meeting for 2018. This year Finn served as the meeting's co-course director.

Spotlight on Education

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education, he was able to demonstrate millennials enjoy learning more from videos and brief teaching moments. Lectures are out!

Two interactive workshops followed the didactics. Six master educators in the DOM were invited to give 10 minute “chalk talks” to small groups. We were privileged to have Drs. Nesli Basgoz from ID, Josalyn Cho from Pulmonary, Douglas Drachman from Cardiology, Andrew Lundquist from Renal, Joshua Metlay from the DGIM, and John Stone from Rheumatology as the master educators. With core educators as facilitators, the small groups discussed these “chalk talks” and identified the elements that made them successful. In the final workshop, attendees worked in small groups to craft their own “chalk talks” based on two clinical cases. They had the opportunity to present their talks in small groups and get immediate feedback. Dr. Sherry Haddock volunteered to present her brief teaching moment on lipids to the entire room with great applause. Dr. Kathleen Finn, Inpatient Associate Program Director, who hosted this event, provided the closing remarks. The retreat was well received and there has been ongoing discussion on how to best support clinical teaching faculty to improve their teaching.

Many thanks go out to the Core Educators who assisted with the planning of the retreat:

Cindy Cooper, Kathleen Finn, Andrew Fenves, Jeffrey Greenwald, Steven Knuesel, Farrin Manian, Amulya Nagarur, Kris Olson, Molly Paras, Alberto Puig, Douglas Wright, Joshua Ziperstein

Culinary Literacy Corner

Helen Delichatsios
Culinary Literacy Expert



Picnics. Barbeques. Potlucks. You know summer has arrived! Want to impress family and friends? Tabouli (Tabbouleh) salad, a staple Middle Eastern dish, is a refreshing, cool, colorful, light salad that hits the spot. This is a recipe that I have also prepared with my patients during a Shared Medical Appointment! See the link at the bottom of this article.

Ingredients & Recipe:

Part I – Active prep time 5 minutes

Add boiling water to the bulgar wheat. Cover. Let stand for 20 minutes. Add the lemon, olive oil, salt, dried mint, and mix. If using fresh mint, add in part II

Place in fridge for 3 hours for grain to absorb the liquid. Alternatively, you can leave in fridge overnight.

Reflections on Chopping:

Chopping can be a limiting factor in meal preparation. Supermarkets sell pre-chopped vegetables; however the Tabouli ingredients do not retain flavor and appeal when pre-chopped. Chopping is a mindset, an opportunity to reflect and meditate. Too many calls to return? Chopping is the perfect multitasking activity. But be careful. The recipe does not call for chopped fingers! Enlisting the help of a family member or friend not only cuts on chopping time but enriches relationships. Your guests have arrived and you are still not done with preparations? No worries, give the guests a knife and ask them to chop!

Part II – Chopping time: 20 minutes.

(Note: Cut chopping time in half by recruiting a family member or friend!)

Mix chopped ingredients into the salad. Adjust oil/lemon/salt/pepper to taste.

Take a moment to reflect on your creation. The multitude of colors; the aroma; the presentation. Food preparation, admiration, and appreciation remind us that eating can be a mindful activity.

Serve immediately, or the next day, or take for lunch. Good for up to 3 days.



This 8-minute clip, [“To improve patient diets, the doctor is in ...the kitchen”](#) aired on 5/8/17 on PBS Newshour. Dr. Delichatsios makes a brief appearance at around 4:45.

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

Ingredients:

- ◆ 1 cup bulgar wheat
- ◆ 1 ½ cups boiling water
- ◆ 1 tsp of salt
- ◆ ½ tsp dried mint (or ¼ cup chopped fresh mint)
- ◆ ¼ cup lemon juice
- ◆ ¼-⅓ cup olive oil

Ingredients:

- ◆ 1 cup chopped fresh parsley
- ◆ 2 tomatoes diced
- ◆ 1 cucumber diced
- ◆ ½ cup chopped scallions

Optional add-ins: chick peas, shredded carrot, feta cheese garnish

Carrying One Another's Burdens

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But the real magic of the course occurred in the afternoons, when we gathered for Balint groups. This physician training group model has been used worldwide since it was developed by Dr. Michael Balint in the 1950s. In these groups, physicians meet regularly to share challenging cases with one another, with a specific focus on the doctor-patient relationship and the feelings it evokes. Like many things in medicine, the best way to learn the Balint model is by doing, and we shared cases with each other every afternoon in our own class Balint group.



Dr. Hata (front row, third from left) joined by colleagues at the Reflection and Resiliency course in Orvieto, Italy.

