



MedStar Health

Connections

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



Preparations and planning for a pandemic are year-round.

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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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Upcoming continuing professional education conferences.

FALL 2020

GASTRIC AND SOFT TISSUE NEOPLASMS 2020

September 26 - Park Hyatt Washington, Washington, D.C.

Course Directors: Waddah Al-Refaie, MD; Dennis Priebat, MD; Nadim Haddad, MD

MedStar associates should use promotion code "GSMC" to attend on a complimentary basis.

FALL SAVE THE DATES

MedStar Heart Failure Summit

October 24 - Bethesda Marriott, Bethesda, Md.

Course Directors: Mark Hofmeyer, MD; Samer Najjar, MD

Thyroid Update

December 14 - Kellogg Conference Center, Washington, D.C.

Course Directors: Kenneth Burman, MD; Jason Wexler, MD

SPRING SAVE THE DATES

Diabetic Limb Salvage (DLS 2021)

April 8-10 - JW Marriott, Washington, D.C.

Course Directors: Christopher Attinger, MD; John Steinberg, DPM

Abdominal Wall Reconstruction (AWR 2021)

June 10-12 - Mandarin Oriental, Washington, D.C.

Conference Chair: Parag Bhanot, MD

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A physician's first-hand experience with COVID-19.

by Ira Rabin, MD

We, as doctors, nurses, and healthcare professionals, often think we will be fine. I was one of the lucky ones. This virus has to be respected. If you are sick, don't try to be a hero.

I started feeling sick on Sunday, March 15. I got tested the same day at a MedStar Prompt Care location, and called the Hospital Center's Occupational Health Department. My wife had been sick for three days already; she had also been tested, and we were waiting for her results. But honestly, I was sure she had COVID-19. In the 20 years we have been married, I have rarely, if ever, seen her have a fever.

I would say my symptoms were relatively mild. On Sunday, I had fever, chills, some body aches, and fatigue. I did not have a cough or any respiratory symptoms. On Monday, I felt equally bad, if not worse. My fever reached 101.8 degrees, and I had almost no appetite. I also was experiencing a loss of smell. The good news was that the day I started getting sick, my wife started getting better. My three kids, ages 17, 14, and 11, were definitely on house arrest, but they stayed busy with their online school work and were very helpful, so we could rest. I took a pragmatic approach; my wife and I didn't stay locked up in one room. My family had already been in the same car, the same house, and eaten at the same table. I did stay away from my parents and mother-in-law. Luckily, my kids never became symptomatic or sick.

By Tuesday, I started feeling a little better, and by Wednesday, I felt fine. On Thursday, I was playing basketball in the backyard, and on Friday, I got the call saying I tested positive. I was actually playing basketball when I answered the call, and by that point, I really did feel completely fine.

Honestly, if I was not aware of COVID, I would have called this the flu. Don't get me wrong, it wasn't pleasant, but I never felt in serious risk of needing hospitalization. Fortunately, I do not have any underlying respiratory medical conditions such as asthma, or any other conditions that put me at higher risk for complications. Even so, I consider myself fortunate that my case was mild.

In regard to how I contracted this virus, it's hard to really know. My wife, who has a non-medical job, rides the Metro to work every day. Prior to COVID really taking hold in this country, we had traveled to Seattle and to New Jersey for



Ira Rabin, MD, fully recovered from COVID-19, undergoes ABO typing, prior to his plasma donation.

family events. Who really knows if we were exposed on the plane, at a rest stop on the New Jersey Turnpike, or from community exposure? She was sick and down for the count the Thursday, Friday, and Saturday before I got sick, and on Monday we got her test results. She was positive. Luckily, by then her symptoms had mostly resolved.

My advice to others is we don't need to live in fear of COVID-19, but we need to respect it, including all the advice regarding social distancing. I would also say that if you are having respiratory symptoms, monitor your heart rate, respiratory rate, and oxygen levels if you have access to a pulse oximeter. And if you are having trouble breathing or any other serious symptoms, seek help.

Ira Rabin, MD, is Vice President, Medical Operations and Clinical Resource Management for MedStar Washington Hospital Center. He is board certified in Internal Medicine and is a member of the American College of Physicians.

Planning for pandemic “what ifs” requires year-round preparations.

The rapid spread of the novel coronavirus disease (COVID-19) in the first half of this year challenged metropolitan Washington’s health care infrastructure as never before. As the largest hospital in the nation’s capital, MedStar Washington Hospital Center has played a singular role, in bringing quality care and comfort to a patient population understandably unnerved about the disease’s immediate and long-term implications, while also protecting the health and safety of the dedicated associates charged with providing those services.

Even with the staggering scope and extent of COVID-19 pandemic, the Hospital Center’s readiness to safely and efficiently perform essential functions has followed a meticulously planned, organized, and executed strategy, developed in accordance with its long-standing commitment to provide all-hazards care. Preparation and development of response protocols for a health emergency is an ongoing, all-inclusive effort, independent of a potential threat’s existence.

“Washington is a diverse, highly mobile city, which heightens the potential for a health emergency, whether it originates domestically or overseas,” explains Glenn Wortmann, MD, director, Infectious Diseases. “As such, we have to be constantly vigilant to any potential threat, and prepare accordingly. The safety of our patients and the safety of our associates is our top priority.”

