



MedStar Health

Connections

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



Faith, family, caring physicians, and new technology transform a patient's life

Steven Abramowitz, MD, chair, Vascular Surgery; Sabrina Heman-Ackah, MD, DPhil; Ms. Lillie Heman-Ackah; Selina Briggs, MD, MBA, PhD, vice chair of Otolaryngology; and Afamefuna Nduaguba, MD, Orthopaedic Surgery. Ms. Heman-Ackah, a former chaplain at MedStar Washington, returned to the campus to thank Dr. Abramowitz and Dr. Nduaguba for saving her life. Turn to page 4 to read more.

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Connections

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CE conferences

Upcoming continuing professional education conferences

MEDSTAR 2022 MEETINGS

Update on Diabetes XLIV

April 21 | A Virtual Conference

Course Directors: Issam E. Cheikh, MD, FACP, FACE; Paul A. Sack, MD, FACE

Diabetic Limb Salvage (DLS) 2022

April 27 to 30 | A Unique Interactive Virtual Experience

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

MedStar Associates use promotion code DLS22M for complimentary registration!

Mastering Clinical Challenges in IBD

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

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

MedStar Associates use promotion code IBDMSHA22 for complimentary registration!

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

MedStar Associates use promotion code AWMS22 for \$100 registration fee!

SAVE THE DATE

41st Annual Cherry Blossom Seminar

New Date Coming Soon in July! | Park Hyatt Hotel | Washington, D.C.

Course Chairman: M. Mike Malek, MD

Course Co-Chairmen: Jeffrey S. Abrams, MD, Col. Steven J. Svoboda, MD, USA (Ret.)

Breast Cancer Coordinated Care (BC3): An Interdisciplinary Conference

New Date Coming Soon! | Washington, D.C.

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



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

Looking Forward to a strong finish



Jeffrey S. Dubin, MD, MBA

*“There are better starters than me, but I’m a strong finisher.”
–Usain Bolt, Olympic gold medalist*

For fiscal year 2022, the words that I’d place in word cloud, describing the Medical & Dental Staff, include:

Agility Strength Tenacity Resourcefulness Creativity Teamwork Commitment Courage

- We’ve had to think outside the box, and continue to be optimistic about the future.
- We’ve met adversity and obstacles head-on, and provided treatment for a continually changing, new, and unstudied virus.
- We’ve continued to provide the highest quality, safest care for our patients.
- We’ve worked to keep each other and all our teams safe.

None of us expected COVID to continue as it has, and none of us signed up to fight a worldwide pandemic. But as we look at the past two years, we need to be proud of the steps we’ve taken to help everyone stay connected and to focus on what we can control.

Many of us have taken advantage of several aspects of the MedStar Health Well-Being program, and are being proactive about our physical, mental, and emotional health. Providers—both physicians and APPs—are hitting care goals and, in some instances, are surpassing those goals.

We’re working on increasing the ease of throughput, through the increased use of home health referrals and the Discharge Hospitality Center.

As pandemic life continues, however, you may find yourself stressed or anxious. If that happens, here are a few things that our Behavioral Health team recommends:

- Use positive affirmations, as they keep our outlook optimistic.
- Reframe negative thoughts, and try to determine if those thoughts can have different outcomes.
- Normalize the process of checking on each other, to make sure our teams stay healthy and can get help when needed.

In other words: continue working as One Team, focusing on what we accomplish every day, for every patient. By refocusing on the meaning in our work, we will end this fiscal year in better shape than we anticipated a year ago.

We’re heading to a strong finish for this fiscal year. One great resource for everyone to consider is the Stress First Aid program, which is being taught throughout the system by MedStar’s Heather Hartman-Hall, PhD. Stress First Aid is one tool of the MedStar Health Well-Being program that you can use for yourself and your team, and I hope you take advantage of training when it’s offered.

*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.*

Faith, family, caring physicians, and new technology **transform a patient's life**



Steven Abramowitz, MD, and Afamefuna Nduaguba, MD, with Ms. Heman-Ackah enjoying a joke together

Selena Briggs, MD, MBA, PhD, vice chair of Otolaryngology, had just gotten home from a full day of work, and was looking forward to celebrating her son's first birthday, when her phone rang. It was a call every physician dreads making, and no one wants to receive.

