



PRISONERS' LEGAL SERVICES OF MASSACHUSETTS

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February 15, 2023

Via Electronic Mail:

Carol Mici, Commissioner
Department of Correction
50 Maple St, 4th Floor
Milford, MA 01757
carol.mici@state.ma.us

Re: Supplement to the Medical Parole Petition of Mr. [REDACTED]

Dear Commissioner Mici,

Please accept this letter and the attached statement from Dr. Alice Bukhman as supplementation to the medical parole petition submitted on behalf of Mr. [REDACTED] on December 23, 2022. Dr. Bukhman's statement sheds light on Mr. [REDACTED]'s serious chronic illnesses, ambulation limitations, and cognitive decline. His cognitive decline is mentioned in the petition, but due to an apparent lack of neurocognitive testing by prison medical staff, it is not diagnosed or reflected in the medical records shared with Prisoners' Legal Services. As Dr. Bukhman states based on clinical examination and testing, Mr. [REDACTED]'s cognitive decline is significantly farther along than previously understood.

Since filing Mr. [REDACTED]'s medical parole petition in December 2022, I have received classification records that provide additional insight into his stellar disciplinary history. In fact, Department of Correction (DOC) records indicate he has not accrued a single disciplinary report since 1985, nearly four decades ago. Beyond his clean disciplinary history over so many decades, no risk for violence is reflected in the review conducted by MCI-Shirley Superintendent, Shawn Zoldak, a review which must include, per medical parole regulations, an assessment of risk for violence. *501 CMR 17.04(3)*. In fact, as evidenced by the record, all of the documents reviewed and submitted by Superintendent Zoldak indicate that Mr. [REDACTED] poses no risk to public safety whatsoever.

Mr. [REDACTED]'s classification records reflect that he has an overall reclassification score of 3, meaning that but for an automatic override due to his original conviction,¹ Mr. [REDACTED] would be classified to

¹ There is a second override noted, Code B, which applies to those with outstanding legal issues, but here was applied because Mr. [REDACTED] has two "from and after" sentences. This means that after his current sentence, he would remain in DOC custody. However, if Mr. [REDACTED] is granted medical parole, it follows that he would be medically paroled from all Massachusetts sentences based on that determination.

“minimum custody or below” according to DOC’s Male Objective Point Base Classification Manual. This very low classification score demonstrates that Mr. [REDACTED] is in accordance with DOC’s classification goals and objectives, which are “to promote public safety and the responsible reintegration of inmates” 103 CMR 420.06.² Evidence points to the likelihood that Mr. [REDACTED] would reintegrate seamlessly into a nursing home based on observations that he currently spends his entire day in bed or in a chair next to his bed, and that he does not engage in any activities aside from sleeping and watching TV. Unfortunately, it appears that no effort has been made to contact potential nursing homes as DOC records reflect that no medical parole plan was submitted by Superintendent Zoldak to you, as required by statute,³ regulations,⁴ and case law.⁵

In addition, Wellpath physician Dr. Maria Angeles, asserts in her medical assessment that “[Mr. [REDACTED] is able to ambulate a distance of ~1200 feet without assistive device.” However, it is unlikely that this is accurate because the length of the hallway in the Health Services Unit (HSU) is far shorter than 1200 feet, and it is unclear how DOC could have ascertained that he can ambulate a distance equivalent to several soccer fields when he is incapable of walking beyond his unit.⁶ Further, I have met with Mr. [REDACTED] in person three times since November 2022, and on two of those occasions, he was pushed in a wheelchair to our appointment, which took place in the HSU, the same unit in which he lives. On the third occasion, Mr. [REDACTED] walked to our appointment. However, it took place in the “law library” vestibule right outside the door to his room. Further, when he was evaluated by Dr. Alice Bukhman in an HSU exam room on February 1, 2023, he used a walker to travel from his room to the exam room.

Thank you in advance for your consideration of this new information in support of granting Mr. [REDACTED] medical parole.

Sincerely,



Kate Piper
Paralegal

Cc: Via Electronic Mail

Kara Morello-Quinn
Paralegal Specialist
DOC Legal Division
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Boston, MA 02110
kara.morello-quinn@state.ma.us

² See [103 CMR 420 \(mass.gov\)](#); See also the Male Objective Point Base Classification Manual [download \(mass.gov\)](#)

³ M.G.L. c. 127, § 119A(c)(1)

⁴ 501 CMR 17.04(4)(a)

⁵ *Buckman v. Commissioner of Correction*

⁶ “~1200 feet” might in fact be a typo, but having not heard back from Dr. Angeles when I asked for clarification, I am unable to know.

Attorney Joan Kennedy
DOC Legal Division
70 Franklin Street, Suite 600
Boston, MA 02110
Joan.t.kennedy@state.ma.us

February 10, 2023

Patient: [REDACTED]

