



MedStar Health

Connections

Sept./Oct. 2021
Vol. 27, No. 5

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



New physician leaders join our One Team.

New physician leaders for Physical Medicine & Rehabilitation, Anesthesiology, and Plastic & Reconstructive Surgery are Heechin Chae, MD; Clyde Pray, MD; and Grant Kleiber, MD.

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Connections

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

Mission—MedStar Washington Hospital Center is dedicated to delivering exceptional patient first health care. We provide the region with the highest quality and latest medical advances through excellence in patient care, education and research.

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CE conferences

Upcoming continuing professional education conferences.

MEDSTAR CONFERENCE HIGHLIGHT

13TH BIENNIAL THYROID UPDATE: NEW CONCEPTS IN THE DIAGNOSIS AND TREATMENT OF THYROID DISEASE

December 3

A Virtual Conference

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

MedStar Associates: Use promotion code for TUMH for 50% off registration fees!

13th Biennial Thyroid Update 2021 has transitioned to a virtual meeting! We are delighted to bring you updates in thyroid conditions such as hypothyroidism, hyperthyroidism, thyroid nodules and thyroid cancers. This program aims to clarify the important issues surrounding the diagnosis and management of these common thyroid disorders. Guidelines on hypothyroidism, thyroid nodules as well as well-differentiated, medullary thyroid cancer and anaplastic thyroid cancer have been recently updated. This conference will utilize and encourage the use of a multidisciplinary approach to educate clinicians about current and controversial issues in thyroid disease and will provide an opportunity for providers to become familiar with the key elements of the updated guidelines and incorporate them into their clinical practice.

UPCOMING CONFERENCES

The 4th Annual MedStar Heart Failure Summit

October 23 | A Virtual Conference

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

Scary Cases in Endocrine Surgery

October 28 | A Virtual Conference

Course Director: Jennifer E. Rosen, MD, FACS

Breast Cancer Coordinated Care (BC3): An Interdisciplinary Conference

February 24 to 26, 2022 | JW Marriott | Washington, DC

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 | Washington, DC

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

Mastering Clinical Challenges in IBD

May 7 | The Ritz-Carlton, Tysons Corner | McLean, VA

Course Directors: Mark C. Mattar, MD | David T. Rubin, MD

Abdominal Wall Reconstruction (AWR) 2022

June 2022 | A Dynamic Virtual Conference with Expert Faculty

Conference Chairman: Parag Bhanot, MD

Course Directors: Karen Kim Evans, MD | William W. Hope, MD | Jeffrey E. Janis, MD

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

Assuring the health and safety for each other, and for our patients.



Jeffrey S. Dubin, MD, MBA

We've always said that the members of our Medical & Dental Staff are the clinical leadership for MedStar Washington Hospital Center.

You've demonstrated that leadership repeatedly during the past 18 months. Thank you for being persistent, for persevering during an unthinkable time, and for proving that our Medical & Dental Staff is flexible, adaptive, and tenacious.

The last year and a half has been extremely trying for all providers, whether or not you've been on the front lines for caring for COVID patients. While we've had to make adjustments in our professional and personal lives, you've continued with academic research, worked tirelessly at different assignments, and demonstrated the caliber of our leadership and medical expertise.

We can be proud of our accomplishments during Fiscal Year 21, which were possible because we worked as One Team:

- We successfully communicated with families via technology, as visiting hours were restricted
- We provided coronavirus vaccines for our providers and associates, our patients, and members of the Washington, D.C. community, and carefully explained the "why" of receiving the vaccine, to many who were hesitant to accept it
- We continued the committee and meeting work of the hospital, through virtual gatherings
- We made sure our teammates received the emotional and other support they needed, utilizing the wellness programs from MedStar Health
- We accomplished virtual recruiting for our medical staff, and Graduate Medical Education programs
- We demonstrated great personal resilience, with limited socializing, traveling, and being with friends and family
- We restored full operations for our strategic service lines, resulting in a positive budget to end this year. 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.

Most importantly, we met our primary goal: we assured the health and safety for all our providers and associates, and for our patients, while we accomplished so much more:

- Our Comprehensive Stroke Center received The Joint Commission Stroke Certification
- *U.S. News & World Report* named the hospital in the "Top 50 Cardiology & Heart Surgery," ranked at #37
- The Comprehensive Stroke Center earned four awards from the American Heart Association/American Stroke Association, including the Get With The Guidelines®-Stroke Gold Plus Quality Achievement Award and Target: Stroke SM Honor Roll Elite, Target: Stroke Honor Roll Advanced Therapy and Target: Type 2 Diabetes Honor Roll Awards.
- The Lown Institute Hospitals Index named us the Top Hospital in D.C. and 18th in Nation for Racial Inclusivity
- Protecting ourselves and our patients, 7,131 MedStar associates were vaccinated; 9,104 community individuals vaccinated
- Our 100th patient was treated with the CIRQ Robot and Brainlab Airo® Mobile Intraoperative CT
- Our regulatory readiness was increased through the S.M.A.R.T. program (Staff Maintaining Accreditation Readiness Together)
- We changed units to badge access and added monthly red keyboard tests, in our workplace violence prevention efforts
- We reduced CAUTI to 0.41, meeting the MedStar Health goal of ≤ 0.8

This is a small snapshot of some hospital-wide achievements that have occurred, and are ongoing throughout the house. Thank you for everything you do, every day, to care for each other, our patients, and our community.

