

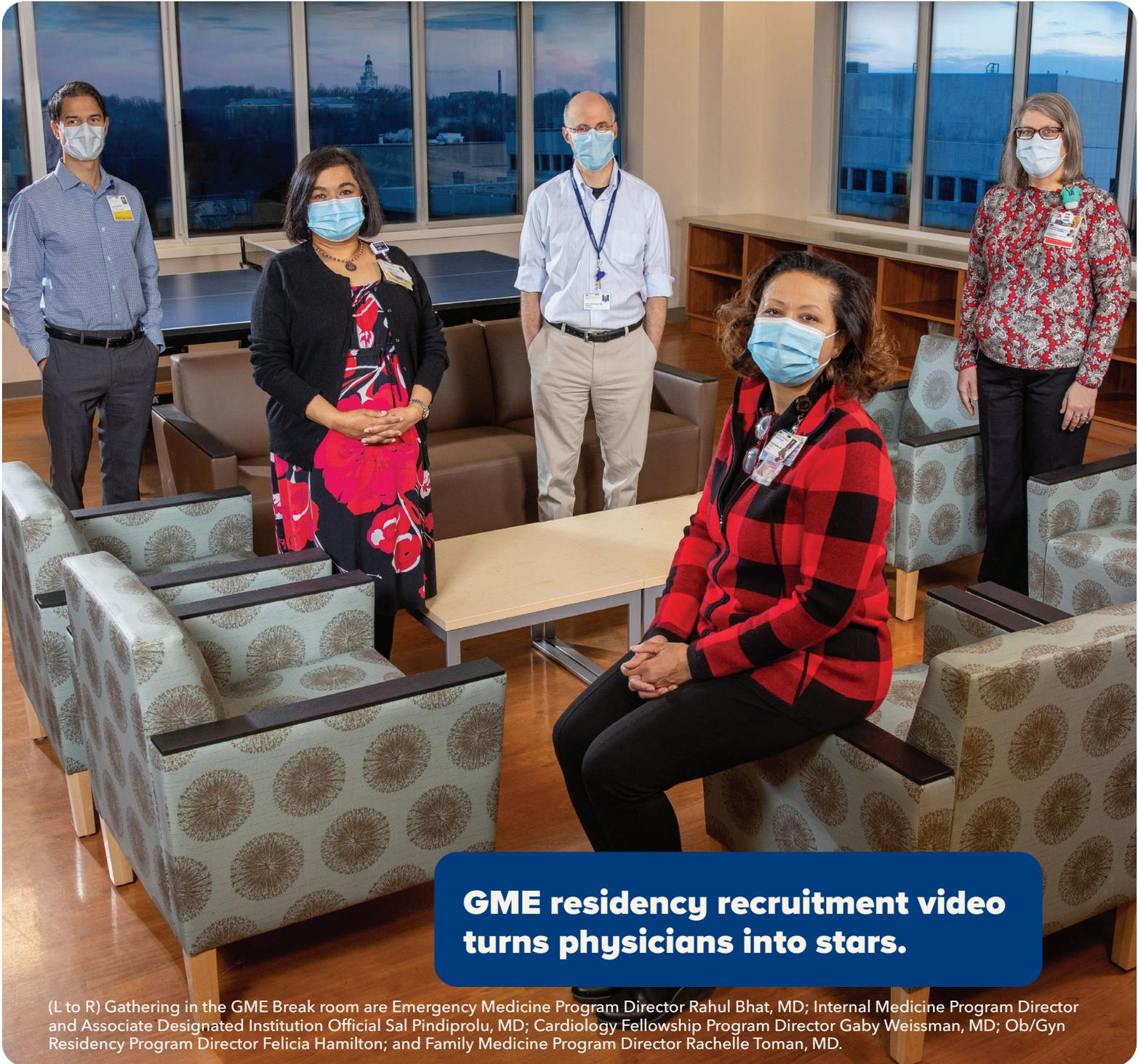


MedStar Health

Connections

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News for the medical and dental staff, residents, and fellows at MedStar Washington Hospital Center.



GME residency recruitment video turns physicians into stars.

(L to R) Gathering in the GME Break room are Emergency Medicine Program Director Rahul Bhat, MD; Internal Medicine Program Director and Associate Designated Institution Official Sal Pindiprolu, MD; Cardiology Fellowship Program Director Gaby Weissman, MD; Ob/Gyn Residency Program Director Felicia Hamilton; and Family Medicine Program Director Rachelle Toman, MD.

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Connections

MedStar Washington Hospital Center Connections is managed and published by Communications & Public Affairs for the Medical & Dental Staff, Residents and Fellows of MedStar Washington Hospital Center.

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CE conferences

Upcoming continuing professional education conferences.

MEDSTAR CONFERENCE HIGHLIGHT SPRING

DIABETIC LIMB SALVAGE (DLS 2021)

April 7 to 10 - An Interactive Virtual Experience

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Course Directors: Cameron M. Akbari, MD; Karen Kim Evans, MD;

J.P. Hong, MD, PhD

MedStar Associates may attend complimentary using code: DLSMS

MedStar Georgetown University Hospital's Diabetic Limb Salvage Conference is providing compelling content for the 2021 conference in a virtual format. This annual conference focuses on a multidisciplinary team approach that provides each member of the healthcare team with the education and resources needed to heal wounds and prevent amputations. The meeting format will include didactic lectures, specialty symposia, and video surgical case demonstrations for the purpose of providing an interactive learning experience. Exciting additions to the agenda include a tour of Center for Wound Healing at MedStar Georgetown University Hospital, Cadaveric Symposium, Networking Opportunities, and comprehensive lectures given by internationally recognized faculty.