"Your mother's heart stopped, and we have been attempting resuscitation for 20 minutes," the voice on the other end said. "Would you like us to stop or continue?"

Dr. Briggs told them to continue, and rushed to the community hospital where her mother, Lillie Heman-Ackah, was post-operative Day 10 from a right total hip replacement. When she arrived, her mother, 77, was alive, but in critical condition. A CT scan revealed a right pulmonary embolism (PE) and likely saddle PE, which had been dislodged from chest compressions. Heman-Ackah lay in the ICU sedated and intubated. Her body was cooled and slowly rewarmed.

Faith and belief

A former chaplain at MedStar Washington Hospital Center for nearly a decade, Heman-Ackah had prayed with hundreds of patients and offered endless comfort for families. Now, her own family gathered, and two churches began praying for the mother of five and grandmother of six: her own congregation in Washington, D.C., and Dr. Briggs' church in Landover, Md., where her husband is a pastor.

Sabrina Heman-Ackah, MD, DPhil, the youngest of Heman-Ackah's children and a fourth-year neurosurgery resident at the University of Pennsylvania, rearranged her schedule and took a train from Philadelphia.

"I basically stayed at her bedside," Dr. Heman-Ackah recalls. "My patient population is similar in terms of acuity, so it was helpful to be there."

Heman-Ackah says she doesn't recall this time in the hospital, but knows God was with her. "I may not have been communicating with others, but I was definitely communicating with the Lord," she says. "God was talking to me the whole time. He was watching over me."

Road to recovery

After discovering the PE, the medical team at the community hospital initiated thrombolytic therapy, which was discontinued after a retroperitoneal bleed required Heman-Ackah to receive blood transfusions. Attempts to achieve therapeutic levels with heparin also failed, and doctors were unable to find the source of Heman-Ackah's bleeding. An inferior vena cava (IVC) filter was placed, to stop additional clots from reaching the lungs as her heart slowly grew weaker.

"There she was, lying in a hospital bed with a massive PE that wasn't being treated," recalls Dr. Briggs. "And that's when Dr. Abramowitz saved the day."

The paths of Vascular Surgery Chair Steven Abramowitz, MD, and Dr. Briggs had never crossed in her six years at MedStar Washington. But when a critical care colleague suggested she reach out to him, she knew she had made the right decision.

"It was the exact voice I needed to hear, at the exact time," says Dr. Briggs. "He is simply the most compassionate and caring person. He told me to get her scans, he reviewed them and told me, 'Don't worry, I will take care of her.' And that is exactly what he did."

Transfer to MedStar Washington

Within 24 hours, Dr. Abramowitz had facilitated Heman-Ackah's transfer. His new patient arrived on four liters of oxygen, and with evidence of hypoxic-ischemic brain injury after cardiac arrest.

"She thought I was her sister, not her daughter," Dr. Briggs recalls. "She was confused and forgetful." Adds Dr. Heman-Ackah, "She looked like a heart failure patient. She had a wet cough, and was very sick."

After an echocardiogram confirmed heart strain resulting from the massive PE, Dr. Abramowitz scheduled Heman-Ackah for a minimally invasive pulmonary embolectomy, using a technology called Inari Medical FlowTrieve®. Through large lumen aspiration, the device can both capture and aspirate clot burden from large vessels in a single session. In about an hour's time, Dr. Abramowitz had removed clots in Heman-Ackah's right and left main pulmonary arteries.

"PEs are a significant cause of inpatient and outpatient mortality," says Dr. Abramowitz. "This technology allows us to offer immediate treatment and take care of the sickest patients. We accept a lot of transfers from outside facilities that do not have this capability."

A new woman

After one night in the Intensive Care Unit, Heman-Ackah was sent to a floor patient care unit.



Ms. Lillie Herman-Ackah (center) standing strong with her daughters Sabrina Heman-Ackah, MD, DPhil, and Selina Briggs, MD, MBA, PhD

"When I saw her following the procedure with Dr. Abramowitz, she was on room air, she knew who I was, and she looked like herself," says Dr. Briggs.