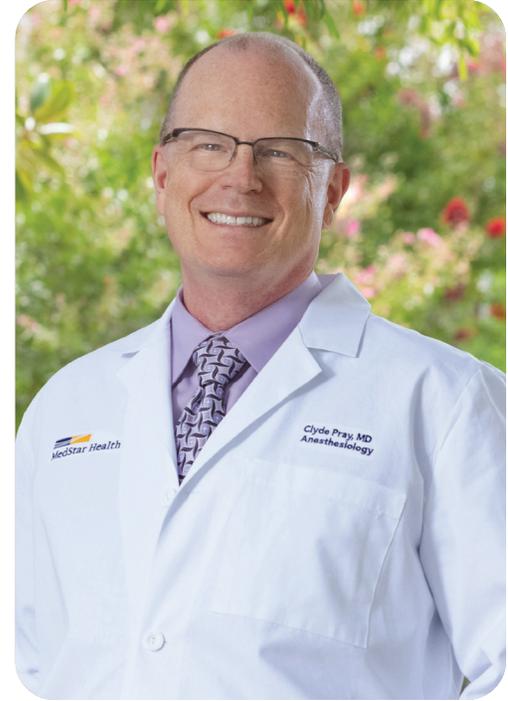
Jeffrey S. Dubin, MD, MBA, is sr. vice president, Medical Affairs & Chief Medical Officer at MedStar Washington Hospital Center. He can be reached at 202-877-6038, or via email at jeffrey.s.dubin@medstar.net.



Heechin Chae, MD



Grant Kleiber, MD



Clyde Pray, MD

New department chairs to build on existing successes.

Change is what helps keep hospitals vibrant, growing, and in step with the needs of their staff and patients. That's particularly true when it comes to department leadership. The new physicians profiled below are ready to apply their perspectives and ideas to further department and hospital-wide objectives. Though each faces distinct opportunities and challenges, all are committed to shaping environments that enable physicians and staff to excel in their own roles, while also advancing MedStar Washington as a local and national leader in innovation and quality patient care.

Heechin Chae, MD

Physical Medicine & Rehabilitation

Physical Medicine & Rehabilitation (PM&R) is essential to helping patients regain their sense of independence following many types of illnesses and surgical procedures. It's a role Heechin Chae, MD, hopes to expand.

"Although we're a relatively small group, my vision is to collaborate as many services as possible to optimize patient outcome and assist the patients' transition to home, or other rehabilitation settings after severe illnesses and injuries," he says. "We're well-known for our work with stroke patients, but there's so much more that we can offer as a department."

Dr. Chae came to MedStar Washington this past April from Fort Belvoir Community Hospital, where he served as chief of the Traumatic Brain Injury Department. He was also site director for what is now the Traumatic Brain Injury Center of Excellence, a multi-center network of military treatment facilities that promotes state-of-the-science traumatic brain injury care from point-of-injury to reintegration for service members, and their families.

A graduate of Virginia Commonwealth University's School of Medicine, Dr. Chae interned at Cambridge Hospital in Massachusetts, before completing his PM&R residency at Spaulding Rehabilitation Hospital through the Harvard Medical School system. He subsequently held several

leadership roles at Spaulding, including medical director of its Brain Injury Program.

In addition to broadening the scope of MedStar Washington's PM&R capabilities, Dr. Chae believes his team can contribute to a more seamless delivery of multidisciplinary care.

"Medicine is constantly in flux and change, delivering some remarkable advancements, but there is also the risk of fragmentation," he says. "Research shows that PM&R can serve as a valuable bridge between various departments or healthcare settings, helping make the process of transitioning from one to another smoother and efficient. That can help shorten the length of stay and improve patient satisfaction."

Grant M. Kleiber, MD

Plastic Surgery

A graduate of the University of Southern California's Keck School of Medicine, Dr. Kleiber completed his residency in plastic and reconstructive surgery at the University of Chicago Medical Center. It was then on to Washington University's Barnes-Jewish Hospital in St. Louis, Mo., for a fellowship in hand and peripheral nerve surgery and microsurgery. He has directed the MedStar Georgetown Peripheral Nerve Institute since 2017.