To register, visit dlsconference.com

UPCOMING SPRING CONFERENCES

Esophageal Cancer Conference

April 24 - A Virtual Conference

Course Directors: Puja G. Khaitan, MD; Shervin Shafa, MDA

Frontline: Cardiovascular Care in the Community

May 1 - A Virtual Conference

Course Directors: Carolina I. Valdiviezo, MD; Allen J. Taylor, MD;

Sriram Padmanabhan, MD

Course Co-Director: James C. Welsh, MD, MBA, MPH

Abdominal Wall Reconstruction (AWR 2021)

June 9 to 12 - A Dynamic Virtual Conference with Expert Faculty

Conference Chair: Parag Bhanot, MD

Course Directors: Karen Kim Evans, MD; William W. Hope, MD;

Jeffrey E. Janis, MD

MedStar associates may attend for \$100 using the code: AWRMS

Advances in the Management of Prostate, Kidney, and Bladder Cancers

June 18 to 19 - A Virtual Conference

Course Directors: Michael B. Atkins, MD; Keith J. Kowalczyk, MD;

Ross E. Krasnow, MD, MPH; Young Kwok, MD; Paul D. Leger, MD, MPH;

George K. Philips, MBBS, MD, MPH; Suthee Rapisuwon, MD

For more information regarding MedStar Health conferences, please visit MedStar.Cloud-CME.com.



Jeffrey S. Dubin, MD, MBA

A year of demonstrating our **One Team** successes.

Dedication. Flexibility. Resilience.

As the clinical leadership at MedStar Washington Hospital Center, you role-modeled our One Team attitude and spirit, throughout the most difficult professional and personal year of our lives.

We're starting our second year of caring for patients during an ongoing worldwide pandemic, and our outlook is brighter and more optimistic than we might have imagined last spring.

We now know a lot more now about COVID-19. We've learned that many people can be infected, but not have any symptoms, and that they are the primary reason for the spread of the virus, which is why masking and social distancing remain so important.

Testing is now widely available, and while the current therapeutics are limited, many drugs are being studied in research trials. Widespread vaccination should make COVID-19 less common in the future, although we'll likely be battling the virus for a while. With our PPE and vaccination, we know that we can safely care for these patients, and 2021 looks to be a promising year:

- Many of us have been vaccinated, and our patients are now receiving the COVID vaccine
- At the federal, state, and local levels, the number of vaccine available is ramping up, and the number of vaccinations will be increasing for all members of the community
- MedStar Health has secured long-term contracts for PPE, so we can continue to ensure the safety of all our providers and associates

- We continue to offer free COVID testing for any asymptomatic providers and associates who request it
- More of us are working to curb person-to-person spread within the hospital, by physically distancing, utilizing good hand hygiene, and taking breaks in conference rooms instead of smaller break rooms in care areas

National Football League Hall of Fame coach Vince Lombardi is quoted as saying, "the measure of who we are is what we do, with what we have." During the past year, we found that tough times can be learning opportunities, and that our One Team philosophy keeps us focused on our safety, and on mission, to provide the highest quality, safest care for all who come to us for care.

We're looking ahead to the day when there can be a "new normal" in both our professional and personal lives. Thank you for all that you do, every day.

Jeffrey S. Dubin, MD, MBA, is the sr. vice president, Medical Affairs, and Chief Medical Officer at MedStar Washington Hospital Center. He can be reached at 202-877-6038 or via email, jeffrey.s.dubin@medstar.net.

GME directors morphed into video stars, for recruitment during pandemic.



(L to R) The physicians who took part in the GME video were Sal Pindiprolu, MD; Felicia Hamilton, MD; Gaby Weissman, MD; Rahul Bhat, MD; and Rachelle Toman, MD

In any given year, applying for residency is a high-stakes process that spans many months of a medical student's life. But throw in a pandemic, travel restrictions, and new deadlines, and the stressors of the application process grow exponentially.

On the flip side, these same challenges forced residency programs to shift gears and adapt. Without in-person interviews, facility tours, resident dinners, and away electives, programs across the country adopted new technologies, to continue to recruit the best possible applicants.

As program director for the Internal Medicine residency program and Associate Designated Institution Official (DIO) at MedStar Washington Hospital Center, Sal Pindiprolu, MD, wondered how to both spotlight the institution and conduct interviews in an entirely new way.

"We were not alone. Every residency program had to pivot and figure out how to maintain the integrity of the interview

process," Dr. Pindiprolu says. "But for me, I was very anxious about how we would showcase the Hospital Center and all it has to offer."

That's because, Dr. Pindiprolu explains, the feedback she receives every year from applicants is how impressed they are with the Hospital Center, once they see it in person. "They are impressed with the size of our facility, the volumes of patients we see, and the complexity of the case load," she says. "It's a real selling point, when applicants visit our campus and interview in person."

Knowing that she had to find a way to physically showcase the hospital, Dr. Pindiprolu came up with the idea of creating a virtual tour. She collaborated with a few members in Public Affairs, and agreed when they recommended producing a four to six-minute video, highlighting both the Hospital Center and the greater Washington, D.C., area.

Dr. Pindiprolu reached out to other program directors, and



enlisted their help for the video. Rahul Bhat, MD, Emergency Medicine; Felicia Hamilton, MD, Ob/Gyn; Rachele Toman, MD, Family Medicine; and Gaby Weissman, MD, Cardiology Fellowship, all agreed to participate. The result was a professional, polished, and inclusive video that showcased faculty, residents, and hospital facilities, as well as the cultural and opportunities available with living in the Washington, D.C., metropolitan area.