Her sister agrees. "The next day, she looked like a new woman. Had she not had this procedure, I truly think her heart would have given out."

Shortly thereafter, Heman-Ackah was transferred to rehab, first at MedStar National Rehabilitation Hospital, then to a community facility. But she would undergo one more additional surgery before finally returning home four months after her initial hip replacement.

That surgery, a total left knee replacement, would be performed by Afamefuna Nduaguba, MD, an orthopaedic surgeon at MedStar Washington.

"She was complaining of a lot of knee pain and had been in rehab for months," Dr. Nduaguba recalls. "I spoke to Dr. Abramowitz about keeping the IVC filter in place, and felt comfortable proceeding with surgery, after initially providing her with a cortisone injection."

"Outcomes can sometimes be not great with patients in rehabilitation," adds Dr. Nduaguba, "but we set expectations about the work she needed to do before surgery. The other thing that impressed me was her family; they were very involved. The last time I saw her post-operatively, she was happy, and ambulating with a walker in her home."

Lessons learned

Looking back on the past year, Dr. Briggs realizes everything happens for a reason. In January 2021, months before her mother's ordeal began, she joined the Venous Thromboembolism (VTE) Process Improvement committee. The group strategizes on ways to reduce the incidence of and prevent harm from VTEs. She now chairs the committee, and recently invited Dr. Abramowitz to join; he accepted.

For Dr. Heman-Ackah, who routinely cares for critically ill patients in her neurosurgery residency, caring for her mother has already changed her as a provider.

"The care at MedStar Washington was phenomenal," she says. "We all adore Dr. Abramowitz, and the ICU care was amazing, too. It was clear their mission was in taking the best possible care of the patient, as well as including knowledgeable family members. It has made me consider and empathize more with the families of patients when I order lifesaving treatments."

As the family looks ahead to the one-year anniversary of that initial phone call, there is one other lesson learned.

"That will be my son's second birthday," Dr. Briggs says. "And I will not be working on his birthday again. I will be taking a PTO day."

A stalwart of MedStar Washington leaves a lasting legacy



Robert Lauren, MD, who retires at the end of the fiscal year as chairman of MedStar Washington's Department of Neurology, sums up his 45-year career as being "a teacher, a researcher and, of course, a physician."



Robert Bunning, MD

Dr. Lauren's long-time friend and colleague Robert Bunning, MD, a rheumatologist at MedStar National Rehabilitation Hospital, believes Dr. Lauren played another important role: "one of the pillars of where MedStar Washington is today."

A lofty endorsement to be sure, but one few would argue with. For starters, Dr. Lauren is the only Neurology chair at MedStar Washington for more than four decades. The Cleveland native arrived in 1977 to head what was then a section within Internal Medicine. Even after Neurology was spun off as a separate department, Dr. Lauren was for many years its sole full-time specialist.

Even as Neurology has grown and diversified in recent years, Dr. Lauren still enjoyed the opportunity to treat patients and work directly with residents as a teacher,

sharing both his extensive medical knowledge and what Dr. Bunning calls "a methodical approach" to each case.

"He used his natural curiosity, powers of observation, and great memory to learn as much as he could about each patient," says Dr. Bunning, who did rotations with Dr. Lauren during his own medical training. He adds that Dr. Lauren would find out a patient's work specialty or interest, then learn more about it on his own so he could discuss it with them.

"He found out something about everyone, and that worked to the benefit of each patient," Dr. Bunning adds.

Dr. Lauren used the same approach in getting to know his residents, using their personal interests to organize grand rounds around topics such as diseases of musicians, presidents, and athletes.

"I decided that it would create a unique learning opportunity—an interesting change of pace to make the educational process refreshing," Dr. Lauren says, adding that he does regret being unable to spend as much time with each new resident as before.

"That's not necessarily a bad thing," he says. "It just means we now have more good neurologists they can learn from."



Amie Hsia, MD

Amie Hsia, MD, medical director of MedStar Washington's Comprehensive Stroke Center and associate professor of Neurology at Georgetown University, says former trainees regularly cite how Dr. Lauren's lessons and examples have influenced their own careers.