1. My name is Alice Bukhman. I am a board-certified emergency medicine physician. I completed an MPH at Boston University before attending medical school at University of California, San Francisco. I completed an internal medicine internship at Brigham and Women's Hospital followed by an emergency medicine residency at Boston Medical Center, graduating in 2012. I have for the past 10 years been an attending physician in the Boston area, first at Cambridge Health Alliance and now at Brigham and Women's and Faulkner hospitals, where I serve as the Director of Clinical Operations for the Faulkner Emergency Department. I have evaluated and treated many patients with severe physical and mental incapacitation throughout the course of my career.
2. I have been asked to perform an independent medical review of Mr. [REDACTED] an inmate at MCI Shirley. My evaluation of Mr. [REDACTED] consisted of review of several hundred pages of medical records and an in-person examination on 2/1/23.
3. I understand that a prisoner must be permanently incapacitated or terminally ill to qualify for medical parole and that permanent incapacitation is defined as "a physical or cognitive incapacitation that appears irreversible, as determined by a licensed physician, and that is so debilitating that the prisoner does not pose a public safety risk."
4. In assessing incapacitation, I have considered whether Mr. [REDACTED] suffers from identifiable diseases or disabilities, the extent to which such diseases or disabilities substantially limit major life activities and restrict his mobility and the activities in which he can engage, and whether the diseases or disabilities are irreversible.
5. All opinions expressed in this statement are held by me to a reasonable degree of medical certainty.
6. Mr. [REDACTED] is a 79 year-old man with many severe and chronic medical conditions including poorly controlled hypertension, coronary artery disease requiring coronary artery bypass surgery, a life-threatening weakening of his aorta (aortic aneurysm) requiring repair, and a recent incapacitating stroke that has rendered him physically and cognitively incapacitated.
7. Cerebrovascular accident (stroke): In 2020, Mr. [REDACTED] suffered a stroke that left his right side weak and impaired his memory significantly. Although he has regained some of his strength, he still has poor balance and difficulty with ambulation. He also has continued weakness of his right hand, impairing his ability to write his name. He is currently on multiple medications to prevent another stroke, including 2 blood pressure

medications, a statin (cholesterol lowering drug), and an antiplatelet agent (Clopidogrel) to prevent blood clotting. His most recent labs from 7/7/2022 show that he continues to have unfavorable lipid panel, placing him at continued risk for a cardiovascular event. It also showed that he is borderline diabetic (elevated hemoglobin A1c of 6.0), again increasing his cardiovascular risk. Although they vary from normal to high, his blood pressures per his chart are frequently above goal (176/89 (1/1/22); 152/76 (1/3/22); 154/88 (1/11/22); 152/68 (1/26/22); 145/80 (8/14/22); 156/84 (10/8/22); 150/94 (10/12/22). On my in person examination, his blood pressure was 159/100. His elevated blood pressures place him at increased risk for a recurrent stroke, heart attack or aortic complication.

8. Cardiovascular disease: Mr. [REDACTED] has suffered severe cardiovascular complications. He suffers from a genetic condition that renders the body's main artery (the aorta) weak and susceptible to stretching and life-threatening tearing or rupture. He has indeed had to undergo major cardiothoracic surgery to patch his aorta. Given this is a progressive, life-long condition, he remains at high risk for an aortic catastrophe, such as rupture or tearing of the blood vessel wall, especially given his frequently elevated blood pressure. His records suggest that he also has coronary artery disease severe enough to have required a coronary artery bypass surgery (CABG). His elevated cholesterol and blood pressure and blood sugar continue to place him at high risk of developing an acute coronary event, such as a heart attack. He also has moderate aortic stenosis (or poor opening of the aortic valve) which is also likely to progress and limit his cardiovascular function.
9. Other chronic medical conditions: Mr. [REDACTED] most recent labs from 7/7/2022 shows that he has developed some renal impairment. He reports suffering from chronic back pain as well as chronic discomfort from a left inguinal hernia which required repair in June of 2021. He is currently being worked up for a bladder mass that is suspicious for bladder cancer.
10. Physical incapacitation: Mr. [REDACTED] has significantly reduced mobility. While he can ambulate with a very slow, shuffling gait for short distances, he relies on a walker for most of his walking and requires a wheelchair if he is to move outside of his unit. He reports he spends most of his day in bed. Although he states he can bath, dress, feed and toilet himself, he also notes that he "doesn't like to ask for help." He reports spilling food on himself frequently, having accidents before getting to the bathroom in time, and having frequent falls, including earlier that day. He is unable to tie his shoes because of his lack of dexterity.
11. Cognitive impairment: Although Mr. [REDACTED] does not appear to have had any formal workup to confirm a diagnosis of dementia, he appears to be suffering from progressive cognitive impairment. A dental note from 5/24/2022 relays "pt states his long and short-term memory affected" from his 2020 stroke. A urology note from

1/26/23 states he has “a lot of short-term memory issues” and notes that a review of systems was “very hard to collect from patient” and that It “is impossible to collect any reliable history because of short-term memory.” On my interview, he reports that he “forgets everything.” He requires help to manage his bank account and to obtain things from the commissary and reports “someone” helps him to do these tasks.

12. Given lack of formal dementia diagnosis, I performed an independent cognitive screening exam on 2/1/23. I had previously received training in performing this exam from Dr. Nicole Mushero who also reviewed the findings of my exam and ensured I had scored Mr. [REDACTED] appropriately.
13. Dr. Mushero is a board-certified Internal medicine and Geriatric medicine physician at Boston Medical Center and an Assistant Professor at Boston University School of Medicine.
14. Neither Dr. Mushero nor I are his physician and do not have authority over his direct medical treatment or diagnosis.
15. During his examination, Mr. [REDACTED] had a friendly demeanor. His movement and speech were slow and he had some word-finding difficulty. He had clear memory deficits. For instance, he could not recall the name of any of the other inmates or any of the TV shows he watches. He could not recall if he ever held a job while incarcerated. While he was able to relay that he grew up in a foster family, he could not recall the names of anyone in that family. He was unsure how long he has been at MCI-Shirley nor how long he was at MCI-Gardner before that. He could not remember what he had for breakfast or whether or not he had eaten lunch. He knew what year it was, but not the month and knew that we were in Massachusetts but not in what town. He knew the name of the president but not the vice president.
16. I used the Rowland Universal Dementia Assessment Scale (RUDAS) for the first standardized part of my assessment of Mr. [REDACTED] cognitive function.
17. The RUDAS has been validated in countries throughout the world and has been shown to have very high inter-rater reliability, which means that different people assessing the same patient would assign very similar scores. [1,2] In addition, this instrument also has very low variability when the same assessor conducts separate assessments on different occasions. Scores on the RUDAS correlate quite highly with scores on other validated cognitive assessment instruments. The following documents how Mr. [REDACTED] responded to the six main elements of this test to yield a **score of 14/30 points**.