"This is definitely a popular location," says Dr. Bhat, adding that he receives applications from all 50 states and from around the world. "If we didn't have this video, all we would have is maybe a couple of images to show potential applicants."

Dr. Hamilton agrees. "Washington, D.C. has a lot to offer," she says. "Not only is there a lot to see and do, but it's the perfect place to get involved in advocacy, as well as having many opportunities for research."

Feedback from the video, which was sent to applicants, as well as posted on various programs' web pages, was well received.

"This video really highlighted the opportunities residents have at the Hospital Center," says Dr. Toman. "It was meaningful for them to see glimpses of our hospital, as well as the diversity of our resident population."

Dr. Pindiprolu agrees. "Applicants have definitely enjoyed the video, in terms of being able to have a sense of what we look like, and our size," she says. "Not only do I think applicants appreciated the effort that put was into this, but they were able to see what our hospital looked like while dealing with COVID-19 cases. It was very clear that this was not a video we had in our back pocket. We all had masks on, and we made this video in the middle of our first COVID-19 surge."

"We had very similar experiences, recruiting for fellows with this online video," adds Dr. Weissman.

COVID-19 did not slow down the number of applicants for Hospital Center residency programs. Dr. Pindiprolu received 6,700 applications for 47 Internal Medicine spots,

an increase of about 20 percent from last year. Dr. Toman found a 20 percent increase for Family Medicine, receiving just under 5,000 applications for seven positions. Dr. Bhat notes he reviewed close to 1,500 applicants for 10 spots, also a slight increase from prior years. For the Cardiology Fellowship, Dr. Weissman states he received almost 900 applications for eight spots.

"I think we actually may be seeing more applicants because of COVID," Dr. Hamilton adds. "I think from a financial standpoint, this has helped applicants. Medical students already have enormous debt, and by conducting virtual interviews and visits, they are able to save on travel costs."

"Adaptability and flexibility during this entire application process has definitely been important," she adds. "Flexibility was an extremely important trait we look for in our applicants before COVID, and now it's essential."

Dr. Pindiprolu agrees. "We all had to be flexible and willing to do things differently. I thought I was going to hate doing interviews via Zoom and on video, but in some ways, it can be more personal. People are in their homes. They are not jet-lagged from travel, they are relaxed and comfortable in their everyday environment."

"One day, I interviewed applicants from the East Coast, West Coast, Egypt, India, Pakistan, and Ireland," she continues. "I met a woman from Lebanon, who showed me a picture of a painting her mother had done. Sometimes, we're able to learn something about an applicant that we might not learn in person."

As far as the final outcome of this graduate medical education application year, Dr. Pindiprolu believes it will be a success.

"We were adaptable, and we all made it work," she says. "I am confident that we will continue to do well in our programs and with our recruitment efforts."

To view the Hospital Center's graduate medical education video, go to: <https://www.youtube.com/watch?v=YJg4GYssC4&t=6s>

COVID-19 vaccinations begin with frontline providers and associates.

The first day for dose #1 of the Pfizer COVID-19 vaccinations was December 16, 2020. In the first group to receive the vaccine were physicians, Advanced Practice Providers, nurses, and associates in departments that care for coronavirus patients.



★ Pharmacist Nancy Tang, PharmD, was one of the pharmacists drawing up vaccine doses for the first group of providers.



★ Surgical Critical Care Fellow Adebayo Awe, MD, signed up to be an early recipient of the vaccine.



★ Ezequiel Molina, MD, Cardiac Surgery, received his first dose of the vaccine in the clinic.



★ Susie O'Mara, chair, Emergency Medicine, was vaccinated by fellow department chair John Sherner, MD, Medicine.



★ Hospitalist Shameen Huq, MD, received her vaccination from MedStar Health Quality and Safety Vice President Terry Fairbanks, MD, also a MedStar Washington Emergency Medicine physician.



★ Two of the first physicians to receive the vaccine were Miriam Fischer, MD, Emergency Medicine, and Max Hockstein, MD, Emergency Medicine/Critical Care Medicine.

COVID-19 complications go straight to the heart.



Cyrus Hadadi, MD



Manish Shah, MD



Patricia Davidson, MD

Mary Shirlene Brooks is one of a half dozen women named Mary in her family of 15 siblings. To avoid confusion, first names have always been followed by middles. So, 66-year-old Mary has been forever known as Mary Shirlene.

When COVID hit, several family members in this close-knit family were not spared, including Mary Shirlene. Unfortunately, Mary's COVID diagnosis quickly became complex and life threatening. By the time she got to MedStar Washington Hospital Center, her heart was failing. The diagnosis: Atrial flutter.



Mary Shirlene Brooks

at danger of stroke. Some show no symptoms, but an MRI identifies inflammation."

With millions of people diagnosed with the virus, the implications for future cardiovascular disease diagnoses for decades are staggering, Dr. Hadadi adds.

For Mary, COVID complicated treatment for her arrhythmia as well. Ablation with high-frequency electrical energy would have to wait, until Mary had a negative COVID test. Released after several days, she was quarantined at home under her daughter's care.

Collaborative approach to care streamlines delivery.

Director of Cardiac Electrophysiology Training Manish Shah, MD, assumed Mary's EP care. Patricia Davidson, MD, was Mary's primary cardiologist. The two closely coordinated

Mary's care over the next several months—a seamless transition to help both the patient and physicians.

"I first saw Ms. Brooks virtually to decrease risk to the patient," says Dr. Shah. "We discussed next steps, and of course, the frustrating delay because of COVID."

A waiting game delayed ablation.

Pulmonary complications arose as well, and Mary was hospitalized with double pneumonia.