"He's an incredible teacher of neurology—systematic and thoughtful, someone we've all been fortunate to learn from," Dr. Hsia says. "It says something about a physician when you would refer a family member to him—which I did, when my father had a neurological issue."



Anette Virta-Paras, MD, PhD

The teacher is also an avid learner. MedStar Washington Diagnostic Neuroradiology Director Anette Virta-Paras, MD, PhD, recalls being fascinated at Dr. Lauren's genuine curiosity about MRI technology.

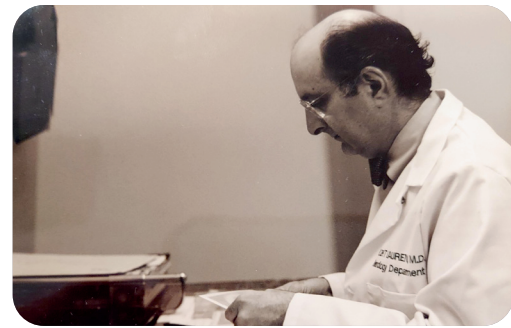
"Just as I got to learn so much from



Master of Ceremonies at the Gold-Headed Cane Awards, 2017



With his colleagues in the Department of Medicine circa 1980



Hard at work, conducting research on myelinolysis

him as we went through cases," she says, "I welcomed the opportunity to help him become more familiar with how this modality could be utilized."

Gold-Headed Cane Award in 2001, he chaired the selection committee, and served as master of ceremonies for the annual presentation banquet for more than a decade.

"He always ran the event beautifully," Dr. Bunning recalls. "He was the perfect MC, whether in a white coat with residents, or in black tie with his peers."

"The Gold-Headed Cane was quite an honor for me," Dr. Laureno responds, "and I wanted to make it just as meaningful and memorable for recipients."



Dr. Laureno and Aulisi with President Greg Argyros at the Neurosciences Center opening

Listening and learning

While many facets of medicine have undergone substantial change during Dr. Laureno's long career, his colleagues believe younger physicians can learn a great deal from his example.

"It's all about getting to know the patient, treating them with respect, and doing everything you can to understand the case," observes Mark Lin, MD, PhD, who joined the Neurology department in 2002 and now serves as director of Movement Disorders. "Some situations may be more difficult to figure out than others, but you never give up. If you try to understand a case from different angles, you'll get the answer."



Mark Lin, MD, PhD

Adds Dr. Aulisi, "If it's good for the patient, it's good for me; that's something I learned from Bob. And if someone like him—a person with that kind of knowledge base and experience—offers an opinion or suggestion, you should definitely listen."

For himself, Dr. Laureno considers the people he's worked with as being among the most rewarding aspects of his career.

"Some of them have been patients, some have been co-workers, and some have been residents," he says. "It's been a pleasure to get to know so many fine people."

And just because he's stepping down as department chair doesn't mean Dr. Laureno is leaving medicine entirely. Though he has long enjoyed activities such as swimming, working out, and attending cultural events, he considers neurology to be his true hobby.

"I can't imagine not being involved in some way," he says.

Insights and investigations

Dr. Laureno's reputation as a prolific researcher is held in equally high regard. Best known for his groundbreaking investigations into central pontine and extrapontine myelinolysis, he has presented numerous seminars and lectures across the nation, and has authored numerous publications, including many in peer-reviewed journals, and two books on neurology.

Dr. Laureno recalls some of his early studies were funded by a grant from MedStar Washington's former Ladies Auxiliary. "The Auxiliary controlled the lobby shop, whose profits they spent for clinical needs and research. Their grants allowed young investigators the opportunity to test their ideas."



Edward Aulisi, MD

Yet, for all his accomplishments, colleagues such as Neurosurgery department chair Edward Aulisi, MD, characterize Dr. Laureno as being generally quiet and low-key.

"People may not realize that there's this world expert in metabolic diseases wandering the halls of the hospital," says Dr. Aulisi, who first worked with Dr. Laureno as a resident. "He treats everyone

as an equal, regardless of their role or level of experience."

