



MedStar Health

# Connections

Sept./Oct. 2020  
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News for the medical and dental staff, residents, and fellows at MedStar Washington Hospital Center.



## Critical research response increases during pandemic.

Pictured on the cover are key MedStar Health research leaders Glenn W. Wortmann, MD, director, Infectious Diseases; Ron Migues, Executive Director, MedStar Clinical Research Center; Terry Moriarty, MSN, RN, CCRN, Clinical Research Nurse Manager, MedStar Clinical Research Center; Neil J. Weissman, MD, Chief Scientific Officer, MedStar Health and President, MedStar Health Research Institute; and Kristin Garman, RN, Research Coordinator, MedStar Clinical Research Center

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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 FALL 2020

### MEDSTAR HEART FAILURE SUMMIT

**October 24 - Virtual conference with live speakers and Q&A**

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

This symposium will review the latest in the diagnosis and management of advanced heart failure. A special emphasis will be given to special conditions such as infiltrative cardiomyopathies, pulmonary hypertension, and genetic conditions. It will also provide an overview of modalities for treating end-stage advanced heart failure such as mechanical circulatory support and heart transplantation. Integration of palliative care will also be discussed.

## UPCOMING CONFERENCES

### Fall 2020

#### Scary Cases in Endocrine Surgery

**October 29 - Virtual conference with live speakers and Q&A**

*Course Director: Jennifer Rosen, MD*

#### Melanoma & Other Skin Cancers: Biology and Patient Management 2020

**November 7 - Virtual conference with live speakers and Q&A**

*Course Directors: Michael B. Atkins, MD; Waddah B. Al-Refaie, MD; Geoffrey T. Gibney, MD; Vesna Petronic-Rosic, MD, MSc, MBA*

*This event is complimentary for all MedStar Associates*

### Spring 2021

#### 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*

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

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

# 2020, a year of challenge and opportunity.



**Jeffrey S. Dubin, MD**

## **Thank you.**

**Thank you for all that you have done this year,** to meet the needs of our patients during the biggest clinical challenge that we have faced in our lifetimes.

We'll look back at 2020 as the year that MedStar Washington Hospital Center physician and APP leaders successfully took on unprecedented, different

tasks. Many providers stepped up to new leadership opportunities, and met the challenges placed before them. All your work, individually and collectively, was valued, and I hope you have felt the ongoing deep appreciation from hospital and system leaders.

My goal during the height of the pandemic was to make sure I was personally communicating with all members of the Medical & Dental Staff as often as possible. I wanted to know, did frontline providers have supplies they needed? Did they receive the continually changing messaging, which developed as we learned more about the virus and the processes and protocols we needed for treatments?

Leadership teams met around the clock, several times each shift, to make sure you had the most up-to-date science to follow. We needed to ensure we were providing the best care not just to our COVID-19 patients, but to all patients who trusted us with their healthcare needs.

We also focused on you, our clinical team leaders. Our physician and APP wellness programs expanded during this time, to develop more offerings to meet the needs of providers in different stages of life.

While our efforts for most of this year may have seemed almost entirely focused on the pandemic, we—at the hospital and at the system level—have not been ignoring the social justice issues that have come to the forefront of society.

Our team at the Hospital Center is very diverse, as is our patient population, and we want to work on understanding unconscious bias and how it may affect our relationships with each other, and with the care that we provide. Acknowledging that unconscious bias exists helps us treat

our patients with more understanding, and helps us treat each other with more respect.

We are working to positively influence and reduce healthcare inequities and disparities in our communities, and enhance access to care. For several months, work initiated by the MedStar Health Academic Affairs Working Group for Racial Justice (WGRJ) and the Georgetown University School of Medicine Racial Justice Committee for Change (RJCC) has included teaching faculty, residents, fellows, and members of MedStar Health and the Georgetown University School of Medicine.

These groups are focused on five key areas:

- Well Being, Responsiveness and the Culture of the Learning Environment
- Safety & Campus Police Relations
- Recruitment, Retention & Success of Under-represented Minority Students
- Recruitment, Retention & Success of Under-represented Minority Faculty
- Racial Justice Curriculum Reform

The MedStar Health WGRJ is co-chaired by Jimmy Street, MD, Trauma/Surgical Critical Care at the Hospital Center, and Megha Shah Fitzpatrick, MD, Pediatric Critical Care at MedStar Georgetown University Hospital. The Georgetown University School of Medicine RJCC is co-chaired by Tamika Auguste, MD, Ob/Gyn at the Hospital Center, and Michelle Roett, MD, Family Medicine at GUMC. We will keep you updated on the work the subcommittees are completing, and the actions that will follow.

We want to do the best we can for our patients and for each other. Important work is ahead of us, and our continuing efforts can be summed up as an integral part of the MedStar promise: "It's how we treat people." Please join me, in what will be a truly transformative accomplishment.

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*Jeffrey S. Dubin, MD, MBA, is senior vice president, Medical Affairs and Chief Medical Officer. He can be reached at 202-877-6038.*

# Now is a critical time for research.

**by Neil J. Weissman, MD,**

Chief Scientific Officer, MedStar Health  
President, MedStar Health Research Institute

Medical research is often a slow endeavor, because of attention to detail and adherence to regulatory processes. But when faced with the rapid-fire contagion of an unknown pathogen and mounting deaths, “slow” is not an option.

As coronavirus has raged, we have acted swiftly to better understand how to treat it, how to curb its spread, and why it is more deadly among some population segments than others. Research teams from across the system have banded together to prioritize COVID-19 research.

