



MedStar Health

# Connections

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



**New fiscal year, new  
physician leadership**

New chairs for FY22 include Steven Abramowitz, MD, Vascular Surgery; Tamika Auguste, MD, Obstetrics & Gynecology; and Ravi Agarwal, DDS, Oral & Maxillofacial Surgery.

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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

### THE 8TH ANNUAL GASTRIC AND SOFT TISSUE NEOPLASMS

**September 25**

#### A Virtual Conference

*Course Directors: Waddah B. Al-Refaie, MD, FACS; Nadim Haddad, MD; Dennis A. Priebat, MD, FACP; Mark A. Steves, MD, FACS*

*MedStar Associates: Use promotion code GSMG for complimentary registration!*

This annual educational symposium is proud to update our medical community on the state-of-the-art care of gastric cancer, soft tissue sarcomas and peritoneal surface malignancies, while focusing on the importance of a multidisciplinary approach to the diagnosis and treatment of these rare and complicated disease entities. National and international renowned guest speakers and distinguished faculty, including those from MedStar Health and MedStar Georgetown Cancer Institute will discuss the significant roles of evolving new diagnostic modalities, immune, regional, and molecular targeted therapies, and the use of state-of-the-art radiotherapeutics in these rare and complex cancers. This symposium will also highlight evolving role of surgery for advanced gastric cancer and peritoneal surface cancers.

## UPCOMING CONFERENCES

### 3rd Annual MedStar Georgetown Transplant Institute Symposium

**September 18, 2021 | A Virtual Conference**

*Course Directors: Thomas M. Fishbein, MD; Matthew Cooper, MD; Alexander J. Gilbert, MD; Basit Javaid, MD, MS; Stuart S. Kaufman, MD; Rohit S. Satoskar, MD*

### The 4th Annual MedStar Heart Failure Summit

**October 23 | A Virtual Conference**

*Course Directors: Samer S. Najjar, MD; Mark R. Hofmeyer, MD*

### 13th Biennial Thyroid Update: New Concepts in the Diagnosis and Treatment of Thyroid Disease

**December 3 | A Virtual Meeting**

*Course Directors: Kenneth D. Burman, MD; Jason A. Wexler, MD*

### Breast Cancer Coordinated Care (BC3): An Interdisciplinary Conference

**February 24 to 26, 2022 | JW Marriott**

*Course Directors: David H. Song, MD, MBA, FACS | Kenneth Fan, MD | Ian T. Greenwalt, MD*

### Diabetic Limb Salvage Conference

**April 7 to 9, 2022 | JW Marriott | Virtual**

*Course Chairmen: Christopher E. Attinger, MD | John S. Steinberg, DPM*

*Course Directors: Cameron M. Akbari, MD, MBA | Karen Kim Evans, MD | J.P. Hong, MD, PhD, MBA*

For more information regarding MedStar Health conferences, please visit [MedStar.Cloud-CME.com](http://MedStar.Cloud-CME.com).

# A Stellar One Team, Using Strong Two-Way Communications



**Jeffrey S. Dubin, MD, MBA**

**One of the primary causes** of a serious safety event is incomplete, missing, misunderstood, or lapsed communications.

When we carefully investigate what caused patient care to go in a direction other than what we intended, communication is usually in the mix of reasons. We're not speaking directly to each other as much as we used to, and we need to course-correct that habit.

We have a great opportunity to improve our communications between many groups. We've often said that physicians are the clinical leaders of our care teams, and there are many teams that could benefit from more face-to-face encounters.

- Physicians and APPs, within the same service and across services
- Physicians and nurses
- Physicians and other physicians, and with everyone else on the care team
- Physicians and house staff, and house staff and physicians
- Physicians/APPs and patients, and with patient families

Direct, personal, verbal communication ensures your intended message is received and acknowledged. For each patient, we need to know what everyone on the care team is thinking, to determine if there's something we can change to improve care.

Talking to each other builds stronger teams. Everyone can contribute to the plan of care, and each person brings something different to the discussion. When we talk to each other, we develop camaraderie, improve our own interpersonal skills, and understand how we can work better as One Team. You can't always ensure that everyone has read the latest note in the patient's chart. When you have team discussions, you can be much more certain that no misunderstanding exists.

With good closed-loop communications and using teach-back skills, we are all proactively working to prevent serious safety events. That process also means we always leave contact information and assure others it's okay to call us with questions.

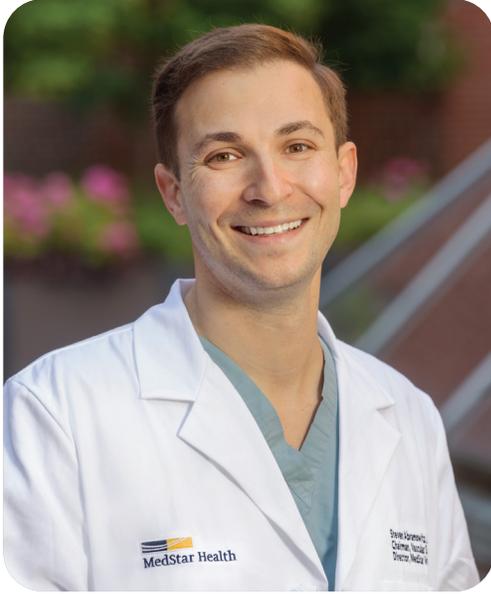
When we talk to our patients and their families, having them understand the plan of care leads to them becoming a part of the care team. We want to prevent readmissions, and good understanding of the care goals lets your patient become a more active, compliant participant, and leads to a higher patient satisfaction rating. Whether your patients are in the hospital or seeing you in clinic, it's a good idea to have them as partners in their care.