Dr. Wortmann adds, health hazard response protocols must be well-thought out and flexible, as each new health threat unfolds with its own epidemiological and clinical issues that will affect specific hospital operations differently.

“Some factors, such as how certain disease types are transmitted, are relatively well understood,” he says. “But we have to be ready to adapt quickly, as new information becomes available.”

Practice makes perfect.

Instilling and maintaining the fundamentals of a health emergency response strategy takes place on a regular basis, according to Lauren Wiesner, MD, assistant chair of the Emergency Department (ED). She also serves on the ED Disaster Task Force, which includes physicians, nurses, and social workers.

“We take a systematic approach that complements the ongoing readiness plans developed by the leadership of both MedStar Health and the overall Hospital Center,”

Dr. Wiesner says. The task force regularly discusses specific plans, conducts monthly leadership training, and runs regular drills under various scenarios with ED staff, and, as needed, in conjunction with other hospitals and local government agencies.

The ED team is always attuned to how subtle differences in the type of emergency might affect decision-making during triage, Dr. Wiesner adds, from the acuity of the patient’s symptoms and comorbidities to personal protective equipment (PPE) needs and building security. “We have to be ready to adapt quickly, in order to initiate treatment and limit our staff’s exposure risk,” she says.

In shaping the Hospital Center’s response plan, many of the infection control safeguards are driven by how the disease is transmitted, which in turn affects patient placement. A disease spread by contact or proximity to droplets, as is the case of COVID-19, requires a different approach from an airborne disease such as measles.

“If we expect a surge of patients, the team really has to work together,” says Pam Farrare-Wilmore, MT(ASCP), CIC, director of Infection Control. “Do we need a dedicated space, and if so, what’s available, and can it handle a lot of people?”

One of the most important steps in the Hospital Center’s all-hazard’s readiness effort is the BioContainment Unit (BCU), created in 2015 in response to the potential arrival of the Ebola virus.

“At the time, the available isolation rooms were fine for infectious diseases such as Tuberculosis, but nothing suitable for biohazard level 4 safety precautions,” says Janet Thorne, RN, BSN, MGA, director, Nurse Responder Team, Nursing Supervisors and the Biocontainment Unit. “Based on information in the literature and the experience of others caring for patients with Ebola, we adapted part of the ED into an area with all negative pressure rooms and other support spaces for our staff.”

The BCU provided its value immediately, when the team handled two patients who presented with Ebola-like symptoms. Although they eventually tested negative for the disease, that experience and those of subsequent alerts, have helped refine the activation and care strategy.

An important issue, Thorne says, is a hybrid approach to the BCU care team’s composition, encompassing disciplines such as ED nurses and technicians, ICU nurses,



Lauren Wiesner, MD, assistant chair, Emergency Medicine; Glenn Wortmann, MD, director, Infectious Diseases; Janet Thorne, RN, MSN, MGA, director, Nurse Responder Team and Biocontainment Unit; Craig DeAtley, PA-C, director, Emergency Management Preparedness; and Pam Farrare-Wilmore, MD(ASCP), CIC, director, Infection Control lead some of the teams involved with pandemic planning.

general care nurses, OB and neonatology nurses, and respiratory care, and “anyone willing to volunteer and be trained, because our needs will vary based on the patient.”

Depth of that expertise is just as important. “Pandemic response is intensive from a human resource perspective,” Thorne says. “It involves demanding work for extended periods, so we need as many people as possible volunteering and participating. There’s a role for everyone.”

A plan comes together.

Preparation includes using World Health Organization (WHO), Centers for Disease Control and Prevention (CDC), and other resources to maintain a constant watch on current and emerging health issues around the world. Well before a potential threat makes the daily headlines, the Hospital Center’s Highly Infectious Disease Advisory Team is already at work adapting protocols and developing plans as new information becomes available.

“For the coronavirus, we started meeting soon after WHO and CDC declared it a potential concern,” Farrare-Wilmore says. “By the time the first U.S. case was identified in mid-January, our pre-planning was well underway, and we’d conducted our first associates’ Town Hall.”

At the same time, the response plan must be fluid, adapting to changes on a daily, sometimes hourly, basis. “Our program is predicated around hazard analyses that will tell us what to prepare for,” says Craig DeAtley, PA-C, director, Emergency Management Preparedness. “We already had a plan for a coronavirus, which we modified as needed, to adapt to daily and surge aspects of COVID-19.”

In addition to coordinating the daily supply and distribution of PPE, the plan addressed security changes to reduce the number of hospital entrances, bed utilization capacity, and availability of negative pressure rooms.

“We also have mechanisms to stay attuned to the staff’s physical and emotional pressures associated with the response, ensuring we address all behavioral support needs,” DeAtley adds, including regular electronic communication with associates, training, and other channels to stay abreast of COVID-19’s ever-changing dynamics.

“We have to remind people that information we share today may not be the same tomorrow, or even this afternoon,” Farrare-Wilmore says. “It’s very fluid.”

Factors for the future.

While COVID-19 response measures may be in place for some time, the potential for new pathogens always looms. To enhance the Hospital Center’s all-hazard capabilities even further, 1F will be renovated into an expanded BCU. When completed, the space will be fully equipped as a multi-use purpose area with negative-air pressure rooms that can flex up or down to meet highly infectious patient population needs, as well as becoming an ICU and procedure rooms.