Over the course of the week, we took turns sharing our difficult patient cases and each time the group respectfully and generously debriefed the emotions and questions involved. Metaphorically, we unwrapped the bandages over the wounds of our hard cases, and submitted to our colleagues tenderly and respectfully examining the contours of disconnection, fear, guilt, regret. Again, and again, I watched the healing process unfold in the relief, validation, understanding, and care that were returned by the group.

As I've returned back to my practice, I am implementing many lessons learned from the discussions of the course, but I remain most moved by the realization that the way back to healing in our work does not lie in hiding our struggles, but in opening ourselves to give and receive support to each other. We may not have had training in our residencies to prepare us for the occupational hazards we would face, but there are skills we can still learn to tend ourselves and each other, and we can practice these skills together.

Interested in learning more? Dr. Karen Carlson is currently co-leading a Balint group for clinicians within the DGIM (see sidebar), and under the leadership of Mary McNaughton-Collins and Josh Metlay, the Division is investing in training more leaders of additional Balint groups. Over the course of the year to come I will undergo the training needed to start a group, and next spring the Division will sponsor another faculty member to attend the Reflection and Resiliency course.

Balint groups are a powerful training method that helps develop the clinician's ability to use empathy skillfully. Since September 2016, Dr. Karen Carlson and Dr. Kathleen Ulman have led a successful Balint group for DGIM physicians. **The group is open to take in new members over the summer and into the early fall.**

The on-campus DGIM group meets twice a month for one hour to focus on a specific case brought by a member. The group explores the case from the standpoint of the patient, the doctor, and the relationship, in a structured and safe setting. Physicians who participate regularly in a Balint group report that they

- ◆ feel supported and understood
- ◆ develop new ways of understanding difficult patients
- ◆ have more empathy for their own and colleagues' feelings
- ◆ tolerate uncertainty better
- ◆ become more patient-centered;
- ◆ feel better connected to their original desire to practice medicine

If you are interested in learning more about the on-campus DGIM Balint group, or about starting a Balint group at an off-campus practice, please contact Dr. Karen Carlson (Carlson.Karen@mgh.harvard.edu).

Happiness Hero: Jovan Harrington

As summer approaches, The Division of General Internal Medicine's Hospital Medicine Unit (HMU) continues its efforts to recognize and spread happiness throughout MGH! This season, they have announced their newest Happiness Hero – Jovan Harrington!

The HMU Happiness Committee was originally founded to promote optimism, resilience, and camaraderie. Nearly two years 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 winner, Jovan Harrington has been recognized by many within the division as a Happiness Hero for bringing enthusiasm, vitality, and smiles to the clinicians, staff and patients of MGH. For the past four years, Jovan has been an Operations Assistant on Ellison 12. When given the news of his award, the staff on Ellison 12 erupted in cheer and congratulations.

It is clear that Jovan not only excels in his duties and daily responsibilities but does so with great love and compas-

sion. "Jovan is one of those people that make you look forward to coming into work every day. His enthusiasm and energy is infectious and hard to ignore, even on tough days" said one clinician. Others have noted Jovan "is a team player, wonderful to be around...I wish my computer was next to his, just so I could talk to him all day!"

If you see Jovan in the coming weeks, please take a moment to congratulate him for this achievement. 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.



Jovan Harrington, center, along with many of his colleagues from Ellison 12

DGIM PhD Coffee and Conversation

On May 3rd, the DGIM Faculty and Staff Career and Professional Development Office sponsored a Coffee and Conversation gathering with the PhDs from DGIM. This was the first meeting of the PhD group, and discussions were lively. Topics included: career pathways, teaching, mentorship, promotions, leadership opportunities, and resources for PhDs.

The DGIM PhD scientists are an impressive group, working on a wide

range of research projects in Clinical Epidemiology, Health Services Research, and Policy Research. Our DGIM PhD scientists are unique, as they are not doing Bench or Lab Science like many other PhD researchers at MGH.

The DGIM PhD group will meet again this Fall to continue discussions aimed at improving career satisfaction and promoting the advancement of this accomplished group of scientists.

DGIM Writer in Residence, Dr. Suzanne Koven, joined the event and will be conducting a Narrative Session with the DGIM PhDs in the coming year. She will also begin to work with our PhD grant writers to bring her expertise in storytelling to their skillful grant writing.

Please see Suzanne's Interview with Dr. Eric Campbell on page 8 to learn more about our DGIM PhD scientists.



DGIM PhD Coffee and Conversation, May 3rd

Practice Spotlight: MGH Beacon Hill Primary Care

Mary McNaughton Collins, Director, DGIM Faculty and Staff Career and Professional Development, recently caught up with MGH Beacon Hill Primary Care Medical Director, Erika Riley, MD, MPH, to discuss her background and some of the exciting things going on at the Beacon Hill practice.



Mary McNaughton Collins (MMC): As the primary care team leader (PCTL) at our MGH Beacon Hill practice, can you tell us a bit about you and your career path?