Dr. Laureno's dry wit also belies his capabilities as an engaging moderator. After receiving MedStar Washington's

Three hernias, one procedure

Less pain, faster recovery
with robotic surgery



(Above)
General and
bariatric surgeon
Ivanesa Pardo, MD

(Left)
Maggie Shannon
is back to her
active lifestyle
after minimally
invasive hernia
repair

Maggie Shannon, a longtime Washingtonian and philanthropist with a booming real estate career, was surprised when her primary care doctor told her that an odd, painful bulge on her thigh was actually a hernia.

"I didn't even know that women get hernias," Shannon recalls.

As she learned, hernias—or holes in the abdominal wall muscles—do occur in both men and women, and they are fairly common. They can occur at or near natural weak points in these core muscles. When a hole forms in the muscle, fatty tissue or a portion of an organ may begin to push through

that gap, often creating a visible bulge. While some hernias occur due to strenuous activity or certain medical conditions, the biggest risk factor is simply age. Over decades, it's normal for muscle tone to diminish and weakened areas to become increasingly prone to hernias.

After additional imaging, it was discovered that Shannon actually had three hernias. Her doctor recommended she see a surgeon to discuss her treatment options.

"The first surgeon I spoke with told me I needed an open surgery and to prepare for a long, difficult recovery," recalls Shannon. "That just did not sit well with me, so I kept looking for other options." A family friend recommended Ivanesa Pardo, MD, a general and bariatric surgeon at MedStar Washington Hospital Center. During their first meeting, Dr. Pardo explained that there was another option for Shannon to consider: robotic surgery.

"Robotic surgery is a minimally invasive approach using tiny instruments and cameras inserted in a few tiny incisions in the body," explains Dr. Pardo. "These instruments allow the surgeon to get a better picture of the anatomy, and to be more precise with their movements. Since this method only uses small incisions, the patient experiences less pain and recovers quicker. Most patients just have some initial soreness, go home the same day, and resume light activity within a week."

This option appealed to Shannon. "I immediately liked Dr. Pardo. Together we discussed the options, and after a few meetings, I made up my mind that the robotic approach was the right one for me."

A short time later, Dr. Pardo was able to successfully repair Shannon's hernias. "The whole experience—which, by the way, was still in the midst of the pandemic—was amazing. From the second I signed in, I encountered the nicest, most caring people I've ever met in a hospital setting," says Shannon.

Dr. Pardo offers this advice: "If you see a bulge or have unexplained abdominal pain, just make the appointment. We can investigate the cause with a physical exam and some imaging. A bulge doesn't mean you'll need surgery, but it does need to be looked at."

As for Shannon, her post-surgery life is full of long walks in her neighborhood, helping others, and spending time with family and friends.

"My grandchildren call me 'party Nana' and say I go out more than they do. I suppose it's true! And isn't that a good thing?"

Diagnosed with a hernia? Call 202-877-DOCS to schedule a consultation with one of our specialists.

A chance encounter changes a life

Ivan Briones, MD, sensed something familiar about the young doctor walking through the cafeteria at MedStar Washington Hospital Center. Could it be his old classmate from medical school in Peru?

"Beto?" he said tentatively. "Are you Beto?"

"Ivan!" exclaimed the doctor. They hugged.

More than a joyous reunion of long-separated friends, the encounter would reshape Dr. Briones' life, inspiring him to leave his social worker career and become what he is today: a family care specialist with MedStar Good Samaritan Hospital in Baltimore.

Their story begins in the mid-1990s, at San Martin de Porres Medical School, in their native Peru. Carlos "Beto" Garcia, MD, now director of Nuclear Medicine at MedStar Washington, was determined to practice in the United States. His friend, Dr. Briones, wanted a similar career, but his path felt less certain.

"We lost touch after I came to the U.S. in 1998 to take the U.S. medical licensing exams," Dr. Garcia says. The process was grueling. He lived in a basement provided by a relative who didn't really want company. "I had a borrowed mattress, with no nightstand or dresser," he

says. He kept his clothes in his suitcase.

Back in Peru, Dr. Briones conducted his required "rural service" in the jungle, and then treated Peruvian naval personnel after medical school. He lived with his father but, with his father's encouragement, he left for Maryland, where his mother lived.