“We’ve been fortunate that the leadership of both MedStar Health and the Hospital Center have been very supportive and provided resources to care for patients and keep people safe,” Thorne says. “We couldn’t be where we are without them.”

Lessons learned from COVID-19 will play a key role in future health emergencies as well. “There will be other coronaviruses out there,” Farrare-Wilmore says. “Anything we can learn now about how they behave in specific environments will be valuable, should another emergency arise.”

And how soon could that emergency occur?

“In today’s world, everything is just a plane ride away,” Dr. Wortmann says. “It’s our responsibility to be prepared.”

Cervical disc replacement is a life-changer for detective.

For Detective Michael Pavero, weakness, numbness, and pain in his neck and shoulders can be show stoppers. Assigned to the Bureau of Alcohol, Tobacco, Firearms, and Explosives (ATF) Arson Task Force for Washington, D.C., he is a 20-year veteran of the Metropolitan Police Department of the District of Columbia. Detective Pavero's physical readiness is required for his own safety, that of his colleagues, and the citizens he protects.

When Detective Pavero woke one morning with upper left arm pain, he assumed it was a temporary pulled muscle, wrapped it in an Ace™ bandage, and went about his day. But two days later, his fingers were tingling. Detective Pavero, 47, was a little concerned it might be something serious. Doctors at a local Emergency Department diagnosed a pinched nerve and prescribed pain medication.

The pinched nerve did not go away. For the next several months, Detective Pavero ping-ponged between his primary care physician, an orthopaedist, and a neurosurgeon, along with treatments of physical therapy, steroid shots, and pain medication. Not being 100 percent, he was either on sick leave or desk duty at work.

An MRI of his cervical spine revealed a herniated disc, and a spine surgeon told him he had two choices: live with it,

or undergo anterior cervical discectomy and fusion, or ACDF. The procedure relieves pain and numbness by removing the disc and replacing it with a piece of bone, and stabilizing it with a metal plate and screws. Over time the vertebrae fuse together, which immobilizes that particular segment of the cervical spine. While the surgery relieves pain, the patient loses some range of motion.

Had Detective Pavero been retired, or in another profession, he says he may have opted for fusion. "But a physician on the police force told me that it was highly likely I would be forced to take early retirement," he says, "because I'd have limited mobility, and wouldn't be able to perform at 100 percent. I knew I couldn't survive on 15 to 20 percent of my salary."

One of the doctors he had seen mentioned disc replacement, but said he wasn't a candidate. The mere possibility of another option sent Detective Pavero to the internet, looking for a second opinion.

"I came across Dr. Oliver Tannous," he says. "He had fabulous reviews from patients and did disc replacement surgery." Detective Pavero made an appointment with Dr. Tannous at MedStar Orthopaedic Institute at MedStar Washington Hospital Center. "Dr. Tannous told me disc



Detective Michael Pavero poses with his orthopaedic surgeon, Oliver Tannous, MD, after cervical disc replacement surgery.

replacement surgery was an option, and I'd be a good candidate for it," he says.

"In cervical disc arthroplasty," explains Dr. Tannous, "instead of fusing vertebrae together, we replace the disc with an implant that restores normal disc motion. It basically functions as a joint, which allows normal range of motion and reduces stress on the discs above and below. The advantage with this technique, other than sparing your range of motion, is the shorter recovery period."

While it sounded like a great solution to the detective, "I didn't immediately jump on board," he says. "I wanted to try a little longer with physical therapy, and other things I was doing."

Dr. Tannous agreed. He prefers to try more conservative methods first. "About 75 percent of our patients get better using physical therapy, anti-inflammatory medications, or steroid injections. It's only after we've exhausted those options that we talk about surgery."

For Detective Pavero, "some days would be ok, then I'd turn my head the wrong way, and pain would shoot up my arm. I wasn't happy. I was either on desk work, or at home just moping around. I couldn't mow the lawn or do much of anything physical."

A month after first meeting with Dr. Tannous, Detective Pavero made up his mind, and scheduled the surgery. Dr. Tannous had warned Detective Pavero that fusion could still be a possibility. "He told me he was planning to do the replacement, 'but if I get in there and your anatomy is not what it looks like on film, I'll have to do a fusion.'"

Detective Pavero was in luck. "When I woke up," the detective recalls, "the first thing I did was feel for a collar, which would have meant I'd had fusion. For a minute, I wondered if I'd even had surgery. But I had no pain, so I knew he was able to do the replacement."

His recovery was equally successful. Not only was he immediately without pain and could move his neck freely, he says, "I had a day of coughing, a day of eating soup, a day of eating soft stuff, and by day four, I had a pork chop!"

Six weeks after surgery, Detective Pavero was cleared to return to work. Since returning, he's had to take tests on the firing range and in defensive tactics training. He passed with no problem. "If I'd had a fusion," he says, "it would have been six months, rather than six weeks, before I could return to work—if I could return to work at all."

Ever grateful to Dr. Tannous, he says, "There are a few people, or events, that change your life. Meeting Dr. Tannous was one of those for me. It was as though I was on a road, my car broke down, and I had to get off. Then Dr. Tannous came along and put me back on the road, so I could drive again."