Dr. Kleiber is skilled in most types of reconstructive surgery, and specializes in a broad range of peripheral nerve surgery, including treating nerve injuries and chronic nerve pain. He has developed novel techniques for treating painful neuromas and phantom limb pain in amputees. "I'm hoping to do more of these procedures at MedStar Washington, as they can help amputees use prosthetics with less pain and less reliance on medications," he says. "These procedures can help patients with other types of nerve injuries as well."

Among the many advantages of MedStar Washington's Plastic Surgery department is the opportunity to work with nearly all hospital service lines.

"Plastic surgery is a team sport. We operate every day with orthopedics, general surgery, vascular, neurosurgery, and other services to deliver the best possible care to complex patients," says Dr. Kleiber. With an additional surgeon joining the department this year, he expects the increased surgeon availability will help solidify interdepartmental relationships, and lay the foundation for an expanded referral network.

"We'll be better able to develop innovative treatment plans for more patients with a multi-disciplinary team," he says. "That approach is the hallmark of MedStar Health, and we want to do what we can to further that mission."

Clyde Pray, MD

Anesthesiology

In the years since MedStar Southern Maryland Hospital Center became part of MedStar Health, Clyde Pray, MD, has played a key role in integration into MedStar Health, while also ensuring the highest levels of patient care. That included regular consultations with MedStar Washington's anesthesia staff, to address complicated surgical cases that arose from the area's high-acuity patient population.

"I viewed MedStar Washington as the flagship for anesthesia practice," Dr. Pray says. "They were a great source of knowledge and support."

Dr. Pray hopes to further the department's existing commitment to colleagues and patients.

"This is a department of extremely experienced providers, with expertise in many areas," Dr. Pray says. "We enjoy good, collaborative relationships with our surgical colleagues, and great support from MedStar Medical Group Anesthesia services. It's just a fantastic organization to be a part of."

Originally from the Midwest and a graduate of the University of Oklahoma College of Medicine, Dr. Pray has spent the majority of his career in metropolitan Washington, with residencies and fellowships at the then-separate Walter Reed National Military Medical Center and Bethesda National Naval Medical Center, as well as Children's National Hospital. Prior to joining MedStar Health, Dr. Pray oversaw anesthesia services for a five-hospital system based in Newport News, Va.

At MedStar Washington, Dr. Pray hopes to expand anesthesia coverage to meet demand, and support growing service lines such as interventional radiology, transesophageal echocardiograms (TEEs), and cardiac procedures.

"We also want to continue efforts to reduce surgical site infections, develop strategies to safely optimize pain management, and utilize data on outcomes and recovery time to standardize post-surgical care," Dr. Pray adds. "It all comes down to doing our part to provide a great patient care experience."

Dr. Chae can be reached at heechin.chae@medstar.net

Dr. Kleiber can be reached at grant.m.kleiber@medstar.net

Dr. Pray can be reached at clyde.pray@medstar.net

Mountain climbing brings fresh perspective for Emergency Medicine physician.



What better way to break free from the COVID-19 quarantine than to climb a mountain?

When Matt Wilson, MD, vice chair, Emergency Medicine, saw a small window of opportunity that would allow him to clear his head and test his limits, he knew exactly what he wanted to do: strap on his crampons, and seek out some alpine climbing.

At the end of June, he headed to the Pacific Northwest for a one-week excursion. The goal was to ascend Mount Shuksan, a 9,131 foot peak on the Canadian border, in Washington State's North Cascades National Park.

"Growing up, I had a love of adventure," he says, and it has carried over into his professional work, teaching wilderness medicine. Over the years, he has taken skill-based classes to learn the fine points of mountaineering, and has completed training programs sponsored by the American Alpine Institute. He regularly takes ambitious hiking and climbing trips in the Mid-Atlantic, to further hone his skills.

"I'm always trying to stay in shape, but the bigness of this trip was new to me," Dr. Wilson says. "The draw of the trip was having a glacier mountaineering experience, capped off with an alpine rock climb."

He and a guide took two days to climb to the top, and another two days to climb back down to the base, carrying 60-pound packs as they navigated the mountain. "Halfway through the first day, I wondered what I had got myself into," he says. "But I knew I could overcome discomfort." He adds that next time, he will practice carrying a heavy pack beforehand.

Trust is essential, he learned. "It's just you and someone else tied to rope. Every single step is important in that environment. It's not easy to come and rescue you, if something happens."

To underscore the notion that they were far from civilization, there was a nearby avalanche in the middle of the night. "To see and hear the power of that was more than I ever comprehended," Dr. Wilson says. "We weren't in any danger, but it was intimidating to realize how remote we were." The experience also reinforced a key teaching point of his: the importance of preparing in advance for every eventuality.

"The remoteness changes your perspective," he muses. "You realize that you have to count on yourself. For example, if I lost my UV protection, like my neck gaiter or goggles, I wouldn't be able to cover my face from the snow, and temporary snow blindness can become life-threatening."