"I was in shock," Dr. Briones says. "The culture was so different. I didn't know anybody."

Both men struggled after leaving their Peruvian middle-class comforts for an American life of loneliness, scant money, and seemingly endless studying. Dr. Garcia powered through, passing his exams and completing his internship at Englewood (NJ) Hospital and his residency at Connecticut Health Center.

Dr. Briones scuffled a bit more. He volunteered at a community center in Wheaton, Md., whose director hired him as a medical research and social service coordinator. Waiting to see a patient in the MedStar Washington cafeteria, he saw his old classmate, and everything changed.

Dr. Garcia recalls his friend telling him, "I'm not practicing medicine; I'm coordinating social services." Detecting a defensive tone, Dr. Garcia shared his hard-fought climb, and encouraged his friend to try again.

Dr. Briones remembers: "Beto said, if you study hard, and do the things you're supposed to, you will pass the test, and you will be able to practice in this country. I said, 'I can do it!'"

Dr. Briones' journey was no easier than Dr. Garcia's. His father, who often phoned him at 5 a.m. from Peru to make sure he was studying, died a few days before he was to take the U.S. licensing exam. In mourning, but unable to attend the funeral due to visa issues, Dr. Briones postponed the test. He eventually passed it, however, and traveled to his father's grave, telling him, "I'm sorry I was not here."

Today, the two men—each married with two children—stay in touch. But with the pandemic, and Dr. Briones living near Baltimore and Dr. Garcia in northern Virginia, they can't visit often. Dr. Garcia promises, however, "We have a big meal, and many beers, on hold."



Left: Ivan Briones, MD, and Carlos "Beto" Garcia, MD, reconnecting 16 years after their chance encounter

Out of the hospital and into the kitchen

Imagine these dishes: ahi tuna with Asian sauce, lasagna with handmade egg noodles, shish tawooq, and a decadent pecan pie with homemade crust.

Mouthwatering, yes?

These are the signature dishes of four MedStar Washington Hospital Center physicians who like to practice their cooking skills when their day jobs are done. They shared some thoughts about their quests for culinary excellence, favorite kitchen gadgets, and tips for new cooks.



Jeffrey Dubin, MD, uses a Fraisage technique to make his Thanksgiving pie crust. Voila, pecan pie!

Jeffrey Dubin, MD

About 20 years ago, Chief Medical Officer Jeff Dubin, MD, had a powerful urge to make a pie for Thanksgiving, although he'd never made one before. "It was a disaster," he recalls. A childhood friend, now a pastry chef, advised, "Your first pie shouldn't be for Thanksgiving." Dr. Dubin promptly joined an afternoon class, "How to bake a flaky pastry dough." "In three hours, I learned the basics, and then it was practice, practice, practice. Every weekend for a while I made a pastry dish," he says.

His pecan pie is now a required guest at Thanksgiving meals. "I get a good feeling about relatives fighting for the last slice," he says. He likes to blind bake (pre-bake the crust) and finds that pie weights help. Working on a cold surface with chilled dough is also essential. "And if your pie doesn't come out neat and tidy," he says, "you call it a 'rustic' pie."

And Dr. Dubin is adamant about single-crust pies. "When you see how much butter is in a crust, you don't want to make a double. You REALLY don't want to do that."



"Seafood dishes are my favorite," says Kanchan Kulkarni, MD. "My family enjoys blackened Mahi Mahi and sometimes adobo chicken burritos"

Kanchan Kulkarni, MD

Kanchan Kulkarni, MD, director, Nuclear Endocrinology, didn't start cooking until she married, and then ramped up as her twin sons, now 16, grew. "I like to do different kinds of cooking," she says. "Indian, Asian, Mediterranean, Mexican, but seafood dishes are my favorite. Besides ahi tuna, I really love my lobster bisque, and so does my family."

Feeding teenage boys inspired her to use her crockpot more, so they have something ready when they get home from school. "I have a panini maker," she says, "which is great for making quick meals out of whatever is left over in the refrigerator."

She starts with a recipe, but likes to add her own twists. "One needs to be willing to experiment, and if it doesn't work, try it again. Be curious."