All of us—clinicians and researchers—have had to push aside the emotional and physical toll of COVID-19 on our patients, our families, and ourselves, and set to work to quell the catastrophic storm whirling around us. From the beginning, we knew that there was little time for reflection, as the virus moved rapidly with little warning on an ill-prepared world.

MedStar Washington Hospital Center and MedStar Health began to construct our research response in March. Today, there are more than 85 research projects underway. Our resources as an academic health system and the diversity of populations we serve, and the investigational strength of our research teams and strong research infrastructure give us an advantage. They have allowed us to move quickly, focus on a wide range of issues, and play a national leadership role in this critical activity.

We’re examining COVID’s impact on communities.

Finding treatments for those most severely affected is a top priority, and MedStar has many in-human investigations underway. We are one of the top enrollers among 90 centers nationwide, participating in a study instituted by the Mayo Clinic, to examine the convalescent serum of recovered, critically ill COVID-19 patients. The serum may prove to be an effective antibody therapy for patients who are unresponsive to other treatments. While results are very preliminary, they are encouraging.

We are also testing novel therapeutics, such as a human-monoclonal antibody drug that may help deter an overactive inflammatory response in the lungs of severely



ill patients. Other studies are examining a targeted chemotherapy drug, and looking at “super-charged” corticosteroids to prevent lung inflammation that leads to mechanical ventilation.

MedStar has also been awarded a grant from the Centers for Disease Control and Prevention, in coordination with the Maryland Department of Health, to examine seroprevalence rates of antibodies to COVID. This will give us better insight into how to achieve herd immunity to stop the spread of the disease. The study will clarify how many people exposed to the virus develop antibodies, identify regional infection patterns, examine the range of illness severity—and identify population segments affected by COVID.

COVID-19 has shown a light on health disparities.

It has become painfully clear that racial and ethnic minorities in the U.S. are at increased risk for COVID-19. Early data indicate that they are experiencing more severe illness, and higher rates of hospitalization and death.

At MedStar Washington Hospital Center alone, approximately 70 percent of hospitalized patients with COVID-19 have been Black or Hispanic. The pandemic has brought renewed attention to the continued threat of health disparities in this country.

Now a study underway within the new MedStar Health Equities Research Center is examining these ethnic disparities, their causes, and potential solutions. We’ll have more on the new Center in the next issue of *Connections*.

It is our ultimate hope that this study and others will help us to not only meet the challenges of this medical emergency but help to improve the long-term health of our community, as well.



## New robotic arm enhances spine surgeries and increases precision.

**MedStar Washington Hospital Center** is the first hospital in the United States to use a new technology that improves spine surgeries.

Cirq® is a surgeon-controlled robotic arm, designed to increase precision in navigating complex spinal surgeries. The new technology received Food and Drug Administration approval in Fall 2019. The technology was designed by Brainlab®, a German medical technology company headquartered in Munich.

"The Cirq arm is a highly accurate, and highly precise, piece of equipment that allows surgeons to know with exact confidence where to drill and place necessary hardware required to treat complex spinal conditions," says Edward Aulisi, MD, chair of Neurosurgery at the Hospital Center, and surgical director of the MedStar Neuroscience Center. Dr. Aulisi is also the surgical director of the MedStar Pituitary Center.

The robotic arm weighs 22 pounds and attaches directly onto any standard operating room table. The surgeon can then control and position the arm, which, once aligned to the planned trajectory, provides a channel for drilling and pedicle screw placement. The pedicle is a short projection of bone that comes off the back of a vertebra. Pedicle screws are often used in spinal fusions, along with rods or plates, to add extra support and length, and immobilize part of the spine by holding bony structures together.

In June, Dr. Aulisi used the Cirq arm for the first time in the Western Hemisphere to complete a seven-level fusion on a patient, which required 16 spinal screws. "In the past," he says, "we would put the screw in the pedicle. Now, with the Cirq, I can pick the exact part of the pedicle into which I want to place the screw."

"Not only is this technology superior in terms of precision, but it is also safer for the patient," Dr. Aulisi notes. "Using the Cirq cuts down on operating time, which means the patient is under general anesthesia for shorter periods of time. It also decreases the risk of complications."

This is because the novel technology works in conjunction with an intraoperative Airo® Mobile Intraoperative CT scanner. "If something is off or not quite right, we can correct it immediately," explains Dr. Aulisi. "Previously, a patient would have imaging scans done after the surgery was finished. If something wasn't right, they would then need to undergo a second surgical procedure. Now, we can avoid that by immediately correcting any problems we see."

Dr. Aulisi envisions using the Cirq for upwards of 400 cases a year, and plans to use it for every case that involves instrumentation, or implants, such as rods, screws, plates, cages, or interbody devices. He also notes the technology will eventually be used to assist with brain surgeries.

# Even the pandemic doesn't deter 100-year-old patient from necessary care.

**Marian Cuthbert likes to drive.** So much so, that as soon as Robert Henshaw, MD, director of Orthopaedic Oncology for MedStar Orthopaedic Institute, clears the 100-year-old for that activity, she will be back on the road.

"You lose your independence when you don't drive," says Cuthbert. "I go to the grocery store, the hair and nail salon, the bank, and sometimes I do a little shopping."

Up until a few months ago, Cuthbert regularly drove her Mercedes-Benz® sports hatchback near her Bethesda, Md., home. But after losing her balance on a step and sustaining a minor fall, Cuthbert felt pain under her right arm.