"Her lungs needed to improve prior to ablation, and steroids were started by her pulmonologist," says Dr. Davidson. "When I first saw her, I ordered an echocardiogram, and it confirmed cardiomyopathy. Her heart rate was rapid, and she was treated with a high-dose beta blocker. She eventually developed congestive heart failure. We know she was frustrated, but it was a waiting game until ablation would be safe." In the interim, Drs. Davidson and Shah worked in collaboration with pulmonary specialists.

Finally, Mary tested negative for COVID, her lung status improved, and her ablation was scheduled for October 7.

"I performed the outpatient procedure, and it went very well; she was home within hours," says Dr. Shah.

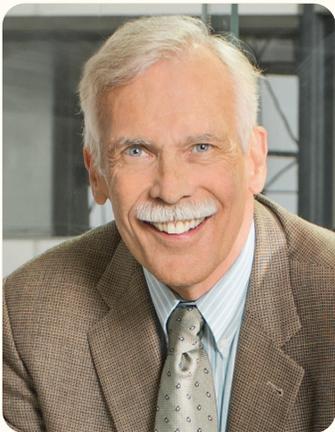
"I felt better immediately," Mary says. "My breathing, heart rate, and cognitive ability improved. The day after, I had my daughter drive me to a ballot box. And I got out of the car myself, and dropped my ballot in!"

A follow-up echocardiogram a month later showed no significant improvement in the heart muscle, Dr. Davidson explains. "But we've changed her medications, to reverse her heart muscle damage, and Ms. Brooks will be closely monitored for the long term."

"It is extremely rewarding to see individual patients we help get the treatment they require," says Dr. Hadadi. "But we have learned—as Ms. Brooks' case demonstrates—we must be vigilant. We hope to continue to identify patients who may have suffered heart damage, are following patients now, and collecting this critical data."

What to do about the 2020 impact on healthcare providers.

by Stephen Peterson, MD, Psychiatry



For most doctors and other providers, 2020 was a year to end all years.

In early 2020, we began to hear of a novel virus more lethal than the flu, emerging in China.

In a few short months, medical care was radically transformed. We began to shelter in place, practice social distancing, wear facial masks, and frequently wash our hands.

Rounding in the hospital and communing with colleagues stopped; meetings and grand rounds were canceled or went online. Office visits became televisits, elective surgeries were canceled, hospital units morphed into COVID-19 patient care. Doctors stopped seeing patients who were afraid to come to hospitals, lest they be exposed to the virus.

Healthcare workers had to learn how to protect themselves from the illness as they rendered care, especially since the virus infects not only the lungs, but many other organ systems. For much of healthcare in America, PPE supplies became limited in some areas, and therapies were not defined.

But this disaster year was continuous, with more facets. Unhealed racial wounds ripped open, as confrontation occurred between police and citizens. Civil unrest and protests erupted across America.

During the summer, a heat wave settled in the southern U.S. Wildfires erupted on the West Coast, due to drought conditions and high winds with low humidity. Many lost lives to the fires, and others their homes and livelihoods. More hurricanes arose in the tropics this year than ever before, and five struck the Louisiana coast.

Our usual social interactions contracted from many to just a few. A striking shift occurred in our socializing, from every day enjoyable communing, to sudden lonely isolation.

Not surprisingly, doctors, indeed everyone in healthcare, have been stressed to the max. The mental fallout will be

huge and long-lasting. Even after single disasters, we know that mental health has the biggest impact, is most pervasive, and long lasting.

A recent study reported in *The Washington Post* showed one-third of physicians surveyed felt hopeless, one-fifth sought mental health support, and one-fifth reported increased use of medication, illicit medications or alcohol. Almost three-fourths of doctors have had financial loss. Older doctors are retiring early, as the risk for them to catch COVID-19 is high, and they find telemedicine less than satisfactory. Sadly, doctor suicides are now at the highest, and we know physicians usually succeed on the first try, for obvious reasons.

How can we better cope with our current situation?

Try to:

- prioritize your personal needs for yourself and your family
- seek out others to be with
- get your house in order (one room at a time)
- get regular exercise, and if you need motivation, read the book, "Younger Next Year"
- take short trips to places you have always wanted to go
- read books you have always wanted to read
- get active in causes that you love and believe in
- look for seniors and others who are lonely, to befriend, and make a new friend
- see a mental health provider if you have too much trouble with anxiety, depression, guilt, or interpersonal friction, even if it is via telehealth
- get together with colleagues in a group for support; one of us can help facilitate
- not forget that if you are burned out, your work as a doctor makes a real difference for everyone, giving them relief, support, and hope

The author gratefully acknowledges adopting a conceptual framework and facts about disasters, in a lecture by Josh Morgenstein, MD, and Kerri Palamara, MD, online by American College of Physicians.

Well-being is an important MedStar Health Initiative.

by Daniel Marchalik, MD, Urology



Provider burnout is not a new issue. Conversations about the difficulty of working in healthcare and the toll this job takes have been happening for decades.

Recently, we have begun to realize just how profound these effects can be. These issues became worse when the pandemic reached our hospital. Many providers were finding themselves working in complex conditions, while managing an unknown and difficult new disease. At the same time, many were coordinating interruptions in childcare, and worrying about the safety of their own families.

With this in mind, MedStar Health responded by putting together a robust systemwide response to support its providers. We knew that support would require tending to both the workplace and homelife stressors. Therefore, we expanded the Care.com backup adult and childcare program, to make sure that all associates and providers were covered.