Erika Riley (ER): I was born and raised in Connecticut, went to undergrad at Muhlenberg College in Allentown, Pennsylvania, and returned to my home state for medical school, where I attended University of Connecticut School of Medicine. I met my husband there [UCONN School of Medicine] – a native Bostonian. After graduation, we moved to Massachusetts where I completed my internal medicine residency at Mt. Auburn Hospital and a General Medicine Fellowship at the Harvard School of Public Health. I joined MGH Beacon Hill right after fellowship and have been a part of the practice for the past 13 years.

MMC: When did you begin as PCTL at Beacon Hill and what is your vision for the MGH Beacon Hill practice in the coming years?

ER: I became the Medical Director at MGH Beacon Hill in January 2016. MGH Beacon Hill has always been a practice ready to test new technologies and expand the way we think about care delivery. We were one of the first practices at MGH to offer virtual visits to our patients as an alternative to face-to-face visits. We hope to broaden our use of technology even further, to restructure how we deliver care to our patients and to keep our physicians and staff excited about healthcare and satisfied with their careers.

MMC: Can you tell us a bit about the MGH Beacon Hill practice – how many physicians, NPs, nurses, MAs, PSCs, other staff? Any other interesting tidbits about your practice?

ER: MGH Beacon Hill has undergone some expansion over the past year. We shared locations with Executive Health Services for many years. After their relocation in 2016, we expanded into their former

space, creating room for several more physicians to join our team. We now have eight physicians and have hired two more to join us over the summer. We also have two RNs, one LPN, five Medical Assistants, five PSCs, one referral coordinator, an iCMP nurse, and our wonderful support staff from Collaborative Care and Population Health Management.

MMC: Do you have any exciting practice redesign or other pilots underway in your practice that you would like to share with our DGIM community/readers of *DGIM Generally Speaking*?

ER: We are redesigning many aspects of our practice as we plan to submit our PCMH application in the early fall of this year, and as we think about how to optimally deliver care to our patients. Our physician/flow managers work in 1:1 teams along with designated PSCs and RNs. We also have plans to integrate our LPN and RNs into patient outreach programs to prevent hospital readmission as well as help in managing our diabetic patients. We have restructured our PSC space to include a call center and have added additional support, cutting our phone wait times in half. We have moved to a paperless communication system for our physician/flow manager teams to use during patient care sessions. We are fortunate to have a physician in our practice, Helen Delichatsios, who has perfected group visits. We plan to expand the use of these to meet our patients' general medical needs with a focus on nutrition and its impact on health.

MMC: What are you most proud of about your MGH Beacon Hill practice?

ER: There are so many changes to the practice that have happened in the past year that have enhanced our ability to care for our patients, and have increased the efficiency of our administrative and patient flow. We have been able to successfully implement new practice procedures and make physical changes to the space nearly every month.

MGH Beacon Hill Faculty

- ◆ Erika Riley, MD, MPH
 - ◆ Jorge Casal, MD
 - ◆ Helen Delichatsios, MD
 - ◆ Ronald Dixon, MD
 - ◆ Sara Kalkhoran, MD
 - ◆ Siamak Malek, MD (started March 2017)
 - ◆ John Muse, MD
 - ◆ Arpna Patel, MD
- Incoming faculty – Starting July 2017:*
- ◆ Meetra Farhat, MD
 - ◆ Aba Ewusi MD



MGH Beacon Hill Staff and Faculty

Did you Know:

Patient Engagement and Education Resources for Primary Care

MGH clinicians have access to a robust set of tools and resources to help engage patients in their care. Engaged patients are shown to have better outcomes and lower healthcare costs. Patient engagement strategies include educating patients about their conditions and empowering them to participate in decision-making about their care. Here are examples of patient engagement tools used in primary care.

Primary Care Office Insite (PCOI)

Primary Care Office Insite (PCOI) is a decision-support tool that facilitates day-to-day practice for primary care teams at MGH and across Partners. The PCOI website is designed to save time, improve care, and provide quick access to trusted information. Through PCOI, care teams have access to:

- ◆ 291 evidence-based **Clinical Guidelines**
- ◆ 1161 printable **Patient Handouts** in English & Spanish.
- ◆ **Clinical Visit Tools** and **Clinical Access Guides**
- ◆ Medical **Calculators**, **Useful Forms**, and links to helpful **Resources**

PCOI is accessible through Epic, Partners Applications, and from home. For more information about PCOI, or to suggest topics for guidelines, handouts, or other functionalities, email the team at pcoi-web@partners.org.