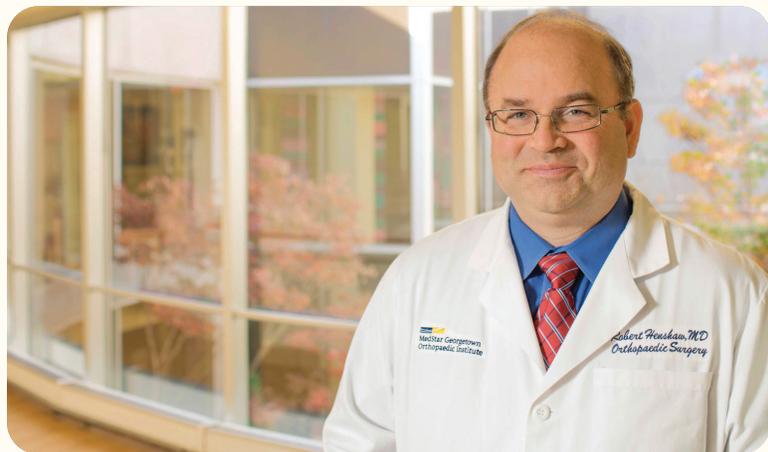
After seeing two different doctors, she was diagnosed with three rib fractures and a pathological mid-shaft fracture of her right humerus. X-rays also revealed a mass near the upper extremity fracture site, for which she was referred to Dr. Henshaw.

After meeting Cuthbert, Dr. Henshaw ordered a CT of her chest, abdomen and pelvis, as well as a full bone scan. "We fully worked her up," recalls Dr. Henshaw, "and we discovered she had a complex renal mass."



Marian Cuthbert and her daughter, Candice Sweet.

With her arm still in pain, and a diagnosis in hand, Cuthbert underwent orthopaedic surgery. In mid-August, Dr. Henshaw placed an interlocking, intramedullary nail in the long bone of her arm, a minimally invasive percutaneous surgery. Due to her age, Cuthbert spent one night in the hospital before returning home in a splint.



"This was a complex fracture that we repaired essentially on an outpatient basis," says Dr. Henshaw. "At her first post-operative visit, she was already using her arm to feed herself."

"She is amazing," says Cuthbert's daughter Candice Sweet, who lives nearby and is involved in Cuthbert's care. "She has been doing wonderful. She walks on her own, does not use a walker, and even the cane I bought her, she just carries it with her, but doesn't really use it."

Since having surgery, Cuthbert and Sweet have also met with George Phillips, MD, a physician specializing in genitourinary oncology at the Hospital Center and MedStar Georgetown University Hospital. They are discussing next steps, including possible immunotherapies specifically targeted to renal cell carcinoma.

Cuthbert also currently works with a physical therapist at MedStar National Rehabilitation Hospital to help with range of motion and strength in her arm, as well as to help reduce lymphedema, resulting from a radical mastectomy Cuthbert underwent more than 50 years ago.

"This is a great example that despite COVID, patients can receive complex medical care and have coordinated treatments," says Dr. Henshaw. "People should not put off any needed health care. We have safe procedures and protocols in place, to provide multidisciplinary care for all our patients."

"My mom got great care," says Sweet, who was able to accompany her mother to her room following surgery. "She was alert and smiling after surgery. She spent the night, ate breakfast, and then went home."

"Everyone has been wonderful," adds Cuthbert about the people involved in her care. "I love Dr. Henshaw. We go back to see him in a few weeks. And I will ask him when I can drive."

# Vocal surgery corrects a decades-long patient problem.



**Patient Deirdre Roy.**

**For decades,** Deirdre Roy struggled to speak. Sore throats and chronic hoarseness plagued the 51-year-old nutritional director, and she was sometimes mistaken for a male when she talked on the telephone.

It began at age 15, when Roy lost her voice, following a severe case of laryngitis. Once she began speaking, she strained to speak clearly. In her early 20s, Roy sought treatment from an otolaryngologist, who removed polyps on her vocal cords and recommended speech therapy.

“There was some improvement,” recalls Roy, “but it didn’t last long. Within two years, I felt the straining returning. I cleared my throat a lot, and my voice would cut in and out. I had to work harder and harder just to get words out.”

As the years passed, it got so bad, Roy says, that co-workers accused her of yelling at them. Strangers inquired if she was a lifelong smoker.

“I wasn’t yelling, but it sounded like that, because I was always struggling to talk,” explains Roy, who notes she has never smoked. “I was reluctant to answer the phone, and always the last to speak up in a work meeting.”

Finally, Roy sought help and made an appointment with William Gao, MD, a board-certified and fellowship trained otolaryngologist at MedStar Washington Hospital Center and MedStar Georgetown University Hospital. After performing a laryngoscopy, Dr. Gao diagnosed Roy with a large residual polyp and mild vocal cord scar.

Last fall, Roy underwent phonomicrosurgery to correct the problem. Dr. Gao inserted a narrow metal tube through Roy’s mouth, to expose her voice box. He then used surgical instruments to create a small flap around the base of the polyp, eventually dissecting the polypoid tissue away from the healthy tissue. The polyp was located on the medial fold of her vocal cord, an area which is responsible for the majority of vibrations that translate airflow to acoustic energy, which is perceived as sound. This location is typical for phonotraumatic lesions, says Dr. Gao, and frequently results from shear stress related to voice use.

Dr. Gao then addressed the mild vocal cord scar, by using a subepithelial steroid injection to elevate the scar tissue, which had been preventing normal vibrations.