The trip also added to his store of medical information. In addition to teaching at MedStar Georgetown University Hospital, Dr. Wilson serves as a volunteer medical advisor to the U.S. Park Service in the national capital region. "We need to have protocols in place to rescue hikers and climbers who need our assistance," he notes.

Hiking and climbing are a family activity for Dr. Wilson, his wife, and three children. "We all have outdoor passions," he notes, explaining that his family has tackled trails and peaks on the East Coast. Part of his trip included dropping off his daughter for her own summer camp training.

He has returned to the hospital renewed, with a thirst for more adventure, and already is looking forward to his next mountain.

"It's important to take time to recharge in a stressful environment," Dr. Wilson concludes.



Matt Wilson, MD, Emergency Medicine, at various stages of conquering the 9,131 foot peak of Mount Shuksan.

Bloodless cardiac surgery produces good outcome at reduced risk.

Vondalear Powell's unhealthy heart desperately needed surgical rescue. Three occluded vessels and an aneurysm in her ascending aorta posed a very present danger. But for this 72-year-old woman of faith, no ordinary procedure would do. She needed her surgery to be bloodless, to adhere to Jehovah's Witness tenets, which meant no blood transfusions.

"When she first went to a cardiologist, he wasn't very clear about my mother's condition," explains her daughter, Stacie Perkins. "But when she became extremely ill in early January, she ended up in the ED of a local hospital in the Baltimore area, where we live. Her heart rate was 180," says Stacie. "That's when imaging revealed how serious the situation was, and we were told she needed surgery as soon as possible."

This hospital was not experienced in performing bloodless procedures, but because Ms. Powell is an active member of her religious community, she had heard that MedStar Health had a bloodless program. "We spoke to a representative at MedStar Franklin Square Medical Center, who referred us to MedStar Washington Hospital Center and Cardiac Surgeon Dr. Christian Shults," Stacie explains.



Cardiac Surgeon Christian Shults, MD

Days later, Ms. Powell was transported by ambulance to MedStar Washington, and within days, Dr. Shults performed the complex procedure. He and other members of the MedStar Heart & Vascular Institute (MHVI) surgical team have performed numerous bloodless cardiac surgeries. Recently, MHVI became a dedicated part of MedStar Health's regional Bloodless Medicine and Surgery Program.

"The principles of bloodless surgery are really just good patient care," says Sheila Faustin, RN, nurse coordinator, Bloodless Medicine.

"There is a lot of literature that demonstrates avoiding transfusion improves outcomes. We apply those principles of bloodless surgery as broadly as possible," says Dr. Shults.

Pre-operative management is paramount

Bloodless surgery strategies begin with good communication with patients, Faustin explains. "We need to clarify their personal choices, after providing a clear explanation of the procedure and options. It's very proactive patient care that is planned out and documented for everyone involved."

"Many patients bounce around looking for someone to perform their surgeries," says Dr. Shults. "But when they come to us, I think they feel that they have found a home."

"I saw it in his eyes that Dr. Shults was genuine, compassionate, confident and I could trust him. I had no fear going into surgery after speaking with him and seeing how humble he was. He made me trust him and feel confident that the surgery would be successful," Ms. Powell says.

For Ms. Perkins, leaving her mother alone as she underwent a complex surgery was frightening. "But seeing how calm my mom was, eased my anxiety."

Prior to surgery, the team works to identify patients who are anemic or at higher risk for bleeding. Phlebotomy frequency and quantity is limited to necessary diagnostic testing and the use of micro-sampling when that is possible. "We ask



Nicholas Woodford, MD

BLOODLESS SURGERY PROTOCOL

Pre-surgery

- Patient-provider communication
- Identify patients with high risk of bleeding or anemia
- Only necessary blood draws
- Use of pediatric vials
- Cell stimulation with oral or IV supplements

During surgery

- Optimize oxygen levels
- Oversewing sutures to minimize blood loss
- Electrocautery
- Cell salvage
- Hemodilution



Nephew Justin Scott, patient Vondalear Powell, and daughter Stacie Perkins appreciate Ms. Powell's care at MedStar Washington Hospital Center.

'do we really need this blood draw,'" says Faustin. "We also encourage the use of pediatric vials."

Technique, technology are key in OR

"We appreciate and document our bloodless medicine patient's wishes," says Nicholas Woodford, MD, Anesthesiology and co-medical director for the Bloodless Medicine and Surgery program. "We ensure pre-op patient optimization, minimize blood waste through various techniques, and aggressively achieve normothermia after coming off cardiopulmonary bypass, to optimize coagulation effectiveness."

"Use of antifibrinolytics to minimize bleeding is paramount, as well as balancing fluid management, to spare significant hemodilution, but provide adequate intravascular volume to perfuse end organs. Providing inotropy to maintain adequate perfusion to vital organs while supporting the heart is also an important consideration, which was utilized during Ms. Powell's perioperative care," Dr. Woodford adds.