We set up a series of Recharge Stations across the system. Recharge Stations are spaces designed for our providers and associates to be able to step into, to relax, grab a healthy drink or snack, and pick up materials about various ongoing wellness efforts. The most up-to-date list of recharge stations and wellbeing programs can be found on our website, www.medstarhealth.org/wellbeing. Also, at MedStar Washington Hospital Center, please remember the Business Center is available to all attending physicians and Advanced Practice Providers.

We also realized that sometimes people were simply too busy to actively seek out the resources. We launched an initiative called “wellness rounds.” Through this initiative, our teams will arrive on the frontline units, to let teams know about various wellness resources, and give providers and associates an opportunity to take a few minutes out of their day, to connect and discuss their concerns.

These rounds were designed to focus a small part of the day on others’ wellbeing. With time, this initiative has exponentially grown, and we have recruited large groups of volunteers to assist with the effort. All volunteers go through our peer support training. In fact, we established a 24/7 hotline for peer support, to make sure that this hub was available anytime somebody would need it. For others who prefer a formal mental health appointment to discuss their needs, we also put in place and expedited mental health appointment program that would ensure that our associates and providers could get plugged in with a provider within two business days.

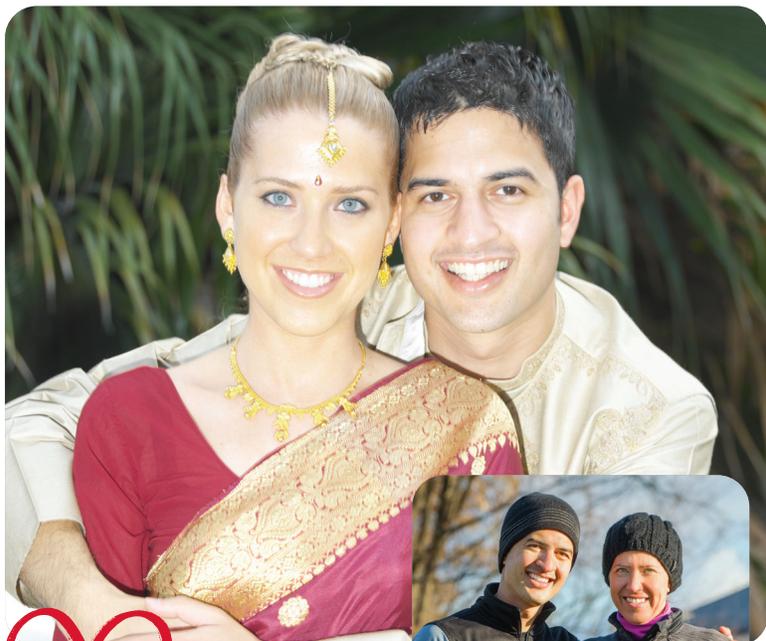
If you have any questions, please go to our website, or contact me, at daniel.marchalik@medstar.net. For the Care for the Caregiver/Peer to Peer Support, call 866-674-9355 (866-MSH-WELL) or email c4c@medstar.net.

Dr. Marchalik is medical director of Physician Well-being at MedStar Health, director of the Kidney Stone Program at MedStar Washington Hospital Center and an associate professor of Urology at the Georgetown University School of Medicine.

In sickness and in health: when you and your spouse work together.

For one couple, it started with a text; for another, it was a request to borrow a pen; and for a third, it was thinly-veiled advice about pediatrics.

Three MedStar Health provider couples shared their stories about how they met, their weddings, and a few of the advantages and disadvantages of being married to another provider.



**Rahul Bhat, MD and
Tamara Katy, MD**

In 2001, while a 4th year medical student at Boston University's Boston Medical Center, Rahul Bhat, MD, was rotating in the Pediatric Emergency Department. Tamara Katy, MD, was a visiting Pediatric resident from nearby Tufts Children's Hospital on an emergency medicine rotation. Dr. Katy was impressed by Dr. Bhat's meticulous technical skills, as he stitched up a gash in a young boy's leg. "I thought he was a great clinician, and he had a terrific way of connecting with his patients," she remembers.

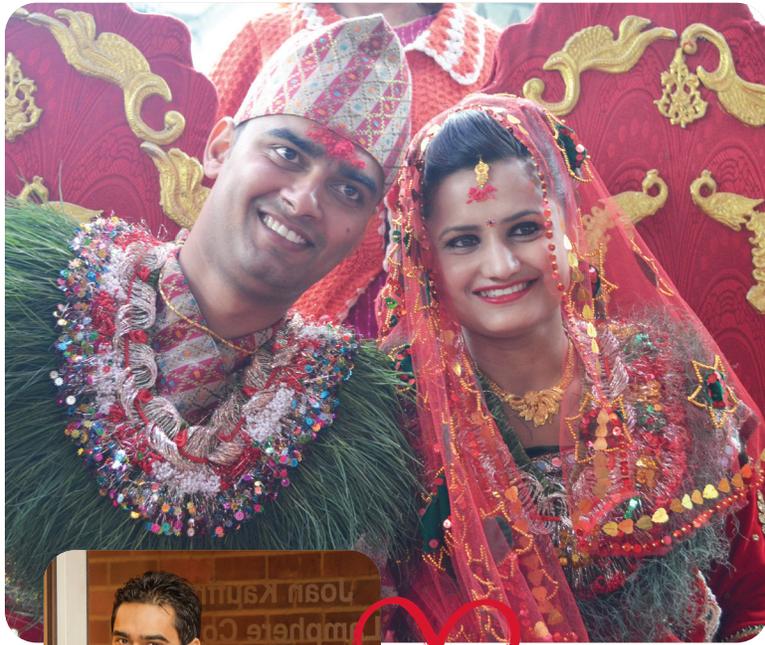


They worked together for about a month, until her rotation ended. "He wasn't there my last day, and I was surprisingly sad," she recalls. "I wrote him a note and left it at the unit clerk's desk, saying he could call me if he wanted to talk more about a career in pediatrics." The next evening, she randomly ran into Dr. Bhat. She asked if he got her note; he had, and that was all it took. "She knew I wasn't going into Peds, but she left her number, so I saw it as a green light to call," he says. They keep the note to this day, tucked away in their safe deposit box.