Making sound communications a regular part of the care plan secures consistent, high quality treatment and safety. A dynamic, two-way communication plan is a reliable and powerful tool, one that we can use it in every patient encounter.

Fiscal Year 22 will have an increased focus on Quality and Safety, as we work to proactively reduce serious safety events (SSEs), and to achieve a five-star quality rating from the Centers for Medicare & Medicaid Services. Using a good communications strategy will strengthen and complement our progress during the next fiscal year.

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Steven Abramowitz, MD



Ravi Agarwal, DDS



Tamika Auguste, MD

## New fiscal year brings new physician leadership

**It's sheer coincidence** that the surnames of some of MedStar Washington Hospital Center's newest department chairs all begin with the letter "A." But there's little doubt that the "A-game" skills these physicians already have brought to their respective departments will serve them well, as they assume new responsibilities. Here, three of the newest physician leaders share their thoughts on how they hope to build on the work of their respective predecessors, to further strengthen the Hospital Center's standing locally and around the world.

### Steven Abramowitz, MD

#### Vascular Surgery

Since joining MedStar in 2014, Steven Abramowitz, MD, has played a key role in expanding MedStar Heart & Vascular Institute's applications of minimally invasive techniques, to treat an ever-broadening range of vascular conditions. Among them is endovascular ilio caval reconstruction, a single-stage minimally invasive reconstructive technique that has been paramount in the treatment of vena caval stenosis

and central venous occlusive disease and open endovenectomy to treat complex venous post-thrombotic syndrome.

Along with reduced healing times and infection risks, Dr. Abramowitz says the approach underscores MedStar's commitment to "lifelong, interdisciplinary relationships with patients, that enhance patient experience and outcomes."

Dr. Abramowitz admits he faces a tall order, to sustain the momentum fostered by his predecessor, Edward Woo, MD, who is now president of MedStar Medical Group.

"It's like inheriting a wonderful estate," Dr. Abramowitz says, of MedStar's staff of high-quality vascular surgeons and strong regional referral network. He adds that growth of the service line will remain a priority.

"Our regional program strives to provide the gold standard of comprehensive vascular care—an example people look to for complex aortic procedures, pulmonary embolism, deep-vein thrombosis, neurovascular intervention and limb preservation," he says. "We are leaders in new techniques and operative interventions due to our involvement in academic vascular societies and our partnerships with industry."

Dr. Abramowitz is quick to add that such thinking doesn't

compromise attention to individual patient needs. By ensuring the department functions as one across all MedStar Health, “a patient can walk into any of our facilities, and tap into a system-based, quality-focused, caring team.”

Similarly, Dr. Abramowitz hopes to expand MedStar’s community outreach, assisting primary care physicians and others, to address underlying conditions that can contribute to heart and vascular issues.

“Patients don’t simply wake up one day and find they have vascular disease,” he says. “By building collaborative teams with other providers, we can engage patients with these conditions early, and avert potentially catastrophic outcomes

## Ravi Agarwal, DDS

### Oral & Maxillofacial Surgery

After receiving his degree from the University of North Carolina School of Dentistry, Ravi Agarwal, DDS, came to MedStar Washington for a four-year intensive residency program in Oral & Maxillofacial Surgery. He then became a full-time staff member, while also maintaining an active practice for pediatric oral and maxillofacial care at Children’s National Hospital.

“Since I’ve been here, we’ve been fortunate to have a growing department with hospital-based surgery,” Dr. Agarwal says, adding that the recently opened satellite office in Northern Virginia marked an important step in efforts to bring MedStar Washington’s expertise and multidisciplinary resources closer to patients with complex issues.

“That’s particularly important for cases where patients with face or jaw issues have underlying issues and other considerations, but may have difficulty accessing our facilities,” he adds. “Teamwork always results in better outcomes.”

Along with maintaining the department’s current focus on its core services of corrective jaw surgery and treatment of facial trauma, Dr. Agarwal says keeping pace with technology will be a key focus of his leadership. For example, three-dimensional (3D) printing technology is becoming a more widely used tool for treatment planning, giving oral surgeons the ability to customize components used in implants and corrective jaw procedures.

“We can fine-tune the size and shape of screws, plates, and other elements to fit a patient’s specific features, rather than having to physically bend existing components into place,” he says. “Better precision and accuracy on our part means better results and comfort for our patients, and we continue to gain confidence about what we can execute.”

These steps will also benefit the department’s residency program, providing a broader scope of training opportunities.

“My own experience as a resident here was invaluable,” Dr. Agarwal says. “We want to be able to offer others the same kind of learning environment.”