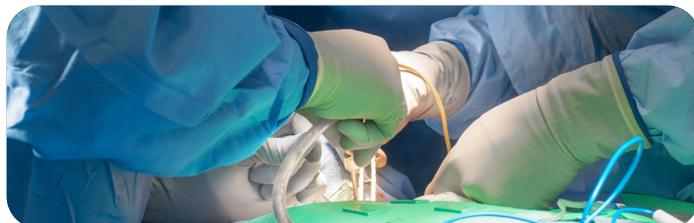
Replacement

Pros

- Recovery: Patients can move their necks immediately after surgery and return to work within a few days, depending on their jobs. For patients like Detective Pavero, it's 4 to 6 weeks before returning to work.
- Full range of motion immediately
- No brace or collar
- FDA-approved implants have an excellent long-term track record
- Studies are showing potential decrease in adjacent segment and revision surgery after cervical disc arthroplasty compared to cervical fusion

Cons

- Because we only have 15-year data for cervical disc arthroplasty, the ultra-long-term effectiveness is unknown.



Fusion

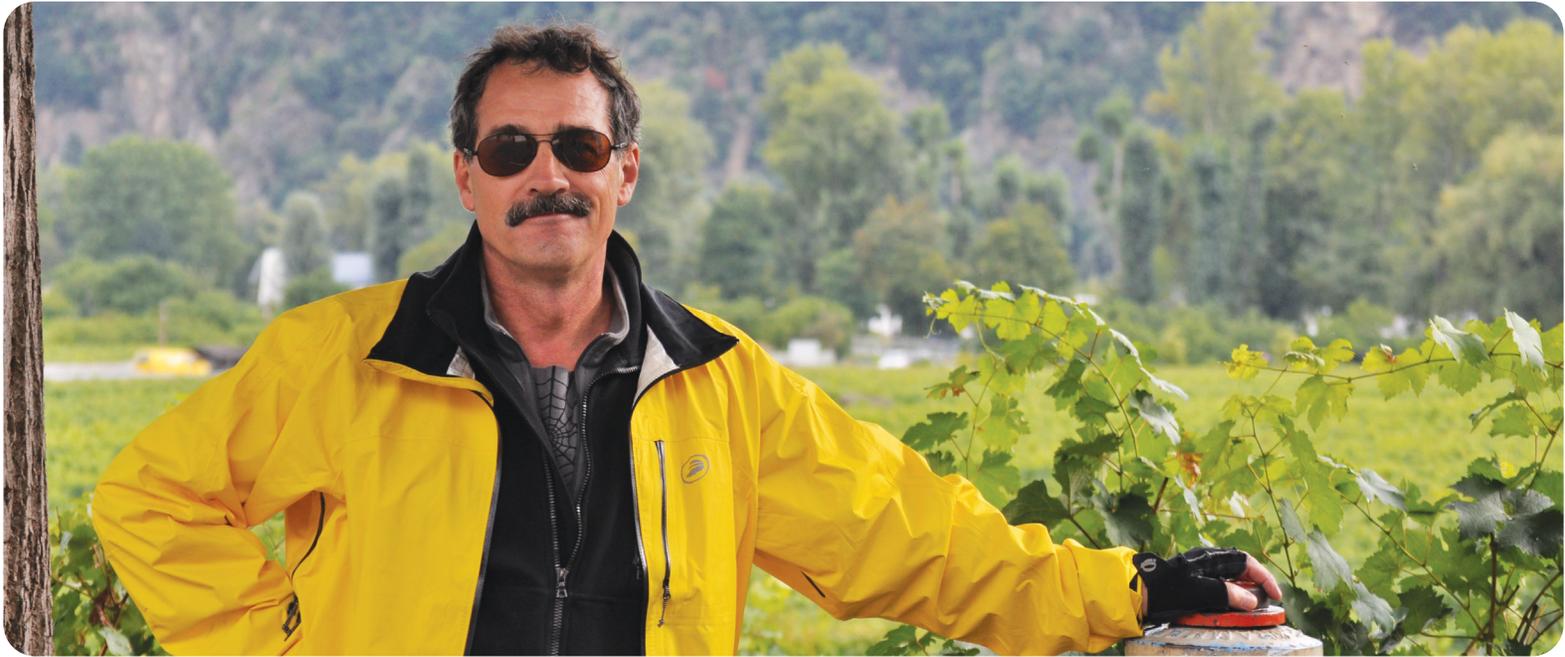
Pros

- Has well-documented history of success over a 50-year period

Cons

- Must wear brace or collar for six to 12 weeks, fusion complete at six to nine months
- Bone graft, usually from cadaver or pelvis
- Reduced range of motion
- Discs above and below fused disc may degenerate faster due to increased stress.

Thomas Stahl, MD retires as Chair of Surgery.



When Thomas Stahl, MD, first walked in the doors of MedStar Washington Hospital Center in 1998 to join the section of Colorectal Surgery, he could not have known what the next 22 years would bring. When he retired as Chair of Surgery at the end of March, he had performed an estimated 6,000 surgeries, and helped train more than 500 general surgery residents and 20 colorectal fellows. His impact on others was even greater.

"You have to remind yourself what a privilege it is to treat patients," Dr. Stahl says. "It's not about you. It's about helping patients through the toughest challenges they've ever had."

Through the years, Dr. Stahl feels one of his greatest sources of satisfaction has come from his ability to offer surgical care to young people with inflammatory bowel disease (IBD).