**(L-R) Nazaneen Grant, MD, and William Gao, MD, use a variety of tools—from scopes with strobes, to lasers and injections—to help restore speech in patients with voice loss.**

Following the outpatient procedure, Roy took several weeks off work to ensure complete voice rest. She then began working with a speech language pathologist, who taught her techniques for breathing and enunciating.

“Clear speech is something a lot of people take for granted,” says Dr. Gao. “We don’t realize how big of an impact speech is, until we lose it or until it is difficult for others to understand.”

Nazaneen Grant, MD, is the first board-certified, fellowship-trained laryngeal specialist who joined MedStar Health 12 years ago. She agrees with Dr. Gao.

“It is incredibly gratifying to help people regain their ability to communicate. Many people, even in the medical profession, do not know that we have many tools to diagnose and treat this very complex and dynamic organ, from scopes with strobe lights to lasers and injections, and much of it has developed in just the past 20 years.”

In addition to the procedure Dr. Gao performed on Roy, Dr. Grant has special training in BOTOX® for spasmodic dysphonia, laser surgery in the voice box, and awake procedures that include vocal fold paralysis rehabilitation.

For Roy, her long-term prognosis is good. While there is a chance a polyp could recur, she is using the techniques she has learned in speech therapy, to help minimize factors that would contribute to a recurrence.

“I feel so lucky to have found Dr. Gao,” Roy says. “He’s extremely knowledgeable, and was so thorough and attentive. He knew exactly what needed to be done. This is the best my speech has been in years.”

# New physicians begin their residencies.

**Connections is following the paths of four new physicians at MedStar Washington Hospital Center over the course of their residencies. We will check in at the end of each year on their progress, goals, and perceptions. Here's a brief introduction.**

## Fred Bien-Aime, MD

Internal Medicine

- 29, married; a native of Lake Worth, Fla.
- BS, Biochemistry at the University of Florida
- MD, Ross University School of Medicine, Barbados
- Lives in Columbia Heights
- Loves DC restaurant scene. (Little Coco's on 14th St. is A+)



Fred Bien-Aime, MD, and his wife Emily celebrate his med school graduation.

At Dr. Bien-Aime's birth, his father declared "he will become a doctor," and that dream has been fulfilled. But his love for medicine sprung from the many experiences he had with individuals of all walks of life. He says his mother's love for "those who do not have a voice" and his youth pastor's willingness to love strangers, made medicine the

only lifestyle that he could pursue. He says, "Both taught me compassion, how to listen, and to use my gifts to help others." After college, Dr. Bien-Aime worked as a behavioral technician, assisting patients with Prader-Willi Syndrome. That confirmed his desire to become a physician, and he began applying to med schools. He chose Internal Medicine and sent applications to 160 schools for his residency, interviewed at many of them, and was delighted to match at the Hospital Center, one of his top choices. Dr. Bien-Aime says his goal is to become a critical care pulmonologist. Starting his residency in the midst of the COVID-19 pandemic, he is learning how to advocate for patients and their family members. Developing relationships with his fellow residents, even though he hasn't seen their full faces

yet, has been interesting. He and his wife, Emily, married last June, and moved to their new home sight-unseen because of COVID-19. But he says they love it and are eager to explore the D.C. area once the city re-opens. As for now, he says, "we really love Rock Creek Park."

## Rebecca Breed, MD

Emergency Medicine

- 29, single; a native of Richmond, Va.
- BS in Cognitive Studies and post baccalaureate in pre-med from University of Virginia, Charlottesville
- MD, Georgetown University School of Medicine
- Lives near Logan Circle
- Loves The Dabney take-out



Rebecca Breed, MD, in Budapest over New Year's last year.

Dr. Breed says her interest in medicine sprang from watching the surgeon who treated her mother's breast cancer. The surgeon, George Knaysi, MD, became a family friend and mentor to her and her older sister. Both shadowed Dr. Knaysi in the clinic and OR. "But my sister was already pre-med, and I felt I needed

to branch out," she says. An interest in economics sent Dr. Breed on summer internships at Morgan Stanley Wealth Management, where she discovered a career in finance did not offer the same feeling of accomplishment as medicine. "I missed the science and the patient care," she says, and started the med school process. Emergency Medicine appeals to her, she says, "because I really like being the initial

person a patient meets in the healthcare system when they are going through a hard time. And I'm interested in the social determinates that brought them to the ED. The Hospital Center has such a variety of resources—addiction counselors, case managers, and social workers. It becomes more than just the medicine." She applied to 30 programs for her residency, and the Hospital Center was her number 1 choice. Despite COVID-19, she's developed close relationships with the other Emergency Medicine residents, who met on Zoom after their match and graduations were cancelled. They call themselves the "COVInterns" and support each other through humor and by offering each other help.

### Matthew Alexis Chavarria, DDS

Oral and Maxillofacial Surgery

- 26, married in September; a native of Kodiak, Alaska
- BS in Chemistry, University of Portland, Oregon
- DDS, Creighton University School of Dentistry, Omaha, Neb.
- Lives in Union Market, D.C.
- Brought his chest freezer to store salmon from Alaska



Matthew Chavarria, DDS, hauls in a halibut in Alaska.