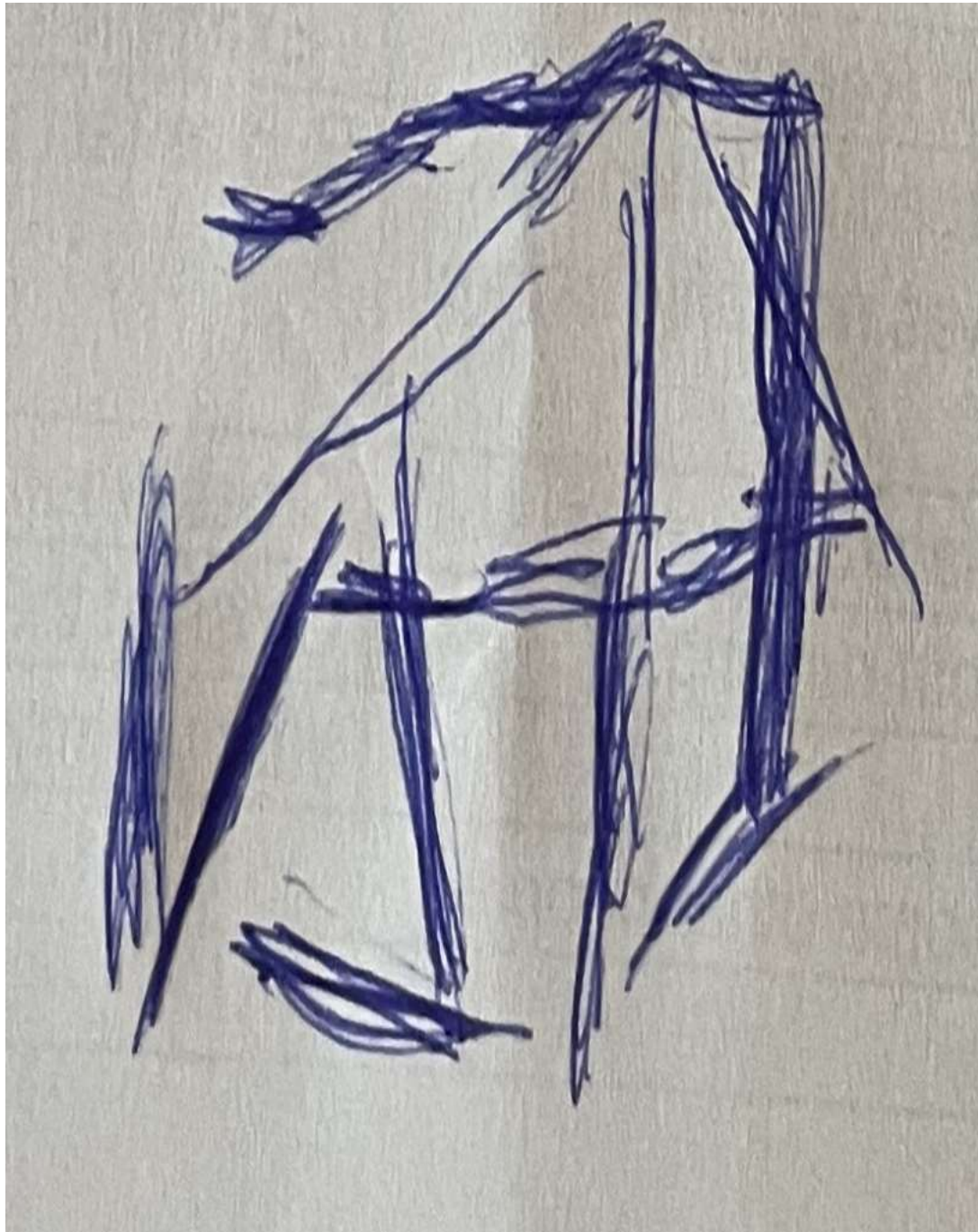
Memory: This component asks the patient to remember four items for a shopping trip (tea, oil, eggs, and soap). The patient is asked to repeat the list three times. After five minutes performing other aspects of the RUDAS the patient is asked to recall the list. Mr. [REDACTED] initially struggled to recite the list right after it was presented to him.

With practice, he was able to repeat the list, indicating intact working memory. When asked to repeat the shopping list after five minutes, he was able to recall the first item “tea” but none of the other elements, giving him 2 of a possible 8 points.

Body orientation: This component asks the patient to point to different parts of his body (e.g. show me your left hand) and then the evaluator’s body. Mr. [REDACTED] was able to correctly identify parts of his own body but struggled to point to the correct side of the examiner – for instance pointing to my right knee instead of my left knee, yielding him a score of 4 out of a possible 5 points.

Praxis: This component asks the patient to copy the evaluator in making a fist on one knee and flat hand on the other and then alternate between hands in rhythm. Mr. [REDACTED] had difficulty learning the task but with repetition was eventually able to demonstrate the movements but very slowly, taking 3-4 seconds to alternate hands rather than the normal pace of about 1 second between alternations. He made several mistakes and obviously became frustrated trying to self-correct. He did not improve throughout the task and had very little synchrony, yielding a score of 1 out of a possible 2 points.

Drawing: This component asks the patient to copy a line drawing of a box (cube). Mr. [REDACTED] spent a long time staring at the drawing and made a collection of lines on paper (see below). However, he failed to draw a picture based on a square, nor all the internal or external lines of the cube. This yielded him 0 points out of a possible 3 points.