In almost all instances, cell salvage is also utilized, when the patient has adequate starting hemoglobin. Cell salvage is the process by which blood from the surgical field is collected, filtered, washed, and given back to the patient during the procedure. It is a "closed loop" system that meets Jehovah's Witness tenets.

During the triple bypass procedure, Ms. Powell's left internal mammary artery and greater saphenous vein were harvested, and then used to bypass her blocked arteries. Her ascending aorta was then replaced with a Dacron graft. The cell saver technique was utilized.

"Blood transfusion is used in nearly 15 to 20 percent of bypass procedures, and up to 30 to 40 percent of aortic

procedures," says Dr. Shults. "But using a variety of practices, we were able to avoid this 'inevitability' for Ms. Powell, and successfully repair her heart."

"The whole team was on board, including the surgeons, surgical assistants, nurses, intensivists, anesthesia team, and our perfusionist team, who also has a vital role in using techniques to minimize hemodilution and red cell loss," adds Dr. Woodford. "Ms. Powell was admitted with a hemoglobin of 13, and left the hospital with no episodes of life-threatening anemia, after her successful and complex surgery."

Faustin, who is actively involved in educating medical professionals about bloodless medicine, says with the increasing number of successful surgeries, "reliance on transfusion is shifting. It really does require a culture change in medicine."

For Ms. Powell, having the option proved lifesaving. "I am happy with my decision to have bloodless surgery, and I recommend this program to anyone considering surgery at Medstar Washington Hospital Center," she says.

"I had minimal pain after surgery," she adds. "Although I had some minor issues, the nursing team quickly evaluated me, and came up with solutions for improvement."

Now Ms. Powell is well on her way to recovery. "This program is an industry enhancement that will provide less risk, and better outcomes now, and in the future," says Ms. Perkins. "We thank everyone at the Hospital Center, for everything they have done to care for my mom."

To refer a patient to the Bloodless Medicine & Surgery Program, please contact Sheila Faustin, RN, at sheila.faustin@medstar.net.

Year two underway for physician residents.

Last year, *Connections* followed the new paths of four incoming residents at MedStar Washington Hospital Center, and will continue each year over the course of their residencies. Here, they share thoughts about their first year, and the changes in store for the second.

Fred Bien-Aime, MD Internal Medicine



Dr. Bien-Aime says his first year was a positive experience. "It was difficult, and presented areas for growth, but I wouldn't trade it for anything," he says. "I was surprised the year flew by so fast."

The hardest part has been balancing his medical and personal life. "When you work continuously," he says, "how do you find time for your loved ones and yourself? I like spontaneity, but

know I need to be more intentional about my time. I love medicine and to learn, but I have to set limitations."

"In my second year, I'm now leading the team while working on the hospital floors, step-down units, and ICUs, while also overseeing the new interns. For the first year, we focused on details: that person has a bleed, that patient is showing signs of breathing difficulties, with someone watching over you the whole time. In the second year, we look at the big picture. How much blood loss is there? When do we call a Rapid Response? We watch out for the interns' health. If they're too tired, we have to adjust, to make sure they stay healthy. We take care of each other."

Advice for the new interns: "Stay hungry. Just because you made it to residency doesn't mean you stop learning. Be a sponge. Learn from patients, nurses, attendings, seniors and your fellow interns. Equally important, take time to digest what you've learned. Get some good food, some nature, and sleep."

Rebecca Breed, MD Emergency Medicine



Dr. Breed says her first year brought few surprises. "Since I went to med school here, I knew pretty much what I was getting into," she says.

She says she liked rotating from MedStar Washington, to MedStar Georgetown University Hospital, to Adventist HealthCare Shady Grove Medical Center, and to Children's National Hospital.

"The populations and pathologies are so different, that it gave us a nice balance." As for the challenges brought on by the pandemic, she says, "It was difficult to get to know my fellow residents. The retreats were canceled, and we really couldn't spend time together outside of the hospital." She says treating COVID cases was hard. "We lost a 35-year-old patient, who was otherwise healthy. When I heard people say COVID isn't real but saw what I saw, it was disheartening."

Treating every patient as an opportunity to learn has helped her. "Even when you're really tired," she says, "it helps you get through your shift."

"We did have a summer retreat, and were able to meet the new interns. That was great!" Dr. Breed was also able to travel to North Carolina, for the wedding of the sister of her partner, Tanner Black (see photo).

Dr. Breed says her second year will be much more challenging. "It's probably the hardest year for Emergency Medicine. We rotate through the ICUs, Shock Trauma Center in Baltimore, and the pediatric ICU at Children's."

Matthew Chavarria, DDS Oral and Maxillofacial Surgery



As for challenges in his first-year residency, Dr. Chavarria says, "In our program, we come after dental school, so don't have much hospital exposure. I wasn't anticipating the adjustment to a hospital setting—the flow, how to interact with a multi-disciplinary team of nurses, pharmacists, other specialists. It's been great."