Dr. Chavarria grew up in a one-main-road village of 6,000 residents, where hunting and fishing are the main sources of revenue. He returns every year to keep those skills sharp and refill his freezer. Dr. Chavarria's dad, who is from Costa Rica, landed in Alaska after he joined the U.S. Coast Guard. Alaska is where his dad met his mother; she became a nurse while raising four children. As a man who loves working with his hands, has a proclivity for science, and loves to give back, Dr. Chavarria found dentistry a natural fit. "Dentistry is a sure-fire way to always work with your hands," he says. He initially planned to return home to practice, but the lure of surgery changed that. "I want to be it at the end of the line for treating patients," he says. "And oral surgery will allow me to do that—jaw surgeries, cancers, trauma. But since Kodiak doesn't support specialists, I've sort of specialized myself out of my hometown." He applied to about 20 residency programs, with the Hospital Center near the top. He says, "I really wasn't interested in the East Coast, but I'd heard good things about the program here and once I interviewed, I had a gut feeling it was the right fit. So I texted my fiancé and asked how she would feel about moving to the East Coast." Abby, his fiancé, holds an MBA and has

Dr. Chavarria grew up in a one-main-road village of 6,000 residents, where hunting and fishing are the main sources of revenue. He returns every year to keep those skills sharp and refill his freezer. Dr. Chavarria's dad, who is from Costa Rica, landed in Alaska after he joined the U.S. Coast Guard. Alaska is where his dad met his mother; she became a nurse while raising four children. As a man who loves working with his

already landed a job in D.C. They had been looking forward to their "elopement" wedding, postponed from June to September, which involved hiking to the ceremony in the mountains of Washington State.

### David Schlee, MD

Obstetrics and Gynecology

- 32, single; a native of Kansas City, Mo.
- BA in Biology; BS in Exercise Science, Pittsburg State University
- MD, University of Kansas School of Medicine, Wichita, Kan.
- Lives in Adams Morgan
- Diehard sports fan who hopes to see football, baseball, basketball and ice hockey while here; loves weightlifting



David Schlee, MD, in downtown Kansas City, Mo.

Dr. Schlee says he's been given three gifts that saved his life and landed him in the Ob/Gyn program at the Hospital Center. First, born into a Korean orphanage, he was adopted at three months old by American parents who raised him in the Midwest. Second, after

dropping out of high school as an apathetic sophomore and hanging with "the wrong crowd," he got a job as a host at a restaurant, and discovered he liked engaging with people. "I got to know some of the patrons and learned their stories," he says. "I could empathize with them." However, he realized he was on a path that was leading nowhere. He decided to earn his GED and enroll in college. Third, while in college, he discovered his passion—medicine—and hasn't looked back. He applied to residency programs across the nation, knowing he wanted a new adventure outside of the Midwest. "The fun part was the interviews," he says. "I got to see so much of the country." He was delighted when he matched at the Hospital Center, which was at the top of his list. "I want to help change people's lives," he says, "and it pains me to see the lack of availability of healthcare to so many people." A seminal moment for him was as an undergraduate on a medical mission trip to Peru. While at an orphanage, he says he broke down, realizing what he had escaped. "This could have been my story," he says. He believes he comes into his career with a heart full of empathy, and an understanding of how you can pick yourself up when you've fallen.

# MedStar orthopaedic surgeon helps save Alice the Crane.



**Evan Argintar, MD, visits Alice the Crane after her recovery.**

MedStar Orthopaedic Institute surgeon Evan Argintar, MD, had seen this condition many times before—a damaged lateral collateral ligament that was increasingly impairing a patient’s ability to walk. Though the patient, named Alice, appeared to be getting by with little pain, the injury presented long-term quality of life concerns.

Ordinarily, Dr. Argintar would have explained how surgery might help. But Alice is a six-year-old Stanley Crane at the Smithsonian National Zoological Park.

After hatching from an abandoned egg, Alice was hand-reared by the Zoo’s Bird House keepers. She quickly acclimated to human companionship, and her easygoing demeanor in large groups made her the perfect “ambassador bird,” often going on supervised jaunts around the Zoo to delight and help educate visitors.

Last summer, Bird House keeper Debi Talbott noticed swelling around Alice’s left hock, roughly the crane version of a human ankle. Talbott, a zookeeper for more than 30 years, knew any injury to a long-legged bird was cause for concern.

Radiographs revealed swelling and fluid around the area’s soft tissue. Pain medications and antibiotics provided temporary relief, but Alice began favoring her leg, which was also becoming bowed. Veterinarians suspected ligament damage, and as is often the case for human patients with similar conditions, non-invasive methods were the first choice of treatment.

“Any other adult crane would’ve been difficult, since they can be quite aggressive,” says Zoo veterinarian Jessica Siegel-Willott, DVM. “Alice was very amenable to human care, so we could try other techniques before risking surgery.”

Alice apparently saw her treatment as a game, delighting in picking and ripping off soft-support

"I've been involved with a lot of interesting consultations, but this really was a first. Still, when Matt invited me to help, I was eager to do what I could." -Evan Argintar, MD

leg wraps. Zoo veterinarians worked with veterinarians at Friendship Hospital for Animals to customize an orthotic leg brace, but it proved uncomfortable and ineffective, and Alice needed surgery.



**Veterinarian Matt Glassman, VDM, and MedStar Orthopaedic Surgeon Evan Argintar, MD, assess Alice the Crane's joint stability under anesthesia.**



**Evan Argintar, MD and Matt Glassman, VDM during surgery.**

That's when Dr. Argintar was called by his friend Matt Glassman, VDM, DACVS, chief of surgery at Friendship Hospital for Animals.

"I've been involved with a lot of interesting consultations, but this really was a first," Dr. Argintar says. "Still, when Matt invited me to help, I was eager to do what I could."

To prepare for Alice's surgery, they reviewed bird anatomy and case reports of similar surgeries, but there were no records of Stanley Cranes having undergone medial collateral ligament repair.