Judgment: This component asks the patient to describe how he would get across a busy street safely with no pedestrian crossing or traffic lights. Patients score two points if they mention looking for traffic and two points for any other safety proposal. If they do not mention a second proposal, they are prompted for any other precautions they would take. Mr. [REDACTED] stated, "I would wait." When asked what else he might do,

he replied, "What else could I do?" His inability to produce any further strategy to cross the road safely yielded him a score of 2 out of a possible 4 points.

Language: This component asks the patient to provide the name of as many animals he can in one minute (up to 8). Mr. [REDACTED] was able to name 5 animals in a minute. He named "dog, cat, horse, zebra, cow" yielding him a total of 5 out of a possible 8 points.

According to the guide for scoring the RUDAS, "Any score of 22 or less should be considered as possible cognitive impairment and referred on for further investigation by the relevant physician." [3] Mr. [REDACTED] score of 14 suggests he has a level of cognitive impairment that impairs his ability to function without significant support. This correlates with his poor short and long term memory.

18. The second cognitive test I performed was the clock drawing test. This test asks the patient to draw a clock showing the time of "10 after 11." While Mr. [REDACTED] was able to draw a clock with hands in the correct position, he was unable to number the clock, yielding no points for this test.

19. In my professional opinion, Mr. [REDACTED] suffers from both severe cognitive and physical impairment. Unfortunately, given his age, co-morbidities, and course thus far, his condition is likely to worsen. It would seem these impairments would make him of little risk to the community and appropriate for medical parole.

I am more than happy to answer any questions.

Sincerely,



Alice Kidder Bukhman, M.D., M.P.H.

1. Komalasari R, Chang HCR, Traynor V. A review of the Rowland Universal Dementia Assessment Scale. *Dementia (London)*. 2019 Oct-Nov;18(7-8):3143-3158.

2. Storey JE, Rowland JT, Basic D, Conforti DA, Dickson HG. The Rowland Universal Dementia Assessment Scale (RUDAS): a multicultural cognitive assessment scale. *Int Psychogeriatr*. 2004 Mar;16(1):13-31
3. https://www.dementia.org.au/sites/default/files/20110311_2011RUDASAdminScoringGuide.pdf

**Harvard Medical School
Curriculum Vitae**

Date Prepared: February 2023

Name: Alice Kidder Bukhman

Office Address: Department of Emergency Medicine
Brigham and Women's Faulkner Hospital
1153 Center Street
Boston, MA 02130

Home Address: 952 Centre St., Boston MA 02130

Work Phone: 617-676-8278

Work Email: abukhman@bwh.harvard.org

Work FAX: 617-983-7834

Place of Birth: Northampton, MA

Education

09/97–06/02	BA	Human Biology	Brown University, Providence, RI
06/03–08/04	MPH	Epidemiology	Boston University School of Public Health, Boston, MA
09/04–06/08	MD	Medicine	University of California, San Francisco (UCSF), San Francisco, CA

Postdoctoral Training

06/01-12/01	Fellow	Royce Fellowship	Brown University
07/08–06/09	Intern	Internal Medicine	Brigham and Women's Hospital, Boston, MA
07/09–06/12	Resident	Emergency Medicine	Boston Medical Center, Boston, MA
08/11-06/13	Research Fellow	Medicine (Global Health Equity)	Brigham and Women's Hospital, Boston, MA
2022	Fellow	2022 MACEP Leadership & Advocacy Fellowship program	MACEP

Faculty Academic Appointments

06/08-07/11	Clinical Fellow	Medicine	Harvard Medical School
08/11-06/13	Research Fellow	Medicine	Harvard Medical School
12/1/15- present	Instructor	Emergency Medicine	Harvard Medical School

Appointments at Hospitals/Affiliated Institutions

Past

07/12-01/13	Physician	Emergency Medicine	Cambridge Hospital, Cambridge, MA
01/13–06/15	Specialist	Emergency Medicine	Kigali University Teaching Hospital, Kigali, Rwanda
07/15–12/15	Physician	Emergency Medicine	Cambridge Hospital, Cambridge, MA

Current

12/15-present	Associate Physician	Emergency Medicine	Brigham and Women's Hospital
12/15-present	Associate Physician	Emergency Medicine	Brigham and Women's Faulkner Hospital Boston, MA

Other Professional Positions

12/01–05/02	Research Assistant	Miriam Hospital, Brown University, Providence, RI
09/02–06/03	Research Assistant	PACT Project, Brigham and Women's Hospital, Boston, MA
09/11–04/12	Consultant	Systems Improvement at District Hospitals and Regional Training of Emergency Care (sidHARTe); Columbia University; Ministry of Health Rwanda
01/14–06/15	Associate Research Officer	Mailman School of Public Health, Columbia University, New York, NY
0/9/21- present	Health Care Consultant/ Advocate	Prisoners' Legal Services of Massachusetts

Major Administrative Leadership Positions

Local

09/12–12/14	Academic Director, Emergency Medicine	Cambridge Health Alliance Everett, MA
01/14–06/15	Country Director for Rwanda	Columbia University Rwanda Ministry of Health
01/18–10/19	Emergency Medicine Director of Observation	Brigham Health Boston, MA
04/19- present	Director of Clinical Operations, Faulkner Emergency Department	Brigham and Women's Faulkner Hospital Boston, MA
03/21-06/21	Associate Medical Director, BWH's COVID-19 Vaccination Program at the Hynes Convention Center	Hynes Convention Center, Boston Massachusetts.
01/22- present	Co-course Director, Anti-Racism and Trauma Informed Care (ART) De- escalation Training	Brigham and Women's Faulkner Hospital