## Tamika Auguste, MD

### Obstetrics & Gynecology

Brooklyn-born Tamika Auguste, MD, has been part of the MedStar system for more than 20 years, including the last 17 as a full-time staff member of Obstetrics & Gynecology at MedStar Washington. That’s on top of her professional training at Georgetown University School of Medicine, and a residency at MedStar Georgetown University Hospital.

“It’s hard to believe I’ve been part of the system for 25 years, but I can’t imagine being anywhere else,” Dr. Auguste says. “We’re the city’s ‘go-to’ department for everything related to Obstetrics and Gynecology, from routine cases to handling particularly difficult situations.”

That well-earned reputation, she adds, is a credit to a staff of physicians and nurses who are committed to serving the region’s diverse patient population. “We treat everyone from VIPs to the most vulnerable uninsured patient,” she says, “and we do it with excellence and skill, compassion, and care.”

Dr. Auguste hopes to expand her department’s community ties, via collaborations with DC Health and participation in neighborhood-level health activities. At the same time, she wants to raise the department’s national profile, by attracting more research opportunities and participation in clinical trials.

“That creates more avenues to exchange innovations and best practices with others in the field, which in turn, boosts our core mission to serve the citizens of Washington,” Dr. Auguste says.

Even with the addition of new administrative responsibilities, Dr. Auguste still plans to perform clinical work whenever possible, and remain actively involved in addressing health inequities and racial injustice on a local and national scale, including serving as co-chair of Georgetown University School of Medicine’s Racial Justice Committee for Change.

“Perhaps more than any other discipline, Ob/Gyn brings us face-to-face with the effects of health care disparities on the larger population,” she says. “I’m hopeful we can be leaders for positive change in this arena as well.”

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**Editor’s note:** *the September/October 2021 Connections will feature three additional new physician department chairs.*

# Wound Ostomy team's specialized services benefit patients and providers.



**Jeffrey Shupp, MD**

**Pressure wounds and related injuries** complicate a patient's care and add to the complexity of recovery—often increasing cost, length of stay and need for follow-up. Unless quickly detected and properly addressed, these wounds can complicate treatment efforts, require readmission, and worsen morbidity and mortality.

Fortunately, hospital-acquired pressure injuries can be effectively managed through a variety of strategies, the most effective of which is awareness and understanding of their risks. That's where MedStar Washington Hospital Center's Wound Ostomy team comes in. Consisting of specialized nurses, Advanced Practice Providers and physical therapists with specialized training and board certification, the team offers a wide range of consulting services, to assist interdisciplinary care teams across all clinical and surgical areas optimize wound care and healing.

"Having them involved early in patient care can help minimize risks that can complicate even relatively routine cases, and enhance the quality of patient care," Dr. Shupp says.

Karen L. Jerome, MD, FACP, MedStar Washington's Chief Quality Officer, says that while good progress has been made reducing the occurrence of pressure wounds, these injuries can still defy caregivers' best efforts.

"It's a safety issue that all hospitals struggle with," she says. "Lengthy surgeries, long stints in recovery, or paralysis may be all that's needed for a wound to arise."

A major concern, Dr. Jerome adds, is preventing patients from having to be readmitted, because their wounds didn't receive proper attention. "We want them to stay safely at home," she says.

While 100 percent prevention may not be possible, Dr. Jerome adds, hospital-wide awareness of wound potential can help close the gap. "Fortunately, we have a passionate group of people with the team, to help carry it out."

## Emphasis on education

Gerring and her team have been working to reduce incidences of hospital-acquired pressure wounds, by frequently reviewing and evaluating effectiveness of products for patient care, performing monthly pressure injury audits, and building peer leader "skin champions" on each unit, to further intervention measures and help with education. A key focus is ensuring that physicians and nurses look for, and accurately identify, developing wounds in their patient notes.

"It absolutely has to be on their radar," Dr. Jerome says.

Other efforts include providing wound-specific education to residents across specialty service lines, to boost their wound assessment skills, and make resources for treating simpler skin issues available at the bedside.

Another key facet of the team's work is supporting MedStar Washington's bedside staff through education, hands-on demonstrations, and resources to help effectively care for ostomy patients. That includes providing individual care



**Karen Jerone, MD**

"We are here to collaborate with and intervene early supporting teams, to manage the most challenging wounds and advanced skin problems," explains team leader Jennifer Gerring, APRN, CRNP, AGACNP. "We can recommend individual wound care plans, based on specific patient needs and medical situations, suggest appropriate pressure-reducing surfaces and wound care products, and troubleshoot complex ostomies, fistulas, abdominal wounds, and percutaneous tube management."

Jeffrey Shupp, MD, FACS, director of MedStar Washington's Burn Center and medical director for the Wound Ostomy team, admits many of his colleagues may be unaware of the team's resources and specialized expertise.



**The Wound Ostomy team includes Gwendolyn Mulholland MSN, AGCNS-BC, RN, CMSRN, CWOCN, CFCN, Clinical Specialist-Wound Care; Karen Park BSN, RN, CWON; Michelle Y. Browne, PT CLT CWS; Jennifer Gerring, MS-SBDS, MS-N, RN, APRN, CRNP, AGACNP-BC, director-Wound Ostomy Program; Hilary Hancock BSN, RN, CWON; Donna Whaley, RN, CWOCN; and Michelle Radawiec, BSN, RN, CWON.**

plans, education, and training to new ostomy patients, with recommendations for ostomy supplies to be used after discharge.