"I came up with a plan for a procedure used to repair the same kind of ligament issues with humans," Dr. Argintar says.

Drs. Argintar and Glassman inserted a two- to three-cm long synthetic augment, creating an artificial lateral ligament. Temporary pins inserted in the surrounding bones supported an external fixator, to further stabilize the joint.

"The added support is needed, because ligaments actually become weaker after surgery before regaining strength," Dr. Argintar says.

Alice spent the next several months on restricted activity, not easy for such a highly sociable bird, nor was keeping her beak off the fixator. Reinforcing her reputation as "the perfect patient," however, Alice was amenable to regular post-op check-ups, which included brief sedation for X-rays. Her pins were removed 12 weeks after surgery, and she returned to the Bird House the next month.

Today, Alice's life has largely returned to normal, with a small limp and a slight bow to her left leg being the only reminders of her one-of-a-kind experience, and she may benefit from her unique surgical experience for decades to come.

"It was exciting to collaborate with a friend whose work is similar to mine, but in a different environment," Dr. Argintar says, adding that he and Dr. Glassman exchanged insights into dealing with non-compliance with post-operative treatment, and applying human surgical techniques for animals.

What helped most, he adds, was having the perfect patient. "Alice made the experience a pleasure for everyone."

# In the Hockstein family, (medical) history repeats itself.

**Associates on** MedStar Washington Hospital Center's Critical Care Units may do a double-take if they hear Dr. Hockstein wants to consult with Dr. Hockstein. There are indeed two Dr. Hocksteins, and they know each other quite well, even though they've been colleagues only since August.

The Drs. Hockstein are father and son. Michael Hockstein, MD, has been an attending Critical Care physician at the Hospital Center for nearly 30 years. Son Max Hockstein, MD, is a hybrid specialist in both Critical Care and Emergency Medicine, and joined the staff this summer, after completing his ICU fellowship at Emory University.

For some Hospital Center staff members, Dr. Max's face is as familiar as his father's. He regularly volunteered in Emergency Department as a teenager, became certified as an Emergency Medical Technician, and returned to work as an Emergency Department technician while in college.

"I was set on a career in medicine pretty early on," Dr. Max says. "Watching Dad was an inspiration, of course, but as I learned more about emergency medicine, I wanted to pursue that path as well."

That reasoning has a familiar ring to Dr. Michael, himself the son of a family practice physician. "Like Max, I can't remember wanting to do anything else," he says, adding that the family

has another medical influence by way of his wife's father, who was a urologist.

Though Dr. Michael supported his son's interests, the choice of a specialty was entirely up to Dr. Max. "I encouraged him to find something he really loved that was also intellectually stimulating, and filled a societal need," Dr. Michael says. "He discovered his own role models and followed them, which was important, because he also needed the confidence that comes from doing things on his own."

Dr. Max adds that his father sensed what his decision would be. "And he was right—just as he's been about most everything else," Dr. Max says.

Although father and son now share many clinical interests as well as a work address, they took different paths to get there. Dr. Michael received his medical education and postgraduate training at nearby George Washington University, while Dr. Max ventured somewhat further afield. He graduated from Ross University School of Medicine, performed his residency at Parkland Hospital in Dallas, then moved to Atlanta for his fellowship.

Dr. Michael says that for the most part, he was more of an interested observer, rather than a coach, during his son's medical training.

"As you focus on your specialty, you're less attuned to changes in techniques and concepts in other areas," he explains. "For me, Emergency Medicine was mainly treating things like burns or broken bones. Since 9/11, it has evolved to encompass disaster management, pathogen outbreaks, and other facets. What Max studied is contemporary to those concepts."

The two Drs. Hockstein will inevitably cross paths during Critical Care rounds and other times, and Dr. Max looks forward to taking advantage of his father's many years of clinical experience.

"We do some things differently, just by virtue of our specialties and training," he says. "I expect we'll have a different approach to diagnostics, while still arriving at the same decision." Dr. Michael adds that any professional collaborations will be strictly as colleagues. Family chats can come later.

Still, the thought of what his son has accomplished never fails to make him smile.

"At work, I'll be proud in a quiet and humble way," he says.



**Max Hockstein, MD, with his father Michael Hockstein, MD**

# Janeen Constantine, CRNP.

MedStar Health Cardiology Associates.



**Janeen Constantine, CRNP**, doesn't consider herself a trailblazer, just someone with a lifelong passion for caring for the sick. But as her career coincided with the rapid evolution of the nurse practitioner's role in medicine, she regularly found herself presented with opportunities to take on new responsibilities, and eagerly embracing each one.

Had it not been for her self-described "stressed" relationship with chemistry, the young science- and health-loving Constantine might well have become "Dr. Constantine." While earning Bachelor's and Master's degrees in Nursing at the University of Michigan, she developed an interest in health policy and came to the District to work as a Congressional staffer. To supplement the meager internship pay, Constantine put in shifts at area hospitals.

By the late 1980s, Constantine had left policy to be a full-time nurse practitioner, at the MedStar Washington Hospital Center office of what was then called Cardiology Associates, now MedStar Health Cardiology Associates. Taking advantage of newly-established certification exams to standardize nurse practitioners' duties in various specialties, Constantine enrolled in George Washington University's graduate nursing education program, with a focus on acute care.

At the same time, she was establishing a unique role as Cardiology Associates' sole medicine nurse practitioner. She admits that some physicians resisted the idea of a nurse doing consults.