"You develop a close relationship with these patients, who often have been seeing gastroenterologists for years. You get them through large, complicated surgeries, and dramatically improve the quality of their lives."

Dr. Stahl became section director of Colorectal Surgery in 2009, and then MedStar regional director of Colorectal Surgical Services in 2010. In October 2014, he assumed the position of Chief of Surgery at the Hospital Center.

Dr. Stahl has taken a gradual approach toward retirement, stopping surgery in January, and gradually handing over his administrative duties. But he is not retiring altogether; he will serve as a contract consultant, conducting peer review and risk management work as needed.

Since he started medical school in 1978 in his native Minnesota, Dr. Stahl has seen many changes in medicine. One of the biggest changes he's seen is in health care delivery.

"When I first came to the MedStar Washington Hospital Center from MedStar Georgetown University Hospital, it was predominately private practice physicians," he remembers. "Now, most are employed physicians with MedStar Health."

Dr. Stahl sees that as a positive change. "It has taken the administrative burden off surgeons' shoulders. It's allowed them to focus much more on clinical practice and teaching residents."

Another change he's seen is the rapidly expanding emphasis on minimally invasive surgery. "Laparoscopic surgeries and robotics have led to quicker recoveries, shortened hospital stays, less pain, and smaller scars," he says, "which benefits patients, surgeons, and hospitals."

During his time at the hospital, electronic medical records (EMRs) have changed medical practice dramatically.

"It was painful to switch to the EMR, but I can't imagine going back to paper documentation," he says. "It hasn't saved as much time as we'd hoped, but it has forced us to be more thorough."

The training experience has also shifted dramatically, with implementation of the 80-hour work week. "It's forced us to examine the whole training process to take a deep look of every aspect of training," he says, "and use the time



Dr. Stahl and his wife, Dale, enjoyed hiking in Peru.

more efficiently and wisely. It has also given residents and fellows a semblance of life while they are in training.”

Dr. Stahl, like most surgeons, has enjoyed the technical aspects of surgery and the increasing sophistication of the field. He had originally considered a career in

Cardiothoracic Surgery, but then switched to the newly emerging field of Colorectal Surgery, intrigued about the complexity of the surgeries, as well as the opportunity to help patients.

But for Dr. Stahl, everything always comes back to the people. He praises his colleagues as the best anywhere.

“There are too many to name,” he says. “We’re completely dependent on the collaboration with others. The people working in the operating room, peers, administrators—it’s such a privilege to work with all of them. It’s a gift it is to work in such a dynamic, complicated organization,” he says. “I’m proud that the system works so well, day in and day out.”

Working with residents has also been a very positive experience. “We attract some of the best, brightest, and most ambitious individuals to our programs, and I’ve thoroughly enjoyed working with each and every one of them,” he notes.

Still, it’s the patients who have meant the most to Dr. Stahl, and it’s for the patients that he’s decided it’s time to retire from clinical practice. “Surgical skills are time-limited,” he notes. “It involves technical skill, and you can sense those skills starting to fade. You need to know when it’s time to stop; don’t wait for a mistake.”

As to the future, he has plenty of hobbies to pursue—biking, hiking, photography, piano.

And there is a particularly bright spot this summer—the arrival of his first grandchild. “It will be nice to have the time to spend,” he says.



Dr. Stahl and his daughter, Hannah, posed after a biking trip.

Former surgical resident thanks mentors, settles in to California life.

In 2013, Jason Chen, MD, was a fresh-faced, 27-year-old, just starting his surgical residency at MedStar Washington Hospital Center. *Connections* followed him through his six-year residency and his year as a Burn researcher, interviewing him each spring about his goals, aspirations, and expectations.

Last spring, he graduated from the Hospital Center, and returned to his home state of California, to complete a one-year fellowship in colorectal surgery at the Los Angeles County + University of Southern California Medical Center (LAC+USC).

"Life is better during fellowship," he says. "Fellowship training is not for everyone, but it's a great year to fine-tune your skills, and delve deeper within your focus."

Dr. Chen splits his time between the 600+ bed hospital at LAC+USC Medical Center and the Keck Hospital. "They are similar in size and demographics to the Hospital Center and to MedStar Georgetown University Hospital, where I also split my time in my residency," he says. "I'm performing many complex abdominal and perineal cases for patients with advanced colorectal cancers, inflammatory bowel disease, and pelvic floor disorders. Many patients have tremendous quality-of-life issues, and I feel fortunate to help alleviate those issues," he says.

"I'm learning the nuances of operative decision-making in colorectal surgery, as well as different techniques from the nine colorectal surgeons on staff," he adds. "Another great aspect of this program is the opportunity to perform two to three robotic surgeries each week. I also enjoy working with the large Hispanic population, and practicing my Spanish. Occasionally, I also get to use the Mandarin Chinese my parents taught me."

One of the real pleasures of his job is working with students and residents, something he also cherished at the Hospital



Dr. Chen is pictured in 2018 in his home base, the OR at the Hospital Center.

Center. "I still love it," he says. "They are eager and young, and it gives me energy to be around them."

One of the creeds Dr. Chen lives by, and tries to instill in the students he teaches, is the three AAAs—Attitude, Availability, and Ability.