“Ensuring patients are fully prepared to manage their new ostomy, or have resources when problems arise, can go a long way toward keeping them out of the Emergency Department,” Gerring says, adding that the team is working to expand the current schedule of weekly outpatient ostomy clinic appointments, as there are very few ostomy clinics in the area. “We’re working on ways to make the clinic more accessible for patients, without compromising our other roles and responsibilities.”

### **Beyond the bedside**

Awareness of wound issues isn’t limited to treatments and appropriate use of pressure-reducing surfaces. While it’s common practice to restrict patient diets before surgery, for example, delays or multiple procedures over several days curtails nutritional intake that is essential to wound healing.

“We’ve believed that in general, rigid pre-surgery NPO protocols may be too rigid for our severely ill patients,” Dr. Shupp says. By working with anesthesiologists and surgeons, he’s hoping to affect a cultural change, to increase awareness of nutritional issues and relax the protocols appropriately, especially for intubated ICU patients undergoing multiple procedures.

“This is something we hope to achieve at MedStar Washington, and systemwide,” he adds.

The Wound Ostomy team has other educational endeavors on its agenda, including providing education to residents and specialty service lines to improve wound care skill sets, and providing proper documentation for charging and billing. Dr. Shupp is also collaborating with Andrew Riddle, MSN, RN, CCRN, director of Nursing Professional Development, to incorporate a module on skin issues and wound care, as part of MedStar’s fall education program. Group-specific training and discussion of wound care issues are also available on request.



**Andrew Riddle, MSN, RN, CCRN**

Along with enhanced awareness of wound care and related issues, Gerring hopes MedStar Washington colleagues gain a better understanding of the resources available to them, including her dedicated team of associates. She says wound care clinicians choose the specialty, because they are drawn to the opportunity to make a difference in people’s lives on a daily basis, by helping them face the devastating effects of wounds ostomies and/or incontinence.

# Reducing the need for post-op opioids



## Orthopaedic Surgery patient Greta Barnes and her family.

Greta Barnes, 35, was actively trying to get pregnant, when she tore her right anterior cruciate ligament (ACL) at a friend's wedding, in December 2018.

When her surgery was scheduled for January 2019, she realized her planned in vitro fertilization (IVF) was less than a week later.

"I was tired of waiting and I didn't want to change my IVF transfer date," recalls Barnes, the D.C. executive director of the Arthritis Foundation®. "But I was also concerned about any medications in my system that could affect or even jeopardize the potential success of the transfer."

Barnes shared her concerns with Evan Argintar, MD, an orthopaedic surgeon and assistant director of Sports Medicine with MedStar Orthopaedic Institute at MedStar Washington Hospital Center. Dr. Argintar recommended a different approach in minimizing post-operative opioid use, an FDA-approved, long-acting local anesthetic, EXPAREL®. The anesthetic is a mixture of liposomal bupivacaine, administered intraoperatively, which blocks nerve impulses that produce pain, and decreases the need for narcotic pain medications following surgery.

For several years, EXPAREL has been used by orthopaedic surgeons and surgeons in other departments at MedStar Washington. Robert Henshaw, MD, Orthopaedic Oncology, has been using the anesthetic for his patients who need tumor resections; it's also used for most shoulder and knee



**Evan Argintar, MD**

reconstruction surgeries, says Wiemi Douoguih, MD, Sports Medicine in Orthopaedic Surgery. EXPAREL is also used by many oral surgeons for extensive dental work.

With a history of addiction on both sides of her family, coupled with her concerns regarding her upcoming IVF transfer, Barnes readily agreed. She underwent the planned right knee arthroscopy and ACL reconstruction with allograft.

When she woke up, Barnes felt no pain. Later in the day, she took one narcotic pain tablet, followed by an additional pill the next day. From then onward, she only used non-opioid agents to control the pain.

"I went up and down stairs from the very beginning," Barnes recalls. "The pain was manageable, and I was able to start physical therapy very shortly after."

Dr. Argintar says patients undergoing ACL reconstruction have historically been prescribed between 30-60 tablets of narcotic pain pills. Recently, he wrote an article that was published in the journal *Orthopedics*. The study examined two years' worth of outcomes in 67 ACL surgery patients, and confirmed that the use of long-acting bupivacaine can result in significant decreases in prescription narcotic usage. Data in the study demonstrated a reduction of 86 percent in total opioids prescribed, and 88 percent reduction in opioids prescribed at follow-up appointments.

"Some patients are not requiring any prescription pain medication at all, or very small amounts," Dr. Argintar says. "Not only are patients not being exposed to narcotics and avoiding common side effects such as nausea, constipation, and drowsiness, but patients are able to begin physical therapy and have increased range of motion sooner. By alleviating pain, we improve healing and mobility, and this earlier recovery leads to better long-term outcomes."

For Barnes, the outcome was better than expected. "I would absolutely recommend this method," she says. "My knee is great now. It is not painful at all, and I am able to exercise regularly. I'm also on the ground a lot with three children," she adds. "While the IVF transfer following my surgery was unsuccessful, a future transfer was successful, and I delivered twin fraternal boys last year."