"Fortunately, the leadership and most other physicians considered me to be their 'eyes and ears' at the hospital," Constantine says, adding that her fundamental role remains the same, albeit in a much larger organization, spanning multiple hospitals and services. "I'm also working with other APPs who, like me, have been trained to provide medical management of interventional cardiology outpatients while they're at the Hospital Center," she adds.

Continuity of care is the primary focus of the cardiac APPs, particularly since some patients often feel stressed when being treated by new physicians in an unfamiliar environment.

"We are considered 'the face' of the practice," Constantine says. "When I introduce myself as working with their home physician, that goes a long way toward making them feel more comfortable about being here."

In the coronavirus-driven altered reality of health care delivery via telehealth, the APP "eyes and ears" role has become especially important, as many physicians have had to curtail personal visits to the Hospital Center.

"We're still finding the ideal balance between what we can do on site, and what we can do via telehealth," Constantine says.

"Nurse practitioners have become the rule, rather than the exception," she adds. "And given the short supply of both physicians and nurses, our roles will continue to expand. It's exciting to see where we are, how far we've come, and where we're going."

Perhaps her proudest accomplishment is raising two children that she and her husband, Jay, adopted from a Russian orphanage in 1994. Alarmed by the poor medical care available to orphans at the time, the couple established a foundation that channeled much-needed training and supplies, such as vitamins and medicines, to help stem perinatal and infant mortality rates for nearly two decades, until the Russian government stepped up its commitment to health care services.

The Constantine children have thrived as well; her son enlisted in the United States Army after graduating from college, and her daughter is a forensic accountant.

# Candice Thompson, MD.

## Surgery.

**When Candice Thompson, MD,** talks about her professional trajectory, a common theme emerges: Mentorship. From her earliest moments, her childhood pediatrician offered an open door, sharing what it could look like to be a Black female doctor. Dr. Olivia Chaney was a family friend who encouraged Dr. Thompson's interest, eager to demonstrate the profession for a young girl who dreamed of wearing that white coat. "I always looked up to her, and wanted to emulate her," Dr. Thompson recalls.

When it came time to apply for college, Dr. Chaney encouraged Dr. Thompson to consider Howard University. Dr. Thompson would go on to attend Howard for both her undergraduate and medical school degrees. While in medical school, another mentor, a breast oncology surgeon, proved equally pivotal, opening Dr. Thompson's eyes to a future specialty that offered a profound opportunity for impact. "I liked the idea that I could make people feel better through my work and personal touch," she says.

Now, as a Chief Resident of Surgery at MedStar Washington Hospital Center, Dr. Thompson says there have been too many helping hands to count. Still, she wants to try. "Dr. Mario Golocovsky has taught me the importance of treating the whole person," Dr. Thompson states. "Dr. Christine Trankiem has modeled being a fearless female

surgeon. Jack Sava, MD, taught me the importance of critical thinking, and Jeff Shupp, MD, and Patricia Wehner, MD, conveyed the importance of research."

Dr. Thompson says her biggest goal this year is to pay forward that mentorship to the department's newest doctors. "I want to be someone who my junior residents can look to as a good example," she says. "I want to be a mentor, and help guide incoming residents through this process, to show them how to care for patients and be a good surgeon."

Dr. Thompson says she always knew surgery was her future, although when it came to her parents, she had to do some convincing. Both of her parents are aerospace engineers; her father worked on the Space Shuttle and Space Station for NASA, and her mother helped design missiles for a government contractor. But Dr. Thompson sees a through line. "Surgery is engineering the human body. It always excited me to be able to offer an immediate fix, and to help people in that way," she says.

Looking toward the future, Dr. Thompson hopes to continue her training with a breast surgery fellowship. As a Black woman, she says that her initial introduction to the field opened her eyes to the disparities that exist for women of color involving the rates of breast reconstruction, as well as a larger likelihood of being diagnosed with later stage breast cancer. "I want to be able to help that patient population and reach out to those in the community who are disenfranchised," she says.

Dr. Thompson appreciates the interdisciplinary involvement between so many specialties involved in Breast Surgery. A former competitive basketball player, it feels reminiscent of her team on the court, working together to beat the clock.

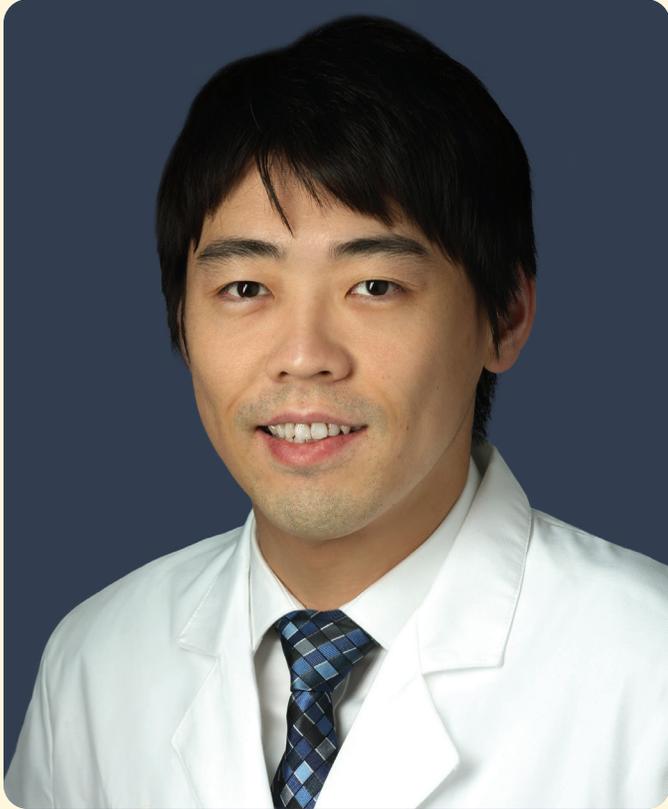
In her spare time, Dr. Thompson loves to travel. She promised herself when her residency began that she would travel outside the country at every possible vacation. Within the past four years, she has hiked Machu Picchu, camped in Morocco, trekked around the Grand Canyon, and visited Egypt, Israel, South Africa, Cambodia, and Vietnam. But her wanderlust has been temporarily sidelined, due to the current COVID-19 pandemic.