Committee Service

Local

09/12-12/14	Graduate Medical Education Committee	Cambridge Health Alliance
10/17 – 10/19	Medical Staff Executive Committee Member	Brigham and Women's Faulkner Hospital
04/19 –	Critical Care Committee	Brigham and Women's Faulkner Hospital
04/19 –	ED/Radiology Committee	Brigham and Women's Faulkner Hospital
05/19 –	SEPSIS IPF Member	Brigham and Women's Faulkner Hospital
8/19-	Acute Care Plan Committee	Brigham and Women's Faulkner Hospital
8/19-	Health Equity Committee	Brigham and Women's Hospital
8/20-	Stroke Committee	Brigham and Women's Faulkner Hospital
8/19-	EM Management Committee	Brigham and Women's Hospital
8/20-	BWFH ED Safety Committee	Brigham and Women's Faulkner Hospital

8/19-	BWFH Patient Flagging Committee	Brigham and Women's Faulkner Hospital
10/20-10/22	Vice President, Medical Staff Executive Committee	Brigham and Women's Faulkner Hospital
10/22 -	President, Medical Staff Executive Committee	Brigham and Women's Faulkner Hospital
1/21-	Brigham Comprehensive Opioid Response and Education Program (BCORE) Committee	Brigham and Women's Hospital

Regional

National and International

12/15-2017	Advisor to the RECA President Founding Member	Rwanda Emergency Care Association
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Professional Societies

01/14 –	African Federation of Emergency Medicine	Member
07/09 –	American College of Emergency Physicians Massachusetts Medical Society	Member

Editorial Activities

***Ad hoc* Reviewer**

Health Care: The Journal of Delivery Science and Innovation
American Journal of Emergency Medicine

Other Editorial Roles

2011	Co-Editor with G. Bukhman	The PIH Guide to Chronic Care Integration for Endemic Non-Communicable Diseases – Rwanda Edition. Boston, MA, 2011. http://act.pih.org/ncdguide
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Honors and Prizes

06/01	Royce Fellowship	Brown University	Undergraduate fellowship to collaborate with other Brown and South African students to research, write, and present to the South African Parliament a report on asbestos and asbestos-related disease
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			in South Africa
2019	Exemplary Emergency Medicine Provider	Brigham and Women's Faulkner Hospital	
2022	Emergency Medicine Physician of the Year	Massachusetts College of Emergency Physicians	This award recognizes and honors an Emergency Medicine physician who has made significant contributions to the advancement of emergency medicine in Massachusetts.
2022	Ron M. Walls Leadership Award	Brigham and Women's Hospital Department of Emergency Medicine	

Report of Funded and Unfunded Projects

Funding Information

Past

09/07-05/08	A heart failure initiative in eastern Rwanda. Brigham and Women's Hospital, funded by SonoSite Inc. PI: Gene Bukhman Co –investigator Research to describe the impact of echocardiography on the management of suspected heart failure in rural Rwanda. I helped design study instruments, performed patient enrollment and evaluation, analyzed and prepared data for publication.
01/09-06/12	Heart Failure in Eastern Rwanda: Epidemiology and Outcomes in the Context of Rural Health System Strengthening. American Heart Association: PI Gene Bukhman Co –investigator Clinic-based study to establish the cause of heart failure in a rural sub-Saharan African population and the outcomes of treatment for idiopathic cardiomyopathies under directly-observed therapy. I helped design study instruments, performed patient enrollment and evaluation, analyzed and prepared data for publication.
01/14-06/15	Rwanda district hospital emergency medicine needs assessment GE Foundation; CO-PIs: Rachel Moresky and Vincent Rusanganwa Co-investigator The major goal of the study was to conduct a rapid assessment of the needs and resources of all 42 district hospitals in Rwanda to identify strengths and weaknesses in the emergency care system and to help guide improvements. I helped to design the instrument and worked with

	local stakeholders to ensure questions were relevant to local context.
01/17–06/17	Improving Back Pain Care in the Emergency Department Clinical Process Improvement Leadership Program (CPIP Longwood) Team Leader This project sought to decrease length of stay and unnecessary MRI ordering for patients presenting to the Brigham ED with low back pain. I worked with stakeholders to design a clinical protocol to guide clinician care and patient disposition.
01/18–2021	Assessing and Improving Emergency and Critical Care in District Hospitals in Low-Income Countries Co-investigator Development, piloting and implementation of a novel mixed methods survey to assess emergency and critical care capacity at district hospitals in LICs
4/21–present	Reducing Physical Restraint Use in the ED: Trauma- and Bias-Informed De-escalation Training for Agitated and Aggressive Behavior Funded by United Against Racism Specialty Program Grant, Co-investigator Help develop a training program for MGH, BWH and BWFH ED staff to improve management of agitation in the ED with a focus on addressing potential bias in the use of restraints for patients of color
4/21–present	Mitigating Patient Harm by Reducing the Use of Physical Restraints: A Standardized Strategy for Agitation Management in the Emergency Department Funded by CRICO, Co-investigator Develop a training program for Brigham Health ED staff to reduce physical restraint use for all patients
3/22–present	Head and Neck CTA Utilization in the Emergency Department Team member Clinical Process Improvement Leadership Program (CPIP Longwood) Collaborative project with ED radiology to refine provider protocols for head and neck CTA ordering to avoid unnecessary testing in low-risk vertigo patients

Report of Local Teaching and Training

Teaching of Students in Courses

2017	HST ICM 2017: Introduction to Clinical Medicine 2 nd year Medical Students	HMS 12, 2 hour sessions
2018	HST ICM 2017: Introduction to Clinical Medicine 2 nd year Medical Students	HMS 8, 2 hour sessions
2018	HMS CIC Procedure Skills Program 3 rd year Medical Students	HMS 2 hr session
2019	Giving Bad News OSCE	HMS