# Ultra-low contrast angiography reduces renal complications

**Coronary angiography** has long been the gold standard for diagnosis of coronary artery disease, with benefits that vastly outweigh potential complications. However, the use of contrast media during angiograms is dangerous for those with existing renal disease, heart failure, diabetes, hypertension, and other comorbidities. In fact, contrast-induced nephropathy is the third leading cause of acute kidney injury (AKI) among hospitalized patients.

At MedStar Heart & Vascular Institute, Interventional Cardiologist Hayder Hashim, MD, has refined a technique that significantly reduces the use of contrast media. While this is particularly important for high-risk populations, including those needing clearance for kidney or liver transplantation, he routinely uses this protocol for all his patients. The technique reduces the risk of AKI in all patients undergoing angiography, not just those who already have compromised kidney function, heart failure, or other conditions. Additionally, it can shorten hospital stays, critical to prevention of infection and promotion of recovery.

Conventional angiography generally takes six-to-eight total images of the coronary anatomy, using about 60 to 80 mL of contrast, on average. With his new protocol, and if a prior angiogram is available, Dr. Hashim and his team can take fewer images—just four in total. They also dilute the contrast to 50% contrast and 50% normal saline. This allows them to perform a full diagnostic angiogram with less than 20 mL of contrast. If more detail is needed, they use intravascular ultrasound (IVUS), which does not require contrast, to finalize and obtain a comprehensive evaluation of the artery in question. Finally, Philips SyncVision® precision guidance system is used to compare the IVUS and angiography images, creating a complete picture.

MedStar Heart & Vascular Institute is among a small number of programs in the United States using this technique. It is not widely available because the process can be time-consuming and requires a dedicated team of nurses and technicians with particular specialization.

Together with Interventional Cardiologist Itsik Ben-Dor, MD, Dr. Hashim performs about 80 percutaneous coronary interventions each month, all with reduced usage of contrast media. Among patients who have existing images of their coronary arteries, at least 10 receive no contrast at all; another 40 to 50 receive ultra-low contrast.

“Due to the sophistication of our technology and extensive expertise across our diverse patient base, we’re able to offer this extra level of support to avoid kidney injury in all patients,” Dr. Hashim concludes.

Nephrology Section Director Jack Moore Jr., MD, says, “Given the increased risk for contrast-induced kidney injury (CI-AKI), due to multiple comorbidities present in many of our patients, utilizing the least volume of iodinated contrast possible without forfeiting necessary diagnostic information, while not eliminating but reducing the risk for CI-AKI, is of great benefit to both patients and the medical system.”



Hayder Hashim, MD



Itsik Ben-Dor, MD



Jack Moore Jr., MD

# Emergency Department virtual book club raises morale, lowers stress



Members of the Emergency Department physicians book club, in a COVID-19 virtual meeting, are pictured to include all the regular members. Top row: Norine McGrath, MD; Dave Carlberg, MD; Beth Pontius, MD. Middle row: Carolyn Phillips, MD; Tamara Katy, MD, and Rahul Bhat, MD; Lauren Wiesner, MD. Bottom row: Philippa Soskin, MD; Jean Williams, MD.

**Even in normal times**, Emergency Departments can be full of anxiety. Stir in COVID-19, and you've got a cauldron of tension. So what's a good way to temper the heat?

Several ED physicians have found a good recipe.

"Once COVID took over," says Beth Pontius, MD, FACEP, FAAEM, "we were looking at ways to enhance our wellness efforts for staff in the ED. We held some Happy Hours virtually, and they were ok. But then one of my

colleagues suggested we restart our book club, virtually." An earlier book club, hosted at people's homes, had faded out, she said.

Last September, the club began again. Since the meetings would be online, Dr. Pontius cast a wider net than just MedStar Washington Hospital Center, and sent invitations to the physician and physician assistant email list for all MedStar EDs. "It's been nice to get to know some of the other ED staff that we wouldn't get to know otherwise," she says.



**Beth Pontius, MD, FACEP,  
FAAEM**



**Tamara Katy, MD, FAAP**



**Joelle Borhart, MD, FACEP,  
FAAEM**



**Philippa Soskin, MD, MPP,  
FACEP**

“Making the book club virtual enhanced participation,” says Tamara Katy, MD, FAAP. “I know one barrier to my own participation before was being unable to get out of the house—childcare, etc.—to meet in person. I don’t think virtual meetings necessarily negatively impact the club, except for the usual screen challenges of knowing when to talk, reading social cues, and talking over others.”

About eight to 15 physicians attend the virtual meetings, held every other month for about 60 to 90 minutes. There’s no real theme to the book selections. Dr. Pontius, Dr. Katy, and Joelle Borhart, MD, FACEP, FAAEM, choose the books, based on participants’ suggestions.

Their first book was “The Beauty in Breaking,” by Michelle Harper, an ED physician who explores how a life of service to others taught her about self-healing. “We compared and contrasted her experiences with our own,” says Dr. Pontius. “It was a great discussion.”