He says, "I spoke with many residents who told me how much time I'd be at the hospital, spending nights. But until I went through it, I didn't really get it." The year was limited primarily to on-service and anesthesia rotations. "We do more anesthesia rotations than any other program, except Anesthesia, since we'll put patients to sleep in our offices."

Dr. Chavarria reports the great vibes he got when he visited MedStar Washington in 2019 have carried through. "I love the interactions with my department. It's the relationships that carry you through the tough times."

Like many things postponed or canceled during the pandemic, Dr. Chavarria's September 2020 wedding in Moab, Utah, was postponed until April 2021(see photo). When not in the hospital, he and wife Abby are finally enjoying the variety of cuisines the D.C. area offers, a far cry from Nebraska, where he attended dental school, he says.

"We're now having in-person education events, practicing on cadavers, and doing the team-building exercises that were lacking during COVID," he says. As his second year is underway, he says he'll have more responsibility in the OR, and begin to pass along his knowledge to the first-year residents. "It's all about approaching the year with eagerness, humility and hard work."

David Schlee, MD Obstetrics and Gynecology



"I was a little worried my first year would be like being dropped in the ocean all alone," says Dr. Schlee, "but was surprised it wasn't as hard as that. There were long stretches where I was really tired, but there was always support from upper-level residents and attendings."

Rotating through MedStar Washington, MedStar Georgetown, and Virginia Hospital Center, he said, "I like learning different hospital environments and working with hospital-based and private practice physicians. I pick up things to put into my own toolbox. There are different populations, different social issues, and I'm learning to work within that framework."

COVID-19 made the first year rough, he says, more so personally than professionally. "I didn't know anyone when I moved here," including his housemate, Urogyne fellow Abbi Davenport, MD. "We had a 10-minute phone conversation and agreed to give it a try. It's worked out, and we've become good friends. She's been a great sounding board."

The second year of residency, he says, brings more responsibility. "We're expanding our duties to include high-risk deliveries and laparoscopic surgeries."

Down the road? "Maybe I'll do a minimally invasive gynecologic surgery fellowship (MIGS), but still keep my hand in obstetrics. Long term, I think I would really like to follow patients from pregnancies throughout their lives, as their gynecologist."

Provider exercise group grows in year two.



Kevin Handy, MD



Christine Trankiem, MD



Jennifer Moran, ACNP

What started as a way to maintain fitness and help relieve stress during the first months of the COVID-19 pandemic has morphed into a dedicated group of Peloton® users, which continues to participate in weekly rides.

This year, the #MWHCCrew added fundraising to its rides, as members joined the “Race for Cancer,” raising money for Cancer Services at MedStar Washington.

Featured last year in *Connections*, the #MWHCCrew, a group created by Kevin Handy, MD, Critical Care and Anesthesia, has grown from 16 members to 85 current or former MedStar employees, who share commonalities of both exercise and patient care.

“It has surprised me how many people joined,” says Dr. Handy, who has been using his Peloton for about two years. “And we saw the biggest number of people sign on once the story was published. It has been a blast to check the group roster, and see it grow with time,” he adds. “I really think it gives a lot of us something to talk about besides the pandemic, or the regular everyday stress of working in a busy hospital environment.”

Peloton is a high-tech exercise bike or treadmill that provides users with live stream and on-demand classes. An accompanying app allows users to see who else is participating, tracks progress, and shares results. Additional performance-tracking metrics such as resistance, heart rate, cadence, and total output are also available.

Christine Trankiem, MD, chief of Trauma, is also a dedicated rider and original group member. She started a live group ride on Saturdays, and continues to coordinate the weekly group ride, sending invites for others to join.

“The Peloton has made all the difference,” says Dr. Trankiem. “It’s a great outlet for stress,

and it has been fun to organize and complete group rides. And, now that folks have been at it a while, we have been able to ride together for each other’s milestones. The #MWHCCrew, primarily Surgical Critical Care, Critical Care Medicine, and Surgery, has cross-pollinated a bit with other groups, including Emergency Medicine. It’s been really fun.”

Jennifer Moran, ACNP, Surgical Critical Care, an original member of group, agrees. “It has been so great to see the group grow,” she says. “At this point, I don’t even know a lot of people who are now part of it, but it still creates an underlying sense of comradery, and brings people together who are participating for some of the same reasons.

In addition to rides, Peloton offers other forms of exercise including yoga, strength training, walks, stretching, and meditation. The #MWHCCrew has also helped to create interest in these other modalities.

“I’ve personally tried yoga because I heard from others in the group,” Dr. Handy says. “Members of the group have been encouraging about using other parts of the app, and the biggest change for me since last year is, I feel more well-rounded, trying other forms of exercise for both health and stress relief.”

Moran agrees that a great benefit of Peloton is the variety of exercise it offers, as well as the convenience.

