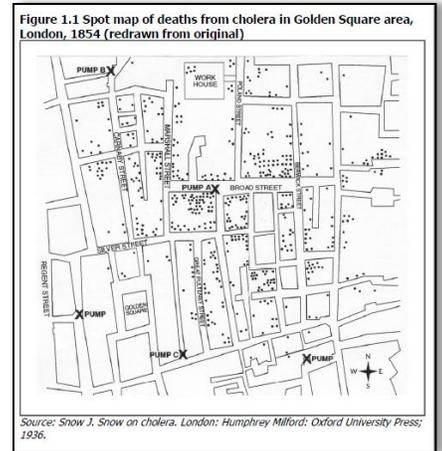




## Infection Prevention, Healthcare Epidemiology, and Antibiotic Stewardship Fellowship Track

**Background and Goals.** Infection prevention, healthcare epidemiology, and antibiotic stewardship are critical in the safe and effective delivery of patient care. The primary purpose of this fellowship track is to train fellows for a career in Infection Control/Healthcare Epidemiology and Antibiotic Stewardship. An emphasis is placed on mastering the core competencies needed to assume leadership roles in these vital areas as well as designing and conducting investigations to advance our understanding of effective approaches. Physicians with clinical and research interests in these areas are ideal candidates. This one-year fellowship track takes place after the ID Clinical year. There is one fellow per year in this track at MGH.



**Components.** The fellowship program has the following components:

- **Didactics.** The didactic component includes both formal coursework and participation in hospital-based conferences. Fellows will complete specific on-line courses offered in Infection Control and Antimicrobial Stewardship. Additionally, as part of mentored research, coursework may be undertaken through a customized curriculum developed through the MGH Clinical Research Program and the Harvard Catalyst. The goal of the coursework is to build or supplement the fellow's skills directly related to the fellowship.
- **Core Competency Development.** Core competencies in Infection Prevention, Healthcare Epidemiology, and Antimicrobial Stewardship will be developed through a series of rotations in the Infection Control (IC) Unit and the Antibiotic Stewardship Program (ASP). Fellows are paired with staff in each group during the academic year.
- **Investigation.** Fellows will work with their mentor and the IC Unit or ASP during their clinical year to develop a project for implementation during their fellowship year that will lead to a conference abstract, a review paper, or a book chapter. Examples of projects include: a formal outbreak investigation or implementation and evaluation of a quality improvement intervention.
- **Dissemination/Education.** Fellows are responsible for educating other fellows and residents and will present at least once in the Harvard-wide Infectious Diseases Conference and other venues as appropriate.
- **Administration.** Fellows are required to attend weekly IC Unit staff meetings, the monthly hospital-wide Infection Control Committee meeting, and the monthly Antibiotic Stewardship Leadership Meetings, as well as the bi-annual ASP Meeting.
- **Mentorship.** Fellows will be paired with faculty member with whom they will meet regularly during the fellowship to ensure progress towards fellowship goals.



**Current Fellow (2016–2017).** Karen C. Coffey, MD, MPH. Dr. Coffey received her MD and her MPH from Tulane University School of Medicine and School of Public Health and Tropical Medicine, respectively. She completed Internal Medicine residency at University of Virginia Health System in 2015 and the same year joined the MGH-BWH Infectious Disease (ID) Fellowship Program. Her areas of interest include antimicrobial stewardship, hospital epidemiology, and clinical microbiology.



**Recent Fellow (2015–2016).** Molly Paras, MD. Dr. Paras received her MD from the Mayo Clinic College of Medicine in 2010, completed internal medicine residency at the Massachusetts General Hospital in 2013 and the same year joined the MGH-BWH Infectious Disease (ID) Fellowship Program. Her areas of interest include medical education and antimicrobial stewardship.



**Faculty.** Faculty are drawn from the Infectious Diseases Division, Infection Control Unit, and Pharmacy Departments, with collaboration beyond the division as appropriate given each fellow's individualized program plan.



[Erica S. Shenoy, MD, PhD](#). Program Director. Dr. Shenoy's research interests include both clinically based research related to screening for resistant organisms as well as dry-bench research using mathematical modeling to assess the impact of infection control policies. In her role as Assistant Chief of the Infection Control Unit, she assists in IC program development and administration.

[Alyssa R. Letourneau, MD, MPH](#). Dr. Letourneau's research interests include clinically based research related to antimicrobial use in immunocompromised hosts and the appropriate use of prophylaxis in this patient population. In her role as Director of the Antimicrobial Stewardship Program, she assists in developing antimicrobial use policies and managing the program.



[David C. Hooper, MD](#). Dr. Hooper's research interests include epidemiology and mechanisms of bacterial resistance to antimicrobials and contributions of resistance to antimicrobial choices and outcomes. As Chief of the Infection Control Unit, he oversees infection surveillance and prevention activities at MGH and facilitates collaborations with other MGH groups and across Partners hospitals.



INFECTION CONTROL



Kimberly G. Blumenthal, MD. Dr. Blumenthal's research interests include using clinical epidemiology and simulation- based methods to study antibiotic allergies and their impact on clinical outcomes and cost. In her role as the Quality and Safety Officer for Allergy within the Edward P. Lawrence Center for Quality and Safety, she coordinates policies on allergy entry in the electronic health record and medication dispensing for patients with prior recorded allergies.

[Dolores Suslak, MSN, CIC](#). Dee Dee Suslak is the Nurse Director of the MGH Infection Control Unit with staffing, financial, and operational management responsibility for the Infection Control and Prevention program across the MGH, including all inpatient and outpatient settings. She works in collaboration with hospital leadership to ensure that care is based on the most current, evidence based guidelines to promote safety and the best outcomes for patients across the continuum of care.



[Ronak G. Gandhi, PharmD, BCPS](#). Dr. Gandhi is a clinical pharmacist with specialized training in Infectious Diseases. He serves as the primary liaison between the Department of Pharmacy and the Infectious Diseases Division to promote clinical and antimicrobial stewardship services. His research interests include incorporating PK/PD modeling to optimize anti-infective pharmacotherapy.

[Ramy Elshaboury, PharmD, BCPS AQ-ID](#). Dr. Elshaboury is currently the Clinical Pharmacy Coordinator for Infectious Diseases at Massachusetts General Hospital. He is the primary preceptor for the adult infectious diseases rotation for pharmacy students and residents, and his areas of interest include critical care, antimicrobial stewardship, pharmacokinetics and pharmacodynamics in special populations, and clinical research.



**For more information**, contact Erica S. Shenoy, Program Director, at [eshenoy@partners.org](mailto:eshenoy@partners.org)