2019	2 nd year Medical Students HMS Emergency Medicine Introduction to Clinical Medicine Course	3 hour session HMS
2019	2 nd year Medical Students HMS Ultrasound Anatomy Teaching Session Anatomy Course for 2 nd year Medical Students	2, 2 hour session 3 hour session
2020	HMS ICM STRATUS course	2 hour session
9/15/21	HMS Pre-Clinical Transition to the PCE Course	3.5 hour session
2/25/ 21	HMS ICM STRATUS course	2 hour session
1/4/2022	Procedural Skills Didactics - Medical Students AY 2021 - 2022	1.5 hour session
1/24 and 2/7 2022	HMS ICM STRATUS course	2 2 hour sessions

Formal Teaching of Residents, Clinical Fellows and Research Fellows (post-docs)

2014-2015	Management of emergency conditions in sub Saharan Africa Rwandan Emergency Medicine Residents, visiting Belgian medical students	Kigali University Teaching Hospital Rwanda 2-4 hours of lecture per week
2016 and 2017	Intern Procedure bootcamp central line placement	Brigham and Women's Hospital 3.5 hours/year
2019	Intern orientation basic airway management	Brigham and Women's Hospital 4 hours
2020	Resident report facilitator	Brigham and Women's Hospital 1 hour

Clinical Supervisory and Training Responsibilities

07/12-01/14	Emergency Medicine Preceptor for rotating emergency medicine, family medicine, internal medicine, pediatric and podiatry resident rotators	Cambridge Health Alliance Emergency Department 20 hours per week
01/14-06/15	Clinical supervisor, Emergency Medicine residents and general practitioners	Kigali University Teaching Hospital 30 hours per week
06/15–12/15	Emergency Medicine Preceptor	Cambridge Health Alliance Emergency Department

	for rotating emergency medicine, family medicine, internal medicine, pediatric and podiatry resident rotators	20 hours per week
12/15-present	Emergency Medicine Preceptor for rotating residents and medical students	Brigham and Women's Faulkner Emergency Dept 150 hours per year
10/16-present	Emergency Medicine Preceptor for rotating residents and medical students	Brigham and Women's Emergency Dept 122 hours per year

Formally Supervised Trainees and Faculty

01/14-06/15	Chantal Uwamahoro, MD Resident in Emergency Medicine and Critical Care, Kigali University Teaching Hospital Career stage: resident Accomplishments: Co-presented with me a lecture on important ECG findings in an African emergency department given to a 400+ person audience at the African Federation of Emergency Medicine conference in Addis Ababa
01/14-06/15	Gabin Mbanjumucyo, MD /Resident in Emergency Medicine and Critical Care, Kigali University Teaching Hospital Career stage: resident Accomplishments: Prepared a paper on his emergency medicine training experience for an international journal; helped found the Rwandan Emergency Care Association of which he is the president.

Formal Teaching of Peers (e.g., CME and other continuing education courses)

No presentations below were sponsored by 3rd parties/ outside entities

Local Invited Presentations

02/20	Emergency and High-dependency care at first level hospitals Department of Global Health and Social Medicine, Harvard University	HMS Cardiovascular Disease and Global Health Equity CME Course HMS, Boston
05/19	Department of Global Health and Social Medicine, Harvard University	Liberia Ministry of Health/ Partners In Health
07/18	Emergency and High-dependency care at first level hospitals Department of Global Health and Social Medicine, Harvard University	HMS Cardiovascular Disease and Global Health Equity CME Course HMS, Boston
02/14	Establishing Triage at District Hospital Level sidHARTe, Columbia University	Masaka District Hospital Rwanda
03/14	Establishing Triage at District Hospital Level sidHARTe, Columbia University	Gihundwe District Hospital, Rwanda
04/14	Establishing Triage at District Hospital Level sidHARTe, Columbia University	Gitwe District Hospital, Rwanda

05/14	Basic Resuscitation at District Hospitals sidHARTE, Columbia University	Gihundwe District Hospital, Rwanda
06/14	Basic Resuscitation at District Hospitals sidHARTE, Columbia University	Gitwe District Hospital, Rwanda
1/26/23	Workplace Violence in Emergency Medicine	Sturdy Hospital, MA

Report of Regional, National and International Invited Teaching and Presentations

Invited Presentations and Courses

No presentations below were sponsored by outside entities

Local

- 2/15/22 “Listen. Learn. Act. Section 35 Reform in Massachusetts.” Webinar sponsored by Criminal Justice Policy Coalition, Massachusetts Association for Mental Health, Massachusetts Organization for Addiction Recovery, Grayken Center for Addiction, and Prisoners’ Legal Services (Moderator)
- 5/18/22 “Shackling of Patients From Prison: Ethical and Medical Considerations” Presentation to BWH Faulkner Hospital Ethics Committee

National

- 6/27/20 The “Sugar High”: DKA Management Update. 19th Annual Clinical Decision Making in Emergency Medicine: An Evidence Based Conference and LLSA Review 2020

International

- 11/14 What can an ECG show other than a Myocardial Infarction? Co-presenter. African Conference on Emergency Medicine, Addis Ababa, Ethiopia

Report of Clinical Activities and Innovations

Current Licensure and Certification

- 2012 Massachusetts Medical License
- 2013 American Board of Emergency Medicine

Practice Activities

07/12-01/14	Emergency Medicine	Cambridge Health Alliance Cambridge, Everett and Somerville, MA	35 hours/ week
01/14-06/15	Emergency Medicine	Kigali University Teaching Hospital, Kigali Rwanda	30 hours/ week
06/15-12/15	Emergency Medicine	Cambridge Health Alliance Cambridge, Everett and Somerville, MA	30 hours/ week
12/15-present	Emergency Medicine	Brigham and Women's Faulkner Hospital Boston, MA	754 hours/year
2017-present	Emergency Medicine	Brigham and Women's Hospital Boston, MA	204 hours/year