“I was never consistent with gym memberships,” she shares, “and with this, it’s really hard to make an excuse when the bike is in the basement. You can do a 10-minute ride or a 30-minute ride; there are so many options.”

For anyone interested in joining the Hospital Center group, add the hashtag #MWHCCrew to your username on the Peloton app, and you will automatically become part of the group.

Amanda Rivera, MSN, CRNA

Chief APP, Anesthesiology



Advanced Practice Providers know a thing or two about managing the demands of work and family. But consider what Chief Anesthetist Amanda Rivera, MSN, CRNA, tackled last summer. While she was dealing with the intense issues of working during the global pandemic, Rivera also became the new APP leader for Anesthesiology. If that wasn't enough, Rivera was also pregnant with her first child.

Rivera, who grew up in nearby Woodbridge, Va., considers herself relatively well-prepared for such whirlwinds of activity. A respiratory therapist father and an OR nurse mother meant that health was an ever-present topic in her house.

"My mom actually tried to discourage me from a nursing career, warning me that it was very hard," Rivera recalls. "Once I began my studies, I found she was right. But the field is also very rewarding, and my parents have often been a sounding board for questions and guidance."

After receiving her Bachelor's degree in Nursing from James Madison University, Rivera started her career in a hospital ICU, then came to MedStar Washington Hospital Center, to work in the surgical recovery room. Intrigued by the role of anesthesia providers, she returned to school, to earn a Master's of Science in Nurse Anesthesia degree at Duke University, then rejoined MedStar Washington in 2015.

"I knew the training would be grueling, but anesthesiology encompasses everything about nursing that I like—physiology and pharmacology," Rivera says. "Each patient is different, so we're regularly challenged to piece together the right way to address his or her needs."

She adds that MedStar Washington is an ideal place to apply those skills, given its diverse patient population and critical role as a teaching hospital.

"We get cases I wouldn't see anywhere else," she says. "Our providers are especially willing to take the time to share their knowledge. I see every day how we're making a difference in the community."

The coronavirus pandemic presented Rivera and her colleagues with perhaps the biggest test of their careers, particularly in the early stages, when a host of unknowns shrouded the inherent risks of working in close proximity to patients' airways.

"Learning about personal protective equipment and N95s made it a more tangible problem to grasp," she says. "It also made us reconsider how we were doing some procedures before the pandemic. We're now discussing potential changes that will help minimize risks even further."

Rivera's promotion to Chief APP came just a few months before she took a leave of absence for the birth of her daughter. She returned in January, to resume acclimating herself to her leadership responsibilities. Recalling everything that's happened over the past year might be rather staggering to some. But Rivera says, "it simply helps you appreciate what you can do under a lot of stress."

Omoyemen Blue, MD

Emergency Medicine

As a medical student, Omoyemen Blue, MD, struggled to choose a preferred specialty, as she wanted to see everybody. But during her family medicine rotation, she realized there was one patient population toward which she was most drawn: new patients. "I was the one introducing the patient to the attending," she recalls.

Dr. Blue quickly realized it was this discovery process that most interested her, as she learned not only about the patient, but how the same disease process might manifest differently in each person's individual story.

"It gives me energy," she says. "Every single time, it's new. The novelty helps it not be draining." Dr. Blue notes that this orientation of curiosity and inquisitiveness is not a default setting. "I like that this specialty puts me in a position that I wouldn't put myself in personally, to inquire more deeply."



Dr. Blue was born in Canada, where her mother was a pharmacist, and her father was completing post-doctorate work. It wasn't until Dr. Blue was about six years old that her father, who had completed medical school in his native Nigeria, was able to begin a medical residency in the United States. Now as a resident herself, Dr. Blue thinks about her own father's residency experience: three small children, a grueling schedule, and cramped quarters: the family of five lived in a one-bedroom apartment in New York City.

"He's always been a role model and an inspiration," Dr. Blue says. "I always knew it was a viable career track."

Given Dr. Blue's love of discovery, it might not be surprising that a top priority for her as chief resident is introducing new residents to each other, and to the larger team. "I like to connect people in that way. Being able to be a liaison, and a point of help for people, is what I'm most excited about."

She's optimistic that this year, she and her team can facilitate spaces where residents can work together clinically and also socially, something that the pandemic previously curtailed. "I'm looking forward to having a bit more of the familial feel of our residency."

That ability to see each resident as a valued member of a larger family is, Dr. Blue says, one of the greatest appreciations she has for MedStar Washington. "This program really lets you grow at your individual level. I've really appreciated our program leadership, and how adaptable they are to all 30 residents, helping each person hone their interests. You don't feel like you're in a huge sea of people. They see each individual resident for where they are, and what they need."

When Dr. Blue steps out beyond the Emergency Medicine family, she hopes to do so as a community-based practitioner. "I'd like to spend at least a few years, honing my clinical skills and figuring out where my personal holes are," she says, noting that, as much as she loves Washington, D.C., she will most likely relocate to be near her parents in Georgia.