"Those are the attributes of any successful doctor," he says. "I love to help transition medical students from being student to doctor. One of my favorite lessons is how to recognize a sick patient from various vantage points—from the computer, looking at vitals and laboratory results; from the bedside, performing a history and physical; or even from the doorway, examining their mental status and degree of labored breathing. I want to teach them to assess and build a plan for a patient in five minutes." As a newly minted intern seven years ago, he admits, it took him a lot longer!

He and his wife, federal strategies consultant Sarah Wineland, live in Highland Park, Calif., about eight minutes from the hospital. One of the perks of his fellowship is being on call only one weekend a month, so they have explored the nearby parks, restaurants, mountains, and beaches. Dr. Chen grew up in San Mateo, Calif., about six hours away, so they've also been able to visit his parents more often. His wife is from Virginia, so the move was difficult for her, but Dr. Chen reflects that she has adjusted well, making new friends, learning to surf, and even got to be an extra on her favorite TV show, "This is Us."



Dr. Chen poses as AQUAMAN® at the Warner Bros.® studio tour in Hollywood.



Dr. Chen and his wife, Sarah Wineland, enjoy the local art at the Jackalope Indie Artisan Fair in Pasadena, Calif.



Dr. Chen and Sarah enjoy hiking earlier this year, at Half Dome in Yosemite National Park.



(L to R) Reuniting last year at the pier at Manhattan Beach, Calif., were former Surgery co-chiefs Eugene Wang, MD, now a general surgeon at Kaiser Permanente in Los Angeles; Dr. Chen; and Chait Vadlamudi, MD, MBA, now a fellow in Advanced Therapeutic Endoscopy and Minimally Invasive Surgery at The Ohio State University Wexner Medical Center.

As Dr. Chen is applying for jobs, he says he'd prefer a job on the West Coast, but would be happy to return to the Washington, D.C., or Virginia area. He hopes to start work in the fall, with some travel and a month of freedom first, "after a decade of medical training."

His cat, Sophie, who accompanied Dr. Chen and Sarah from the East Coast, often joins them on hikes, strapped in a kitty pack. Once they are settled in his new job, they will start thinking about exchanging the kitty pack for a baby pack.

"I am so grateful of my surgical training at the Hospital Center, under the colorectal leadership of Drs. Stahl, Ayscue, FitzGerald, Bello, and Bayasi," he says. "They provided a firm foundation for me to build upon at USC. I also appreciate the general surgery training from Dr. Golocovsky and the acute care surgery training by Drs. Sava, Street, Shiflett, and Trankiem. It was a privilege to learn from them. I miss the people at MedStar Health—my fellow residents, attending surgeons, anesthesiologists, and nurses—and wish everyone well."

2020 Match Day welcomes 273 new residents.



Sal Pindiprolu, MD

With all the change this year, one thing remains the same: in June, a group of first-year residents will begin their training. Throughout MedStar Health, the 2020 Main Residency Match achieved a 94 percent match rate for 273 positions. Across MedStar, 63 residents are from Maryland, D.C., and Virginia medical schools, including 36 from Georgetown University School of Medicine. There are 29 graduates of osteopathic schools from across the nation.



Rahul Bhat, MD

At MedStar Washington Hospital Center, residents represent a diverse group of highly qualified new physicians. The hospital's Internal Medicine program has 49 new residents. About 5,500 medical students applied for a position, and 460 were chosen for interviews, says Sailaja Pindiprolu, MD, program director. "These candidates are so impressive," she says. "They seem to get better every year."

The hospital's Emergency Medicine (EM) program will greet 10 new residents, winnowed down from 1,400 applicants, then narrowed to about 200 interviews. "We did great this year," says Program Director Rahul Bhat, MD. "We matched with seven great students who rotated with us, and three others in the top part of our list."



John Buek, MD

For Obstetrics & Gynecology, another 10 new residents will arrive. A team interviewed about 200 prospects from a pool of some 1,700 applicants. "We've got an excellent group, ready to get to work," says John Buek, MD, director of the Obstetrics and gynecology residency program.



Karthik Vedantam, MD

The entire Match process took place before the COVID-19 outbreak, with interviews in November, December, and January, and selections submitted the last week of February. On Match Day, March 20, many areas of the nation and the world had been ordered to shelter in place, and medical schools had closed.

"It actually made it easier to contact our new residents," Dr. Bhat says. The program held a

Zoom Match Day party, and six of the 10 EM residents took part.

Orientation will be different, especially for larger programs. "Traditionally, we hold 'boot camps' with small groups," Dr. Pindiprolu says. "This year, we will be using social media much more. The question is, 'How do we create a family feel among residents?'"

Another difference this year is hospital activity. "We have a short lull during the summer, so residents are more gradually introduced to their clinical duties," Dr. Pindiprolu continues. "We will introduce our first-year residents into a COVID-19 environment, without overwhelming them."

For Ob/Gyn, Dr. Buek notes that elective surgeries are being delayed. "We'll be focusing much more on obstetrics," he says. In Emergency Medicine, residents will be helping attendings on the front line in the Emergency Department.

But the new class of residents seems more than up to the challenge. "One new resident has already called, and volunteered to begin early," Dr. Pindiprolu reports. "I hope they all feel that same call to duty."

Karthik Vedantam, MD, a new chief for Internal Medicine, agrees the next year is different. "Although it is an uncertain time for interns, it's a learning experience for the entire medical community. For many of us, this reinforces and highlights the numerous reasons why we chose to pursue this path. My advice is to seize and cherish every opportunity to learn."