Next was “Caste,” by Isabel Wilkerson. “Isabel Wilkerson did an incredible job of showing how race in America is our caste system,” says member Philippa Soskin, MD, “and it was fascinating and horrifying to learn that Nazi leaders looked to America, for examples of how to strategically build racism into laws and policies.”

The podcast, “Dr. Death,” followed. “It was about how some cases are mistakes, and others are of bad judgment,” says Dr. Pontius.

Moving to something lighter, they read Baltimore mystery novelist Laura Lippman’s “Lady in the Lake.” That meeting had an extra ingredient. Dr. Borhart says, “One physician, Carolyn Philips, won a raffle, and the prize was Laura Lippman attending a book club, so she came to our virtual meeting. Laura said something that really stuck with me: after she finishes and publishes a book, she completely lets it go. and releases it to the world. People can interpret it their own way, and draw their own conclusions.

The book and characters don’t belong to her anymore. I thought that was such a healthy way to approach things you create, and then share with the world.”

She adds, “I almost exclusively read non-fiction, so I never would have picked up ‘Lady in the Lake,’ or have ever been introduced to Laura Lippman, so I’m thankful for the book club!”

A sci-fi novel, “Dark Matter,” by Blake Crouch, was the topic of the meeting in March. A lively discussion about the possibility of traveling through different dimensions took up most of the meeting, but segued into some comments about the drug ketamine, a discussion you would probably hear only at a gathering of physicians.

Dr. Soskin says of the book club, “I enjoy the opportunity to read books I would not have necessarily considered or known about, but mostly it’s great to have some social time with my colleagues, something obviously we’ve lacked during the pandemic. I would prefer to be in person, over shared drinks and food, but virtual is a decent substitute for now. I tend to read more fiction, because I enjoy it as an escape from reality! I certainly hope the book club continues, and I will join whenever I am able.”

Dr. Borhart adds, “The virtual meetings have been great, though I do hope we can meet in person soon. My ideal book club would meet at a different, fun restaurant each month, so I can combine two of my greatest loves: reading and eating out! If/when we do move to in-person, we may try and keep some of the meetings virtual, perhaps semi-annually, to include a broader group of participants.”

# Honoring Physicians: Gold-Headed Cane Award Celebrates 60th Anniversary



David Moore, MD

**The practice of medicine is sometimes an art**, says David Moore, MD, president, Medical & Dental Staff at MedStar Washington Hospital Center.

“But we are inspired by the people who are role models, those physicians who look at being a physician as a noble profession, a sacred trust. These are the physicians who have received, and are receiving, the Gold-Headed Cane Award.”

This year marks the 60th year of the tradition, which came to the newly-formed Washington Hospital Center in 1958 from one of the three founding hospitals. The award originated in England in the 1600s.

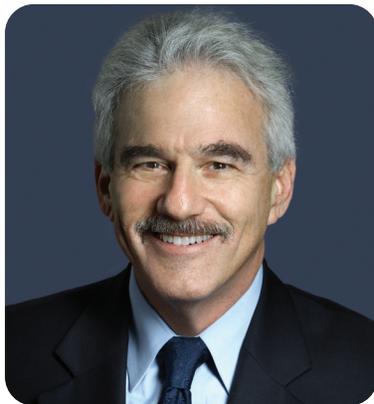
“With this program, we’re honoring physician leaders,” states James Jelinek, MD, chair, Gold-Headed Cane Committee. “These physicians have excelled in their fields, have helped build strong programs, and have served as mentors to residents, fellows, and younger attending physicians.”

All past honorees automatically become members of the committee, and attend the celebration to pass down their canes to the new awardees. Mark Smith, MD, who received his Cane in 2012, says, “the Gold-Headed Cane represents an unbroken chain of physician excellence in service to patients, profession, hospital, and community. It is a tradition reflected by the passing of the cane from one physician to another, with the names of those who held it prior engraved on successive gold bands on the cane, and then the name of the current holder ceremoniously added.”

Last year, the pandemic forced the cancellation of the event. But for this 60th Anniversary year, the nominations for the award came from the entire Medical & Dental Staff.



James Jelinek MD



Mark Smith, MD

## Recent Awardees of the Gold-Headed Cane

**2020**

Pandemic cancelled celebration

**2019**

Arthur West, MD; Carmella Cole, MD

**2018**

Jayashree Krishnan, MD

**2017**

Lowell Satler, MD

**2016**

George Obeid, MD; Vera Malkovska, MD;  
Paul Sugarbaker, MD

**2015**

Dennis Priebat, MD; Stephen Peterson, MD

**2014**

Kenneth Burman, MD; Peter Levit, MD;  
Mohan Verghese, MD

**2013**

James Jelinek, MD; Margo Smith, MD  
(posthumous)

**2012**

Raymond DiPhillips, MD; Mark Smith, MD;  
Leonard Wartofsky, MD

**2011**

Jimmy Light, MD

**2010**

Thomas Nigra, MD; Augusto Pichard, MD;  
Arthur St. Andre, MD

“In June and July, we asked physicians and APPs to nominate physicians who have had outstanding careers at MedStar Washington, and from that group of names, the committee met to decide this year’s awardees,” explains Dr. Moore.