"I want to experience as much as I can, while I'm still young," says Dr. Thompson. "There's so much one can learn from being immersed in other cultures. It's very important to be able to understand other perspectives, and travel helps one to learn from others. With everything going on, the world could use a little bit more understanding right now."



# Hiroto Kitahara, MD.

Cardiac Surgery.



**Growing up in Japan,** Hiroto Kitahara, MD, dreamed of becoming a cardiac surgeon. There was just one problem: A lot of other Japanese doctors had that same dream, and they lived in a country with the lowest coronary heart disease mortality rate in the world.

In medicine, as in economics, the law of supply and demand prevails.

Dr. Kitahara received his medical degree, completed his residency and several advanced clinical fellowships in Japan. But as much as he was learning, he knew that he could never become a truly great surgeon by being a bystander for many years in the operating room.

"In Japan, younger surgeons learn by watching, while a more senior surgeon performs the surgery," Dr. Kitahara notes. "I was worried that, 20 years later, those senior surgeons would retire and I would still need to improve my skills. Every young cardiac surgeon knows that the training in United States is much better," he says.

Dr. Kitahara decided to move to the United States, assuming it would simply be a temporary relocation,

to hone his skills before returning to Japan as a more tenured surgeon.

After an advanced fellowship in mechanical circulatory support and in cardiothoracic transplant at The University of Chicago Medical Center, Dr. Kitahara joined MedStar Washington Hospital Center as an attending cardiac surgeon.

"The team was looking for a young surgeon doing heart failure surgery, research, and with an interest in robotic surgery," says Dr. Kitahara, noting it felt like a perfect match. "They found me, and I found them!"

Dr. Kitahara's special interest includes minimally invasive approaches to surgery through robotics. His greatest area of interest is heart failure surgery, both transplant or implantation of a ventricular device. He is currently exploring a new surgery technique that essentially offers a less invasive sternotomy.

The approach to cardiac care in the United States is also fundamentally different from Japan, in that it places a strong emphasis on "team," rather than a one-surgeon show.

"I am part of an amazing team here," Dr. Kitahara says, noting that in Japan, pivotal roles like surgical assistants or physician assistants do not exist. "They help the patient almost as much as the surgeon," he marvels. "The discussion is amazing. It's always our patient—not a 'cardiac' patient, or an 'ICU' patient."

As for his initial plan of returning to Japan to take on that senior surgeon status? That path forward is no longer a given.

"I've never had such a great situation; I'm so happy here," he says.

Plus, Washington, D.C. and the Hospital Center boast an added perk: "I love the Japanese food in this city," he says. "Even in our cafeteria, the Japanese food in the cafeteria is better than in some restaurants in downtown Chicago."

High praise for Hospital Center's medical—and culinary—prowess.

# Connections

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

Perspective

## From the desk of Jennifer Ayscue, MD.

Regional Director, MedStar Colorectal Surgery.



**The Division of Colorectal Surgery** continues to strengthen the program led by former director Thomas Stahl, MD, who retired in April. We are building a regional powerhouse, while strengthening the programs at individual hospitals. The intent is to offer patients throughout the Baltimore-Washington area access to all the resources of MedStar Health, while staying close to home.

Here at MedStar Washington Hospital Center, we have three full-time colorectal surgeons, all fellowship-trained and ready to treat patients with colorectal cancer, inflammatory bowel disease, diverticulitis, and pelvic floor disorders. We also train a colorectal surgery fellow each year. Two Advanced Practice Providers care for patients pre- and post-operatively. Some of the most complex patients come here, where we have the resources to manage any comorbidity.

We have a robust robotics program, which offers all patients undergoing rectal surgeries—and nearly all patients undergoing colon surgeries—improved results

and faster recoveries. Robotics has greatly improved our ability to dissect around tumors and move deeper into the pelvis, saving muscle and avoiding permanent colostomies. The newest robotics system has a special table that moves with the robot, so we can operate in any quadrant without repositioning the patient.

We have been active participants in the hospital's Enhanced Recovery After Surgery (ERAS) program. It involves orders to prepare patients for surgery, then continues to pre-surgery preparation in the OR holding area, followed by medications to reduce infections and relieve pain during surgery, and then post-operative care to manage pain and reduce infections. The results have been dramatic: after a major colon resection, patients can return home two days later, with few or no narcotics.

Thanks to the Colorectal Cancer in the Neighborhood Program, we have been able to educate the community about the need for colorectal screening. We are now identifying polyps and small tumors when they are most treatable for patients.

As part of our effort to provide the best colorectal care, we treat patients with the highest standards possible. We are applying for the highest level of national accreditation for rectal cancer treatment, to complement our multidisciplinary team weekly meetings, where we discuss and make recommendations for all rectal cancer patients. To refer your patient or for more information, providers only should call 202-877-7003.