Cynthia Bither, CRNP.

Advanced Heart Failure Program.



When MedStar Washington Hospital Center launched its Advanced Heart Failure (AHF) program in the mid-1990s, Cynthia Bither, CRNP, knew she had found the perfect place to apply her specialized training and personal skills.

As with so many other medical professionals, Bither's career path in the cardiology care disciplines has been influenced by a desire to care for as diverse a range of patient cases as possible. For her, AHF was an obvious next step, one that has enabled her to help shape not only the Hospital Center's program as chief nurse practitioner, but also the discipline of heart failure nursing itself.

Inspired by her mother, an Ob/Gyn nurse, Bither earned a nursing degree at the University of Vermont. At the encouragement of a friend, Bither moved to Washington after graduation and joined the staff of George Washington University Hospital, where she would participate in its first heart transplant in 1987.

After completing George Mason University's nurse practitioner program, Bither joined the Hospital Center's cardiac surgery program in 1994, a time when new treatment breakthroughs were changing approaches to advanced heart failure.

"AHF used to mean a patient had run out of options," Bither explains. "Now, it's part of the treatment process. It's been

fascinating to see the field come along with new procedures and medications. Now, we give patients and their families hope where once they might have had none."

She considers left ventricular assist devices (LVADs) among the field's biggest game-changers. Where once a patient's secondary condition may have ruled out eligibility for a heart transplant, an LVAD can extend the patient's life, while the other issues are addressed. "I tell patients if you live long enough for the next great invention, sign up for it," she says.

Bither was named the AHF Program's Chief Nurse Practitioner in 2010, "likely because I had the most experience," she says with a laugh. But she's used her leadership position to apply her own passion for continual professional development to benefit her colleagues and her discipline.

A member of the American Association of Heart Failure Nurses (AAHFN), Bither served six years on the organization's board, one year as president. She also helped launch AAHFN's annual AHF symposium in 2013, and continues to chair the event. For the American College of Cardiology, she brought nursing education on heart failure to the United Arab Emirates, Colombia, and the Philippines.

"It's exciting to see younger nurse practitioners come along and get started in heart failure earlier in their careers," APP Bither says. "That enables them to advance more easily."

Still, patients have and always will come first for Bither. "That's why I stay at my job," she says. "Our goal is to give them the best possible care." She's particularly proud the AHF team strives to bring a personal touch to their treatment approach. "Once they get an LVAD, they're with us for life," she says. "I try to learn something about each patient, so they'll know we truly care about them."

Of course, not all AHF cases have happy endings, but the experience is nevertheless rewarding. Bither recalls treating a teacher with two children in their early teens. "He fought so hard to fulfill a hope of walking his daughter down the aisle at her wedding," she recalls. "He didn't live that long, unfortunately, but the heart pump gave him valuable time to watch both his children grow up."

Bither balances the demands of her job with faith. "Sunday is a respite, a time to rebuild," she says, with her two rescue Labrador retrievers, and her love of the water. Living near the Chesapeake Bay just south of Annapolis allows the former sailboat racer to spend her time enjoying watercraft, from kayaks to a stand-up paddleboard.

Meghan Moroux, MD.

Ophthalmology.

The internet is full of online surveys, such as “which Hogwarts house or Friends character best describes you?” Most offer little more than a helpful brain break or pop culture conversation starter. But for Meghan Moroux, MD, one survey proved life-changing, because it helped her choose her ultimate medical specialty.

“It’s a very strange thing,” Dr. Moroux laughs, stressing that the online quiz was released by a reputable medical school. “I planned to enter medical school to pursue Ob/Gyn, and when the survey said ‘ophthalmology,’ that really surprised me.”

The results offered food for thought, which prompted Dr. Moroux to select an Ophthalmology shadowing elective after her first year of medical school, at the University of Mississippi Medical School in Jackson. She says she loved it, and while she can’t remember all of the details of that now fateful survey, a few headlines stood out to her. She

was interested in using technology; she wanted to see results quickly; and she wanted to have a continuing relationship with her patients.

That, in a nutshell, says Dr. Moroux, is ophthalmology. “We use so many different instruments, and get to work through a problem long-term, but still see results quickly. And, I know I get to have that continuing relationship with patients in the clinic and the operating room.”

As a chief resident, Dr. Moroux states she’s grateful to work in a specialty where faculty truly take the residents’ opinions and ideas, and try to put them into action.

“I think what I have learned most is how to problem-solve on my feet,” says Dr. Moroux. “There are a lot of moving parts to coordinate, and I’ve learned to keep in mind how decisions will impact different areas of the program.”

Dr. Moroux says that those lessons learned will undoubtedly make her a stronger physician, as she prepares to spread her wings beyond the Hospital Center and residency. She has accepted a position with a comprehensive ophthalmology practice in Fairfax, Va.

But it won’t be a complete goodbye to the Hospital Center. Dr. Moroux will return to help staff the ophthalmology resident clinic next year, and hopes to remain affiliated with the residency program moving forward.

Dr. Moroux prepares to finish her year as chief with a mixture of excitement, and the confidence borne of a strong training program. “I’m looking forward to having the autonomy to take care of my own patients. We see every type of ophthalmology issue in our clinic, and because of that, I’m comfortable handling any problem a patient has, when he or she walks through the door. The best thing I’ll take with me is that confidence.”