"My parents have invested so much in me," she observes. "With COVID, I have an appreciation of being with family when you can be."

Paul Clark, DO

Critical Care Medicine

In his late twenties, Paul Clark, DO, was working as a nuclear medical technologist when he began amateur boxing. He gravitated toward the mental discipline and routine it required. "Your body wants to quit, but you put yourself in that place of 'you're not going to quit, no matter what.'"

Whenever he had the opportunity, he'd spar with professional fighters. Dr. Clark knew that method was the fastest and best way to get better.

"It would hurt," Dr. Clark says of those sparring matches, where he was clearly outmatched. "But you never stop learning. You always want to be better. Those are the things I strive for in my personal life, and in my career."

Not long after he began boxing, he had a chance to put those values to the test. When he shared his dream of being a doctor with a new friend—one who happened to be an internal medicine resident—he was asked a simple question: Why not just apply to medical school, and see what happens?

"That was how everything changed," says Dr. Clark, who joined MedStar Washington Hospital Center's critical care team in 2020, after spending more than a decade in the military, most recently at Walter Reed National Military Medical Center. "I owe that friend a lot of gratitude for seeing something in me, and for pushing me."

After medical school, Dr. Clark completed both his residency and fellowship at Walter Reed, where he stayed on to serve as the director of the medical intensive care unit. "It was a daunting experience to come into as a fresh graduate," says Dr. Clark. "But I had good mentors, and I had a vision that I could help improve the ICU."

Eventually, he supervised the medical, surgical, and pediatric intensive care units at Walter Reed, and served as the critical care consultant for The White House.

Dr. Clark transitioned to MedStar Washington's critical care department in May 2020, during the height of the COVID-19 pandemic first wave. A primary interest area for him—and a draw to Hospital Center—is the use of mechanical circulatory support devices such as ECMO, extracorporeal membrane oxygenation, which helps patients with badly damaged lungs. He'd arrived at a moment when such devices, and the skills to diagnose when a patient most needed them, were in critical demand.



As the critical care team's COVID response has moved beyond the initial surges, Dr. Clark sees an opportunity for MedStar Washington to further expand its ECMO offerings, potentially in a unit that allows for more specialization of intensivists. His research investigates lung injuries related to COVID and mechanical ventilation, as well as point-of-care cardiac ultrasounds.

An intensivist during the pandemic doesn't have much downtime, but Dr. Clark says he still keeps up with his boxing routine, which serves as a great stress reliever. While he'd like to get back to sparring with experts, for now, he's relegating himself solely to a punching bag. "I'd hate to have to explain the black eye to a patient," he says with a laugh.



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Physician's Perspective

From the Desk of Puja Khaitan, MD

Director, Esophageal Surgery



As a thoracic surgeon, my practice focuses on patients who need surgical intervention for lung, esophageal, chest wall, and mediastinal tumors, along with more benign foregut procedures. At MedStar Washington Hospital Center, we practice state-of-the-art surgery, using a less invasive surgical approach whenever possible, often with robotic assistance.

My particular area of interest is esophageal cancer, which presents a

treatment challenge best met through the combined efforts of thoracic surgeons working closely with gastroenterologists. We are developing a multidisciplinary program that aims to identify patients at risk for esophageal cancer, so we can offer the best options for long-term survival and optimal quality of life.

In the area of esophageal cancer, we are among the few centers in the area to perform robotic assisted, minimally invasive esophagectomy (RAMIE). Compared to open surgery, there are fewer post-operative complications and improved pain control. As we've gotten more experienced using the robot for dissection, outcomes are just as good, if not better, as with open surgery.

Additionally, I am one of only 12 surgeons nationwide to perform supercharged jejunal interposition surgery, which

is an option for patients whose stomachs cannot be used to reestablish alimentary continuity after removal of the esophagus. In this procedure, I use the jejunum to construct an esophageal-type tube with extra blood supply.

For patients with early-stage esophageal cancer, whenever possible we perform endoscopic mucosal resection or submucosal dissection that shaves the tumor and maintains the integrity of the esophagus. We also offer endoscopic ablation inside the esophagus to remove precancerous cells as well as close surveillance strategies in patients with Barrett's.

We work with gastroenterologists, to identify patients with symptoms that could indicate early esophageal cancer. Screening is essential, and early diagnosis and treatment allows patients to maintain their quality of life - primarily by salvaging their esophagus.

We also work with medical and radiation oncologists to determine the best treatment approach for each esophageal cancer patient. Our multidisciplinary tumor board meets weekly, to discuss newly diagnosed cases and apply cutting-edge technology and offer most up-to-date trials.

All in all, this is the place to be for patients with esophageal cancer at any stage. For any questions, or to refer your patients, please call 202-877-8115.