Dr. Bhat started his internship in Boston at Beth Israel Deaconess Medical Center, while Dr. Katy finished her residency. After moving to Washington for Dr. Bhat's MedStar Emergency Medicine Residency, they married in 2004, in a traditional Indian ceremony. "I wore the red sari his mother had worn in her wedding, and we followed many of the traditions of a Hindu wedding," Dr. Katy says. "The rest of the wedding followed western tradition and, as a former ballet dancer, I, of course, choreographed and led our first dance."

They worked together from 2006 to 2009 in the ED at MedStar Georgetown University Hospital, where he started his residency, and she was an attending. Today, they have a shift or two a month together. She's part-time at MedStar Georgetown, and he splits his time between MedStar Georgetown and MedStar Washington. They are alternating shifts, while caring for their two sons, 9 and 11, now involved in virtual learning.

Dr. Bhat says that not everyone in the ED knows they are married, and staff will sometimes comment. "It's a good laugh when a nurse tells us, in confidence, that another nurse told them, 'I think there's something going on between those two.'"



**Binaya Basyal, MD
and Neelam Baral, MD,**

Cardiology Fellow Binaya Basyal, MD, and his wife, Endocrinology Fellow Neelam Baral, MD, have only known a work-life situation with each other. Their first encounter, says Dr. Baral, was in 2007, when she asked to

borrow a pen. They were at the Ministry of Health in Kathmandu, when they found out they would be at the same medical school in Pokhara, Nepal.

They courted throughout medical school, and in 2015, while preparing for their residencies, realized it was time to tie the knot. "We planned a hasty marriage, just before we came to U.S. for the United States Medical Licensing Examination (USMLE) exams," says Dr. Basyal. Luckily, they both matched for residency in Internal Medicine at MedStar Washington Hospital Center. They arrived here two months after their wedding, which was steeped in Hindu tradition, and involved a six-hour ceremony and 16 hours of round-trip travel for the groom's family. "It was a long day," says Dr. Basyal.

During their residencies, they traveled to and from the hospital together, and saw each other frequently throughout the day. Now, in separate fellowships and with an 11-month-old baby, "our schedules are busy," says Dr. Basyal. They say sharing a career has many advantages. "We have the same experiences, the same friends," says Dr. Baral. "We support each other, and we've been able to share the impact that COVID-19 has had."



**Steven Price, MD, and
Lindsay Frey Price, CAA**

Anesthesiologist Steven Price, MD, and Advanced Practice Provider Lindsay Price, CAA, credit a text he sent her after they worked together in the Third Floor OR, as the start of their romance.

Dr. Price says, "We both grew up in Ohio, not far from each other, and I had a bunch of buddies from Dayton in town. I texted her to come over and hang out with us." "That evening sealed the deal," says Lindsay Price. "Steve was a lot younger than most of the anesthesiologists, and kind of goofy. I was immediately attracted to him." That was summer 2015, and they married New Year's Eve, 2018, in an all-night wedding with 300 guests in Cincinnati.

Although they work in the same department, their schedules are sometimes "extremely off," Dr. Price says. She works a 40-hour set schedule, and he works some overnights. He says after schedulers give him a rough schedule, they show mercy and try to put them together for few cases.

Working together "is a net positive. We can relate to each other and understand when one of us had a bad day. We feel like we're in it together." Lindsay Price adds, "He's my best friend and my mentor."



Pandemic inpatient and outpatient surgical experiences yield happy associate patients.

Something seemed a little different when Annamarie DeCarlo entered MedStar Washington Hospital Center's Dermatology clinic last October. As the Hospital Center's Chief Internal Communications Officer, DeCarlo was no stranger to this space or the services it provided. But she was there as a patient, for outpatient surgery for squamous cell carcinoma.



Annamarie DeCarlo

In DeCarlo's case, the surgery addressed a spot on her nose she had noticed late last year, but had to delay acting on, due to the springtime coronavirus outbreak. Fortunately, her primary care physician and dermatologist subsequently confirmed that the carcinoma was still contained, and she scheduled an outpatient procedure with Min Deng, MD, the Dermatology director of Mohs Micrographic Surgery.

"During the pre-surgery consult, I received a lot of education from a nurse, who went through everything I needed to know," DeCarlo says. "On the day of the procedure, I saw things as every other patient does—a cheerful welcome, seats spaced to prevent virus spread, and within a few minutes, an escort to the procedure room."

DeCarlo says the Mohs surgery went quickly, as Dr. Deng was able to remove all the cancerous tissue without having to repeat the process. What she really found fascinating, though, was Dr. Deng's skill in repairing the incision to minimize the incision's cosmetic effects.

"She's an artist as well as a cancer surgeon," DeCarlo says, adding that she was pleased that two Dermatology residents were on hand to observe Dr. Deng's work. "I like the fact that they'll put what they saw into practice, as they pursue their careers."

Similarly, Cardiology Hospitalist and Physician Advisor Jessica Fields, MD was nervous about undergoing inpatient spinal surgery in early September. Dr. Fields was well versed with the Hospital Center's surgical procedures, having previously undergone knee surgery and two C-sections just a few floors from her office. "My dad also had surgery, who



Jessica Fields, MD

I was 'tied' with at three procedures, before this one," Dr. Fields says.