One thing that Dr. Moroux will regretfully leave behind is a weekly Wednesday lunch date in the hospital cafeteria with her brother, Jonathan Giurintano, MD, an otolaryngologist at the Hospital Center. While he may be an attending physician and she a chief resident, Dr. Moroux likes to point out that she discovered Hospital Center first. “He came later,” she likes to remind him. “But it was a very lucky thing that the stars aligned for us.”



Miriam Fischer, MD.

Emergency Medicine.



Miriam Fischer, MD, knows a match when she sees one. When she heard about an opening in the Emergency Department at MedStar Washington Hospital Center in fall 2018, despite being five weeks post-partum with her second child, she immediately picked up the phone. Dr. Fischer mustered all of her confidence and sleep-deprived clarity, and made a cold call to the Hospital Center's Chief Medical Officer, asking for an interview.

The rest is relative history, although to hear Dr. Fischer describe it, the honeymoon with the Hospital Center is still in full swing.

"I'm happy Dr. Jeff Dubin took to me that day, even though I interviewed while wearing my maternity clothes," says Dr. Fischer. She reports she had her eye on MedStar Health for one central reason: she wanted to be in an academic center, where advancing medical thinking and learning was a priority, and where doing the right thing for patients came first.

"I'm proud to be a MedStar physician," states Dr. Fischer. "There's a top-notch staff that continues to impress me

with always doing the right thing. I love the excitement, and I'm impressed every day by my colleagues, and how smart, passionate, and supportive they are."

This summer, Dr. Fischer will settle into a new role as clinical lead for MedStar's Sepsis Initiative, housed within the Quality and Safety Leadership team. The initiative has a simple yet impactful goal, to decrease sepsis mortality rates throughout the system. "It will mean new medical initiatives to save lives," says Dr. Fischer.

It will also mean capitalizing on the system's strengths, she says. "MedStar teams already work really well together. Because of that unique environment, I'm very optimistic we can make real headway and save lives."

In the meantime, where a global pandemic will undoubtedly stretch and test the values of an organization, Dr. Fischer says that COVID-19 has shown just how true to those values the Hospital Center is, even as it has also shown its nimbleness.

"As a department and a system, we are able to make modifications, as needed, on a daily basis, to do the right thing. As scientific and medical evidence changed, we changed." That commitment to doing the right thing, says Dr. Fischer, has extended beyond patients to all staff members.

While living through a pandemic on the front lines—especially as a parent to two young children—can feel scary and stressful and exhausting, Dr. Fischer has found some comfort in returning to the Emergency Department with each shift.

"I get to go and maybe help," she says. "In some ways, I think I'm fortunate, because I can hopefully be part of the solution."

Dr. Fischer notes the irony that, in some ways, thanks to MedStar's support and paramount protection of its staff, the Emergency Department feels more controlled than her trips to the grocery store.

As Dr. Fischer takes on the system's new sepsis initiative, the COVID-19 lessons are already top-of-mind. "We've been flexible, as patients change, to modify what we need to successfully care for them. It speaks to the system-wide cohesiveness of MedStar and offers lessons for sepsis. As we learn different things, we change, to help improve patient outcomes."

Connections

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

Physician's perspective

From the desk of Christopher Gallagher, MD.

Medical Director of Cancer Services, Washington Cancer Institute, and Section Director, Medical Oncology.



Washington Cancer Institute has long led the fight against cancer in metropolitan Washington, D.C. Last year, we diagnosed more than 2,000 new cases, more than any other center in the city.

At the core of our approach is that we are a cancer center. That means we emphasize a team approach to care with medical, radiation, and surgical oncologists

who work closely with all the other specialists required to treat the whole patient—pathologists, radiologists, rehabilitation specialists, nutritionists, social workers, and genetic counselors. Patients benefit from having one cancer team located all in one place to receive comprehensive care.

In medical oncology, we've added four new medical oncologists to grow our team to 12 in the past three years, supported by nurse practitioners with oncology expertise. Our nurse navigators are the glue that keeps us together, making sure that all patients receive the timely care they need.

For each newly diagnosed patient, we meet as a multidisciplinary team to review the case and determine the optimal

treatment plan. This approach streamlines care, and ensures that each individual patient has the best chance of success.

Each medical oncologist here specializes in a major type of cancer. We also have specialists in less common cancers, such as cutaneous lymphoma and soft tissue sarcoma. This allows us to best leverage ourselves, to stay fully up-to-date on the latest advances, and provide the highest quality care.

As part of the MedStar Health-systemwide MedStar Georgetown Cancer Institute, we also gain access to all the most promising clinical trials. We offer a robust portfolio of clinical trials for many different cancer types that provide next generation treatments for our patients today.

We have a growing cancer survivorship program for patients who have completed treatment. This educates survivors about the possible long-term effects of treatment, and monitors their progress going forward. Our cancer survivorship program also allows us to create and implement longitudinal studies that improve the long-term health of our patients.

Finally, community education and screening are important parts of our center. We have launched a lung cancer screening program, to identify early cancers in those at high risk for the disease. This follows the successes of our breast and colorectal cancer screening programs, and supports our goal to be the region's best resource for cancer screening.

To contact us or to refer your patient, please call
202-877-6998.