The 60th Anniversary celebration will be held on Tuesday, September 21, in the CTEC lobby, from 5:30 to 7 p.m. All attending physicians and Advanced Practice Providers will receive invitations around Labor Day.

# Elizabeth Brock, ACNP

## Critical Care Medicine



On most days, MedStar Washington Hospital Center's Intensive Care Unit bustles with energy and activity, and there's no other place that Elizabeth Brock, ACNP, would rather be.

"It fits with my personality," explains Brock, MedStar Washington's Chief Advanced Practice Provider for Critical Care. "I thrive on activity and, yes, chaos, so the fast-paced, high-acuity environment of critical care is perfect for me."

As the daughter and granddaughter of physicians, the McLean, Va., native always knew she'd pursue a career in medicine. Eager to begin caring for critically ill patients as quickly as possible, she opted to become a Nurse Practitioner, earning both Bachelor's and Master's degrees from Georgetown University. Upon completing her training in 2004, Brock was certain what her next step would be.

"I knew MedStar Washington was the ideal place for Nurse Practitioners, so that's where I wanted to go," she says.

Over the past 17 years, Brock has indeed found everything she was looking for at MedStar Washington Hospital Center, and more.

"First and foremost, I love the people—my fellow APPs, the physicians, the support staff," she says. "We're friends both at work and when we leave. Even though I have a lot of autonomy in my work, we're always ready to support each other."

Brock also enjoys being presented with a diverse range of acute care patients on a daily basis.

"Our ICU gets the sickest of the sick, patients who truly need and benefit from our help," she adds.

That includes caring for a flood of COVID-19 patients, an experience that Brock says added new dimensions to Critical Care's inherent intensity.

"The pandemic's early months were particularly challenging," she says. "The treatments we used in March would be replaced with something else just a few weeks later. We had to be able to react and adapt quickly, because things were constantly changing."

Still, the experience also offered valuable lessons for Brock and her colleagues.

"We learned how to rely on each other in new and different ways, and seek help from other MedStar Washington resources when so much was happening," she says. "That will definitely be something we carry forward."

Brock's home life is no less hectic, revolving around her six-year-old twin son and daughter, and three-year old son, who has atypical cystic fibrosis. In addition to volunteering her time in her children's school, Brock is closely involved with fundraising and advocacy activities on the behalf of the Cystic Fibrosis Foundation's Metro DC chapter.

"As of now, we're on track to resume in-person fundraising events this fall," she says. "That's something everyone is looking forward to."

# Shireen George, MD

## Internal Medicine

**When Shireen George, MD, was five years old,** she suffered from severe childhood asthma—a common occurrence in New Delhi, India, where she grew up. When her asthma got particularly bad, her mother had an obvious go-to solution: Take her young daughter to their trusted pediatrician.

“He was the cutest, grandfatherly pediatrician,” recalls Dr. George, now one of MedStar Washington Hospital Center’s chief resident for Internal Medicine. “He always made me feel better and safer, and so I always associated this ambition to become a doctor with him.”

Dr. George attended medical school in India, and when it came to a specialty, she had a hard time deciding. “I was interested in everything!” she laughs. But ultimately, she was most intrigued by social determinants in medicine. “So much of what we can do when it comes to utilizing our training is limited by the resources of the population we serve.”

Ultimately, as Dr. George came to that conclusion, she realized what a critical role relationships and family conversations played in bridging that resource gap. Internal Medicine, she felt, enabled her to prioritize that side of patient care.

When it came time to match with a residency program in the United States, MedStar Washington held considerable appeal. “The city population is very reflective of the community I’ve seen back home,” Dr. George says. “We’re also a higher level center, so we see both a large number and high complexity of cases.”

As an international medical resident, she relied on the endorsement by some physician alums from her medical school, Kasturba Medical College of Mangalore. “They trained at MedStar Washington, and were exceedingly happy. They described a collegial culture, where everyone pushed each other to do their best—and that had a very big impact on me.”

Now, as Dr. George takes on the helm of a chief residency, coming out of an unprecedented year, she is most hopeful that she can steer the program back toward a sense of normalcy. Or, at least, a new normalcy. Forming a community with other international residents—in whatever form a post-COVID world allows—is a priority for Dr. George.

“I’m hoping we can do more activities together outside of work, especially with the new interns. They should know that they have someone that they can come to, not just professionally, but also if they’re going through something personal.”

For her own part, Dr. George is excited to better understand what happens in a department behind-the-scenes, both programmatically and at the hospital level. “Eventually, my hope is to balance an academic and administrative role, so this year is very important for me,” she says.

But as another wave of the pandemic rages in her homeland, she is mindful that many of her interns and residents are working daily in a medical reality that looks far different than their own homelands—many of which are still largely unvaccinated, and reeling from the pandemic. The cognitive dissonance required is one reason that Dr. George hopes she’ll be known for her approachability as a chief resident.

“Our chief residents have always had an open door policy, and that’s very big for me,” she says. “You are the chief for 120 residents, but a resident can walk in at any time, and tell me they have a problem.”



# Nora Tabori, MD

## Interventional Radiology

**Nora Tabori, MD, joined the staff** of MedStar Washington Hospital Center three years ago, but her link to the hospital is as old as she is.