Prior to the surgery, Dr. Fields was not able to feel her right leg, was walking with a limp, and had recurrent sciatica pain. It worsened during a two-year period, to the point of not being able to feel her right lower leg and foot. Standing for a few minutes became difficult, as her leg would go numb, and she would have pain running down the leg. She had a hard time chasing her children, due to the numbness and pain.

As with DeCarlo's procedure, Dr. Fields' surgery was delayed because of the pandemic. "I noted the staff's extra measures to protect me and themselves during screening and pre-op, including wearing masks and frequent hand-washing," she says.

The procedure with neurosurgeon Edward Aulisi, MD, went smoothly, she adds, requiring only an overnight stay before her discharge. "I immediately felt better, I could feel my right leg again, and I had no pain." Now Dr. Fields is back to biking, chasing her kids at the park, and hiking, when it's not too cold.

"The process was organized, even more so because of the COVID-19 precautions," Dr. Fields says. "But as with the other times, the entire experience was great, from the nurses to Dr. Aulisi and the OR staff." She enjoyed seeing familiar faces of people she works with every day, but from the patient's perspective.

Both DeCarlo and Dr. Fields were impressed with the start-to-finish teamwork, and feel that they were treated no differently than any other patient.

"I felt like I was in the caring and comforting arms of family," DeCarlo says.

"Everyone was pleasant, dedicated and respectful," agrees Dr. Fields. "I'm glad I had the surgery here, and I would not go anywhere else."

Gina Heyrana, CRNP.

Chief APP, Cardiac Surgery.



As one of seven children in a close-knit immigrant family, Gina Heyrana, CRNP, values close relationships. That's one reason why, after moving with her family from the Philippines to the Washington, D.C., area in the 1980s, Heyrana says she "fell in love" with the profession of nursing.

"Nursing is all about compassion and care, both for patients and colleagues," explains Heyrana, who had studied medicine before relocating to the U.S. Because much of her training would not transfer to American medical schools, she enrolled in Catholic University's Conway School of Nursing.

"During the height of the AIDS epidemic, student nurses would go to one of the D.C. hospitals to assist the full-time staff," she recalls. "No matter how difficult the task, everyone was eager to pitch in and help."

Joining MedStar Washington Hospital Center in 1991, Heyrana first worked on the Cardiac Step-Down Unit, before moving to the department's surgical ICU. She

credits the staff's senior Nurse Practitioners for providing inspiration and encouragement to continue her training, which she completed with an NP certification in 1997.

"When I finished, I think they were as happy as I was," she says with a laugh.

The autonomy that comes with being an APP in the ICU complements Heyrana's enjoyment of cardiac care, which brings her full circle to her original interest in medicine, helping patients through the healing process, so they can renew their lives. While she now serves as Chief APP for Cardiac Surgery, Heyrana nevertheless considers herself part of an experienced, mutually-supportive team.

"It's a tough job, but knowing that someone is there to support you makes it easier," she says. "We always make sure to check in on each other's personal needs and feelings."

That spirit was critical to the Hospital Center's coronavirus response, as Heyrana fielded many requests from other services to assist with testing, night shifts, and other responsibilities.

"There were concerns about potential exposure, but we also wanted to be fair and do our part," she says. "Along with filling every request, we also shared information about how different services conducted processes, like patient notes. That helped our NPs get up to speed quickly, and give us ideas for improving our own practices."

The pandemic has also brought changes to Heyrana's home life in Alexandria, where she lives with her daughter, who works as a Speech-Language Pathologist, and her 96-year-old mother. Heyrana's other siblings all live close by.

"On Sundays in the pre-pandemic days, my house was 'Grand Central Station,' as one family member after another would come by to see Mom," Heyrana says. "Obviously, we're being careful now, but we all stay in touch, and are ready to help each other, if needed."

Vi Duong, MD.

Obstetrics & Gynecology.

Long before Vi Duong, MD, realized she wanted to practice medicine, she knew she was an artist. "I'd draw on walls with crayons. My parents did not like that," she admits, "so they enrolled me in art class." Once in high school, she trained alongside students who planned to become professional artists. She learned to use various media, and became a skilled acrylic painter.

"Art and science are typically viewed as counterparts," Dr. Duong notes. "But both have been seamlessly interwoven throughout my life."

As chief resident of Obstetrics & Gynecology at MedStar Washington Hospital Center, Dr. Duong continues to find connections and parallels between her two greatest passions, art and science. She finds a level of artistry in surgery, seeing and dissecting surgical planes through perceptual and tactile feedback.

Creating art is, for Dr. Duong, an outside-of-work catharsis that she re-prioritized at the start of the pandemic. The demands of medical school and residency had not afforded much spare time, certainly not for anything as ambitious as portrait painting, but with the world on lockdown, she broke out her paintbrushes, creating portraits of her grandparents, among others. Portraits are a window to the soul, says Dr. Duong.



"I can capture the expressions and emotions in their face, the wrinkles and smiles." She even began experimenting with pet portraits, gifts for dog-owning colleagues.

It was that desire to truly study others, to be a witness to their humanity, that led Dr. Duong to her ultimate specialty. As a medical student at Georgetown University School of Medicine, Ob/Gyn was her first rotation, and it offered the perfect fit—an opportunity to know and grow with her patients, through the smiles and the wrinkles. "I loved caring for women, and the opportunity to do so throughout their lifetime."

Beyond residency, Dr. Duong will relocate to Boston, for a three-year fellowship in Female Pelvic Medicine and Reconstructive Surgery at Massachusetts General Hospital. She will learn how to evaluate and manage pelvic organ prolapse and bladder control problems, as well as complex pelvic floor disorders, including some post-partum complications.