Clinical Innovations

Chronic Care Clinic Rwanda (09/07-06/10)	Worked as part of a team to develop the clinic. Major contributor to protocols for diagnosing and managing chronic non-communicable diseases in rural Rwandan district hospital setting. These protocols were published in the PIH Guide to Chronic Care Integration for Endemic Non-Communicable Diseases and have been widely implemented in Rwanda. Also oversaw IRB approval process, created study and clinic data collection forms, and provided clinical training and supervision of nurses newly hired to run the clinics.
Rwanda Emergency Medicine and Critical Care Post Graduate Diploma Program (09/11-06/15)	Helped to outline, write and edit a 2 year curriculum in Emergency Medicine and Critical Care which has been adopted by the Rwandan Government. Also helped translate this curriculum into a 4 year Masters in Medicine Emergency Medicine Residency program for Rwanda.
Basic Resuscitation Training for Emergency Providers at Rural Rwandan District Hospitals (01/14-06/15)	Developed 2 hour lecture and hands on practice sessions for nurses and generalist physicians which were delivered by our team at rural Rwandan district hospitals
Policy on Emergency Blood Product Release Kigali University Teaching Hospital (09/14)	Wrote and helped to implement a policy for use of uncross matched blood products in situations of massive hemorrhage
Policy for withdrawal of life-sustaining treatment (01/15)	Performed literature review, drafted protocol and led stakeholder meetings to adopt guidelines for withdrawal of advance life sustaining treatment (in particular mechanical ventilation) in an extremely resource constrained setting

	where no such guidelines existed.
Rwandan Ministry of Health Clinical Guidelines for Emergency Medicine (06/15)	Helped to write and edit Rwandan Ministry of Health Clinical Guidelines for Emergency Medicine. This required rethinking many conditions, such as stroke or ACS, which have very different epidemiology and treatment options in the Rwandan setting
Adaptation of South African Triage System to local Rwandan context (02/14)	Worked with team of other clinicians to adapt and implement this system of triage and establish its use at the referral hospital adult and pediatric emergency department in Kigali, Rwanda
Dehydration and Nausea and Vomiting Observation Protocol (07/18)	Worked with colleagues in oncology, palliative care, toxicology, pharmacy, OB-gyn, and bariatric surgery to develop a protocol for management of dehydration and nausea and vomiting in the BWH ED and observation units
Venous Thromboembolism Observation Protocol (1/19)	Worked with colleagues in endocrinology, pharmacy, and other EM physicians at MGH to update protocol to encourage greater use of observation for appropriate pulmonary embolism patients
Dysglycemia Observation Protocol (1/19)	Worked with colleagues in endocrinology, pharmacy and internal medicine to update protocol to provide more guidance around treatment and disposition of patients with hyper and hypoglycemia
Cellulitis Observation Protocol (3/19)	Worked with colleagues in dermatology, pharmacy and infectious disease to create an updated guideline for diagnosis, treatment and disposition of cellulitis patients with a specific aim of increasing antibiotic stewardship and reducing misdiagnosis
Syncope Observation Protocol (4/19)	Worked with colleagues in internal medicine, pharmacy and cardiology to update protocol to provide more guidance for the workup and disposition of patients with syncope, with specific aim to reduce unnecessary echocardiography
Neurologic Evaluation Observation Protocol (4/19)	Worked with colleagues in neurology and other EM physicians at MGH to update protocol to include guidance on the workup of vertigo in the Emergency and observation setting
Pneumonia Observation Protocol (2/20)	Worked with colleagues in internal medicine, infectious disease, pharmacy and emergency medicine both at Brigham Health and MGH to update guidance on pneumonia diagnosis, treatment and disposition
Adaptation of BWH Observation Protocols for Faulkner	Adapted 19 Observation Protocols used in the BWH Observation Units to fit the capabilities of the Faulkner Hospital in preparation for opening an observation unit summer 2018

Code De-escalation Pathway (5/21)	Co-created a pathway to identify and manage agitation in the emergency department to reduce restraint use, staff and patient injury, and racial disparities in de-escalation strategies
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Report of Education of Patients and Service to the Community

01/00–06/00	Researched and wrote supplemental materials for a conference on world health and the global economy	The Institute for Health and Social Justice, Partners in Health, Cambridge, MA
07/00	Wrote, translated and edited grant inquiries and concept papers for community health projects	Committee for Studies on Women, Family and Environment in Africa, Dakar, Senegal
06/02–06/04	Volunteered 20 hours a week providing case management and adherence support for patients with HIV.	PACT Project, Brigham and Women's Hospital
09/04–06/06	Helped coordinate and worked clinically in student-run clinics at a needle-exchange and a sex worker clinic in San Francisco	Tenderloin AIDS Resource Center (TARC) and St. James Infirmary, San Francisco/ Student-run Homeless Clinic
09/07–06/11	Volunteer in clinician training, development of clinical and teaching materials, and monitoring and evaluation for a project building non-communicable disease treatment capacity at district hospitals in Rwanda	Partners In Health, Rwanda
09/18–06/19	Co-treasurer, School Parent Council	Curley k-8 School Boston Public Schools
06/19 – present	Health Care Consultant	Town of Brookline Department of Public Health Brookline, MA
3/11/21	Trusted Messenger Program, Community Vaccine Education	Norfolk County jail
2021	Volunteer Vaccination Staff	Brookside Community Health Clinic Boston, MA
1/21-6/21	Pro-Bono Medical Consultant	Prisoners' Legal Services of Massachusetts

Recognition

2019	Exemplary Emergency Medicine Provider: Attending	Brigham and Women's Faulkner Hospital Emergency Department
2022	Ron M. Walls Leadership Award	Brigham and Women's Hospital