"I was actually born here," Dr. Tabori says. A well-worn photo shows her mother cradling the future radiologist outside the hospital doors. Some decades later, Dr. Tabori walks those same halls, as the first female section director of Interventional Radiology in MedStar Washington's history. When her mother—who still lives in Hyattsville—comes for her own doctor's appointments, Dr. Tabori pops in to see her.

"They're very proud," Dr. Tabori says of her parents. "And they're very happy that I'm home."

Dr. Tabori moved to New York City for college, remaining there for her entire medical training, which included completing her residency at New York Presbyterian-Columbia University Irving Medical Center, and later, a one-year Vascular and Interventional Radiology fellowship at Ichan School of Medicine at Mount Sinai Hospital, where she then served as an attending physician for three years.

Still, Dr. Tabori's roots and family were in the D.C. metro area, so she took a job in Alexandria, planning to make the transition, not just back home, but into a private practice.

She found that she didn't like being away from a hospital.

"I missed teaching, missed being in a hospital that served a varied population, and whose mission, in part, provided care to the underserved," Dr. Tabori says, of the year she spent in private practice. "I love patient care, and the impact I make in every patient's life. But when you teach residents, there's a ripple effect. For every patient at MedStar Washington, I'm teaching residents and fellows to go out into the world, and care for patients in that same way. There's a global impact."

Dr. Saher Sabri, former section director of Interventional Radiology, recruited Dr. Tabori to the team. Now, with his transition to overseeing Interventional Radiology for the broader MedStar Health system, Dr. Tabori is striving to fill his shoes—and leave her own mark.

"Dr. Sabri did an amazing job, expanding all of the service lines at MedStar Washington," says Dr. Tabori, citing two stellar examples: the interventional oncology practice they've built with the oncology department, and the team's collaboration with the gynecologic service around minimally invasive treatment for fibroid disease.



Dr. Tabori's vision builds on such promising collaborations, seeing the potential in their work with vascular surgeons and the ICU, to streamline care for venothrombotic disease, or expanding interventions in conjunction with gastroenterologists. In short: the opportunities for working together are limitless.

"We should offer every possible therapy and interdisciplinary approach," Dr. Tabori says, explaining her vision takes what could be competing services, and makes them true partners. "All these teams can work together, to make sure patients have the most informed information about the best choices for them."

In addition to this strategic streamlining of care, Dr. Tabori and Dr. Sabri continue to expand their research into the treatment of carcinoma. Dr. Tabori gives dozens of national talks a year on the topic, and serves on the interdisciplinary tumor board for liver cancer. As part of that work, she is overseeing ongoing collaborative trials with the oncology department.

"Not only are we practicing the most modern version of medicine, but we're trying to move the needle even farther," Dr. Tabori says.

But at the end of the day, Dr. Tabori continues working toward that "global" impact afforded through a teaching hospital like MedStar Washington. Despite her new role, Dr. Tabori still serves as the assistant director for the service's fellowship program.

"My mentors were incredibly important for me, and I really want to be able to give that back to the medical community through teaching," she says.



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# Connections

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

## Physician's Perspective

### From the Desks of James Robinson, MD; Nora Tabori, MD; and Mary Melancon, MD

#### The Fibroid Center

With an array of treatment options and wide-ranging expertise, The Fibroid Center at MedStar Washington Hospital Center helps women choose the optimal treatment for uterine fibroids.

More than 70 percent of white women and up to 80 percent of black women develop fibroids before the age of 50, and about 30 percent have symptoms severe enough to warrant medical intervention. Every year, we treat about 1,000 patients with symptomatic fibroids. We work closely with each patient to determine the best option, based on symptoms, size and location of fibroids, and desire to maintain fertility.

A weekly Fibroid Clinic, staffed by gynecologists and interventional radiologists, discusses options with patients. It's supplemented by a monthly Zoom meeting, where specialists review images and discuss more complicated cases, to determine the best treatment approaches.

Medical management of fibroids has an array of options. Our team is exploring the best use for ORIAHNN®, a new FDA-approved oral medication that reduces heavy menstrual bleeding in premenopausal women. We are studying the benefits of this medication, compared to other treatment options.

Fibroid removal, or myomectomy, can be accomplished in several ways: through the hysteroscope, with a laparoscope (with or without robotic assistance) or, rarely, through an open abdominal incision, for the largest fibroids.



James Robinson, MD



Nora Tabori, MD



Mary Melancon, MD

Shrinkage of fibroids is another option. For uterine artery embolization, we have world-class experts who routinely perform this procedure, with great success. Our team is the first in the mid-Atlantic region to use radiofrequency energy to shrink fibroids. Called Sonata® transcervical fibroid ablation, the procedure is performed under ultrasound guidance. We place an electrode into the fibroid, set a zone of ablation, and then apply radiofrequency energy to shrink the fibroid.

As a last resort, when necessary, we remove the uterus. Some 99 percent of our hysterectomies are performed laparoscopically, with outstanding results.

Research and education are important aspects of our program. We involve residents and fellows in our monthly meetings to discuss complicated cases. We also sponsor ongoing clinical research in several areas, to help identify best practices.

To discuss a case or refer your patient, please call 202-877-6898.