"So many of these issues arise after childbirth and delivery," she says. "I was drawn to this subspecialty, after realizing the amazing difference it could make in someone's quality of life."

Quality of life, whether physical, mental, or emotional, is paramount for Dr. Duong. Picking up her brushes wasn't just a way to kill time, she says, it was a way to re-balance, during a professional moment that can often feel all-consuming. As chief resident, she has sought to prioritize quality of life, culture, and wellness for her residents this year, both in her actions, as well as her words.

"I hope I have fostered the importance of maintaining a good balance in personal and professional life," says Dr. Duong. "We talk about physician burnout, and it's real. I try to make residency fun for my team."

In a year in which all in-person group gatherings have been restricted, that situation required Dr. Duong, to get creative. "Our residents' retreat was meant to be whole weekend together, in which we foster community, and instead, it was exclusively virtual."

She helped organize a Zoom yoga, a scavenger hunt, and other team-building exercises to strengthen culture. "We had to pivot, when it came to creating community. I love dealing with a challenge, and figuring out how we can get creative."

Creativity clearly comes naturally to Dr. Duong. But if you're hoping she can paint a portrait of your favorite pet, you may have to get in line: Dr. Duong says there is a waiting list.

Sara E. Berkey, MD.

Colon & Rectal Surgery.



Sara Berkey, MD, hopes at some point to shift one commonly held impression about surgeons.

"In my experience, surgeons often can come off as mean or intimidating," says Dr. Berkey, the newest member of MedStar Washington Hospital Center's Colorectal Surgery team. Dr. Berkey found a positive narrative during her colorectal fellowship at MedStar Washington. Two mentors in particular, Jennifer Ayscue, MD, and Brian Bello, MD, helped shatter the archetype of the aloof surgeon.

"I don't know where I'd be without them," she says. "They didn't just help me become a good physician and surgeon; they saw something in me, and helped me blossom into the person and doctor I am now."

In addition to fantastic mentorship, Dr. Berkey credits her MedStar Washington fellowship with providing state-of-the-art training, including in the minimally invasive da Vinci® robotic surgery system. Now, as an attending surgeon with the very team that helped her grow, she is excited to help new and future surgeons, both in the technical and the relational areas of the profession.

"I want residents who rotate with us to be as involved as possible. I hope I can provide an inviting environment, where they feel safe to ask questions, and learn by doing."

Besides gaining colleagues who were already mentors, another upside to transitioning from MedStar Washington fellow to attending surgeon was the ability to hit the ground running, particularly for building relationships across departments. Another plus: "You already know your way to the operating room," she jokes.

As an attending surgeon, Dr. Berkey looks forward to shaping her relationship with patients.

"I'm excited to develop those long-term relationships," she says. "That's what I enjoy most about medicine: I have always liked getting to know patients, to interact with and help them. They come to you with a problem, and you can actually fix it. I get to establish a long-term relationship, which I truly value, and, in the near-term, we can solve an immediate problem."

When not in the operating room, Dr. Berkey tries to spend plenty of time outdoors, hiking with her boyfriend and their dog. One silver lining of the pandemic: Her boyfriend now sees the value of a Peloton® Bike.

"I had to pull his teeth to get one, then the pandemic happened, and he now says it was the best thing we ever got!"

Dr. Berkey has also leaned into another COVID pastime: cooking.

"I consider myself an up-and-coming cook," she says, noting that quarantine time has offered a safe space for trial-and-error experimentation. So far, her biggest hits include crab cakes and lobster risotto. While she and her boyfriend both enjoy cooking, he typically hands off the task of julienned to her. "The upside of being a surgeon who cooks, is that I'm very comfortable with a knife."

Connections

News for the medical & dental staff, residents, and fellows
at MedStar Washington Hospital Center.

Perspective

From the desk of Stuart F. Seides, MD.

Physician Executive Director, MedStar Heart & Vascular Institute.



As health care professionals, we are trained to deal with crises. Still, the unexpected coronavirus pandemic tested our mettle. Throughout MedStar Washington Hospital Center, every department has stepped up to tackle this novel disease, as it continues to pose a threat to patients—and providers.

During my tenure, there has been no greater challenge to MedStar

Heart & Vascular Institute's ability to adapt. We quickly reinvented the way we interacted with patients—and each other. Virtual patient appointments replaced in-person encounters whenever possible. A strong message of safety was essential, in encouraging patients to avoid delays in critical treatment when in-person care was required. Conferences turned virtual overnight, and a digital campus was created for continuing medical education.

We continue to care for urgent and non-urgent cardiovascular patients, as well as patients who have developed cardiovascular disease during and following infection with the virus.

At the pandemic's peak last spring, MHVI marked a volume milestone. Our teams filled a critical void left by heart transplant centers on the East Coast, which were severely curtailing or suspending operations. Our advanced heart failure teams set a record, doubling our customary number of transplants, knowing that many patients in need would deteriorate or die if we did not intervene, and valuable donor organs might have been wasted. This challenge was met even as many MHVI physicians were concurrently redeployed, to assist in direct COVID patient care.

In the middle of this arduous time, MHVI maintained our *U.S. News & World Report* designation as one of the nation's top 50 cardiovascular programs. Our ranking has continued to climb, and we are proud of that distinction. But the real hallmark of MHVI has been dynamic change—we have never rested on our laurels.

The leadership, providers, and associates of MHVI at the Hospital Center remain dogged in their pursuit of providing innovative, compassionate, safe, world-class cardiovascular care. That is a tradition to which we are dedicated with every patient encounter, every day.

Visit us at MedStarHeartInstitute.org.