Vidscrips

Vidscrips are short, single-topic videos organized into chapters made using the Vidscrip app on an Apple or Android device. Topics range from clinical conditions and treatment options to introducing patients to the practice and members of their care team. Videos can be made by anyone in the practice and prescribed to by sharing the video link through email or Patient Gateway, including the URL on paperwork patients receive, or posting on social media. Practices can make as many videos as they wish at no cost. Visit vidscrip.com/massgeneral to view the catalog of videos made at MGH. For more information on creating your own videos, contact [Chrisanne Sikora](#).

Shared Decision Making (SDM)

The goal of the shared decision making (SDM) program is to provide tools and training to help patients and clinicians make well-informed, patient-centered medical decisions. Patient decision aids (DAs) are educational tools that prepare patients to engage in a variety of medical decisions.

The SDM team is available to work with departments and practices to increase use of decision aids and provide feedback to track usage. [Click here](#) to learn how to order the DAs in Epic.

SGIM 2017 Annual Meeting

In late April, many DGIM members made the trip to Washington, DC to take part in the 2017 SGIM Annual Meeting. Once again, our division had a strong showing, with DGIM members and their work being showcased

throughout the meeting. In total, over 70 DGIM members were involved in presentations, workshops, symposiums, and/or interest groups. Additionally, our annual DGIM dinner was a highlight of the trip, as it always is.



Drs. Seth Berkowitz, Helen Delichatsios, Sara Kalkhoran, and Arpna Patel during the DGIM's annual dinner.



Dr. Jessica Zeidman presenting her research

Pages: Notes from the DGIM Writer in Residence

Catching up with Eric Campbell, PhD

Did you know that there are sociologists on staff in the DGIM? Also epidemiologists, health policy experts, and behavioral scientists? They're among the PhD researchers whose work may not be familiar to many clinicians and yet informs every aspect of clinical practice from medical decision-making to health care delivery. The beginning of a new academic medical year seems a good time to highlight the vital role PhDs play in the DGIM. I sat down with Dr. Eric G. Campbell, a sociologist, professor at Harvard Medical School, and the most senior member of this team, to learn more about our PhD colleagues.—Suzanne Koven



Can you tell us a bit about your career path and research interests?

Eric Campbell (EC): After finishing my PhD at the University of Minnesota I came to the MGH for a post-doctoral fellowship in health policy with Dr. David Blumenthal. I was then offered an instructor position and figured I would stay for a couple of years and then head back to the Midwest, but 20 years later I'm still here at the MGH and HMS. My research interests involve the study of physicians, professionalism in medicine, conflicts of interest, and other ethical issues.

Has your role and the role of PhDs in the DGIM changed over time?

EC: My role has changed dramatically over the last two decades. When I arrived as a newly minted PhD I spent the majority of my time absorbing the knowledge and experience of my colleagues. Eventually, I began securing funding to support myself and other staff through research grants. I still spend the vast majority of my time writing grants, conducting research, and writing papers.

Over the years I have acquired additional responsibilities such as assisting in running the Mongan Institute Health Policy Center (MIHPC), providing consultation services for the Division of Clinical Research at the MGH, teaching a course at HMS, and providing service to professional organizations and the federal government.

What are some of the research projects currently being conducted by PhDs in the DGIM?

EC: I'm working on a study of oncologists' attitudes and behaviors related to medical marijuana. I'm also assisting colleagues on studies about data sharing in science, conflicts of interest in medicine, and other topics. My colleagues in the MIHPC are working on a wide range of studies looking at smoking cessation, Medicare payment policies, nursing practices, and many others.

How does the role of a PhD researcher in the DGIM differ from those in the specialty divisions?

EC: The biggest difference relates to the types of research we do. In the DGIM, PhDs come from a wide range of disciplines but most conduct clinical epidemiology, health services research, and policy research. In many other departments, the PhDs are conducting basic science research. In the DGIM we conduct our own research and help our clinical colleagues conduct research as well.

How do the challenges and opportunities facing PhD researchers differ from those of their MD colleagues?


EC: I think for MDs who are primarily researchers the challenges and opportunities are pretty much the same. Securing funding in this very challenging environment is at the top of the list for most folks. Other challenges include finding time for writing, obtaining resources to build your research group, and seeking opportunities to interact with other researchers in your scientific discipline who tend to be located in universities and not hospitals. Since the arrival to MGH of Drs. Katrina Armstrong and Josh Metlay, I've seen a massive increase in the amount of attention and support provided to researchers who are not clinicians.

What would you most like your clinician colleagues to know about the work of PhD researchers in the DGIM?

EC: The DGIM has on staff some of the most talented PhDs in the world. My colleagues are known internationally for their work and they are truly amazing scientists. Recognizing and appreciating their accomplishments and expertise as colleagues are some of the most important things we can do to promote a dynamic and exciting research culture in the DGIM at MGH.



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

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GENERAL HOSPITAL
DIVISION OF GENERAL INTERNAL MEDICINE

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