Report of Scholarship

Other Peer reviewed publications

1. Kim I, Bukhman AK, Chen PC, et al. Psychiatric care in the emergency department: Converting boarding time to treatment time. *Acad Emerg Med*. 2022;00:1-3. doi: [10.1111/acem.14586](https://doi.org/10.1111/acem.14586)
2. Sonenthal, P.D., Nyirenda, M., Kasomekera, N., Marsh, R.H., Wroe, E.B., Scott, K.W., **Bukhman, A.**, Connolly, E., Minyaliwa, T., Katete, M. and Banda-Katha, G., 2022. The Malawi emergency and critical care survey: A cross-sectional national facility assessment. *EClinicalMedicine*, 44, p.101245.
3. Sonenthal, P.D., Masiye, J., Kasomekera, N., Marsh, R.H., Wroe, E.B., Scott, K.W., Li, R., Murray, M.B., **Bukhman, A.**, Connolly, E. and Minyaliwa, T., 2020. COVID-19 preparedness in Malawi: a national facility-based critical care assessment. *The Lancet Global Health*, 8(7), pp.e890-e892.
4. **Bukhman AK**, Baugh C, Yun, Brian. "Alternative Dispositions for Emergency Department Patients." *Emergency Medicine Clinics on North America. Emergency Medicine Clinics of North America*. 2020; 38(3): 647-661
5. **Bukhman AK**, Nsengimana VJP, Lipsitz MC, Henwood PC, Tefera E, Rouhani SA, Dukundane D, Bukhman GY. Diagnosis and Management of Acute Heart Failure in Sub-Saharan Africa. *Curr Cardiol Rep*. 2019 Aug 31;21(10):120.
6. Kwan G*, **Kidder AK***, Miller AC, Ngoga G, Farmer P, Kamanzi E, Bukhman G. A Simplified Echocardiographic Strategy for Heart Failure Diagnosis and Management Within an Integrated Noncommunicable Disease Clinic at District Hospital Level for Sub-Saharan Africa. *JACC Heart Failure*. 2013; 1(13): 230-236. (*Co-first authors)
7. Bukhman G and **Kidder AK**. Global Health Equity and Cardiovascular Disease: Lessons from Tuberculosis Control Then and Now. *Amer J Pub Health*. 2008: 44-54.
8. Maron BA, Kolandaivelu K, Rhee DK, **Bukhman AK**, Edelman ER. Echocardiographic capture of right ventricular wall rupture during inferior wall acute myocardial infarction. *Amer J Card*. 2009: 1478-80.

Letters to the Editor

1. Paul D Sonenthal, MD; Jones Masiye, MD, MPH; Noel Kasomekera, BSc-EH, MPH; Regan H Marsh, MD, MPH; Emily B Wroe, MD, MPH; Kirstin W Scott, PhD; Ruoran Li, MPhil; Megan B Murray, MD, MPH, DPH; **Alice Bukhman, MD**, MPH; Emilia Connolly, DO, MPH; Tadala Minyaliwa, MBBS; Martha Katete, BSN; Grace Banda, MBBS; Mulinda Nyirenda, MBBS, MMed; Shada A Rouhani, MD, MPH. SARS-CoV-2 Preparedness in Malawi: Results of a National Facility-Based Critical Care Assessment. *The Lancet Global Health*. May 25, 2020

Proceedings of meetings or other non-peer reviewed research publications

1. **Kidder A**, Matsipa M, Motseme K. Rehabilitation of Asbestos Dumps, Tailings, and Community Development. In: Braun L, Kisting, S and Jenkins, N Asbestos-Related Disease in South Africa: Opportunities and Challenges Remaining Since the 1998 Asbestos Summit. Providence, RI: Brown University, 2001. Commissioned by the South African Parliament.

Reviews, chapters, monographs and editorials

Professional educational materials or reports, in print or other media

1. Curriculum: Emergency Medicine and Critical Care Post-Graduate Diploma
Helped to outline, write and edit a 2 year curriculum in Emergency Medicine and Critical Care which has been adopted by the Rwandan Government. Included approximately 100 hours of power point presentations, case simulations, skills labs and examinations.

Clinical Guidelines and Reports

1. Bukhman G, **Kidder A** (eds). The PIH Guide to Chronic Care Integration for Endemic Non-Communicable Diseases – Rwanda Edition. Boston, MA, 2011. <http://act.pih.org/ncdguide>
2. **Kidder, A**; Kwan, G, Cancedda, C. and Bukhman, G (Principal authors). The PIH Guide to Chronic Care Integration for Endemic Non-Communicable Diseases – Rwanda Edition. Boston, MA, 2011. <http://act.pih.org/ncdguide>
3. Policy for use of emergency blood transfusion at Kigali University Teaching Hospital. Approved and implemented. Wrote and oversaw approval process; helped troubleshoot implementation
4. Policy for withdrawal of life-sustaining treatment at Kigali University Teaching Hospital. Wrote, edited and organized meetings to discuss controversial protocol. Protocol still in revision.
5. Rwandan Ministry of Health Clinical Guidelines for Emergency Medicine
These guidelines serve to set the standard of care for Rwandan district hospital emergency care. I was one of the primary authors and editors. I was the principal author on the guidelines below:

1. General approach to the patient with chest pain
2. Cardiogenic shock
3. Heart failure
4. Bradycardia with a pulse
5. Tachycardia
6. Acute coronary syndrome
7. Pericardial effusion and tamponade
8. Hypertensive emergency
9. Infective endocarditis
10. Syncope
11. Pulmonary embolism
12. Acute stroke

6. BWH and BWFH ED Clinical Guidelines

These guidelines serve to help ED providers (residents, students, physician assistants and attendings) in the diagnosis, treatment and disposition of common ED complaints. In many cases, the development of guidelines required collaboration across multiple departments.