The bottom line for Dr. Kulkarni is this: "I'm happy when my family is happy, and good meals make them happy."



Omar Shakhtour, MD, showcasing his classic dishes: beef tacos, traditional yemini beans, and kofta with tahini

Omar Shakhtour, MD

Omar Shakhtour, MD, a second-year Internal Medicine resident, moved to Jordan from Kuwait when he was 18 and starting college. "I was living alone, and had no choice but to learn to cook," he says. It was out of this necessity that began his love of cooking and his journey toward being a "great home cook". "I love to eat, and fast food isn't the way to go, so I started cooking what I love: Middle Eastern food, and now I have expanded to Italian, Chinese, American, and Indian food."

Dr. Shakhtour began researching, tasting, and testing new recipes in his free time. Through trial and error, he found that some of his favorite dishes include beef nachos, kofta with tahini, ground beef or chicken kebabs (also called shish tawooq), and lamb chops in pineapple juice.

At the end of each rotation, he says, residents have a theme dinner, and he really enjoys sharing his dishes with his colleagues. He says it brings him great joy to share the meals he works hard to prepare with others.

"Don't ever say it's hard. Cooking is easy," he says. "It's all on the internet." Dr. Shakhtour also likes to add a creative twist to the meal ideas he finds online. "Now, however, I make up most of my own recipes. If I do use a recipe, then I add my own touch."

Dr. Shakhtour dreams of opening a restaurant someday. "I have no idea how, when, or where this will happen. It's in the far future. But I am a foodie, and believe that food is one of the joys of life!" He continues to look forward to growing his skills in the kitchen and enjoys learning new techniques and recipes.



David Strouse, MD, enjoys making his own pasta, and entertaining at home. He recently roasted a monster rockfish caught by his son on a fishing trip

David Strouse, MD

David Strouse, MD, Cardiac Electrophysiology, says, "Both my parents worked full time, so it wasn't unusual to eat out six days a week. My mother would broil a chicken sometimes, though." As an adult, he saw *Dad's Cookbook* in a bookstore. It became the first of an ever-growing collection. The part about broiling chicken prompted an "a-ha" moment. "Broiling chicken is one of the hardest things to do well," he says. "I wanted to impress my Mom and show her my dish could be as good as hers."

Dr. Strouse says cooking benefits his medical practice, too. "I had a patient from Ghana, and I asked about fufu, a West African dish. You should have seen his eyes light up! Patients love talking about food from their homeland. We all have to eat. It's a wonderful way to connect, especially with other people from other cultures."

His interest in different cuisines changes a lot. "During COVID, I've been into Italian food. There's a zen to it. The ingredients are simple. It's sort of like painting in one color. You see the nuances...the tomato sauce, is it acidic or sweet? How do you infuse the garlic?" His current signature dish is lasagna with homemade egg noodles.

"I used to follow recipes exactly, like in a lab. All my ingredients were lined up, but then I started jotting down notes, and began to flow with cooking, sort of like playing jazz. Grits, for instance. How much water? When are they thick enough? You can almost feel it in your bones when they're ready...and then you add bacon and half a pound of butter!"

His cooking tip: "Throw out all old spices. The flavor is gone."

Patricia Tsang, MD, MBA

Pathology & Laboratory Medicine



Family recommendations are always important in medicine. But for Patricia Tsang, MD, MBA, the process worked somewhat differently. When she was weighing an opportunity to become MedStar Washington's chair of Pathology and Laboratory Medicine last year, her family members in Maryland raved about the quality of care they'd received at MedStar hospitals.

"That was definitely a strong selling point for me," says Dr. Tsang. She also admits to missing the cosmopolitan aspects of urban living, during a stint with a health system serving largely rural Pennsylvania.

"Having grown up in Hong Kong and Honolulu, and studied medicine in Boston, I've always had an affinity for cities," she says. "I also see myself as being multidimensional, and MedStar offers an ideal setting that nourishes clinical excellence and programmatic development."

Dr. Tsang's interest in pathology began early in her studies at Boston University's six-year combined BA/MD program. Likening the discipline to being "a detective in CSI," she completed a student fellowship in anatomic pathology at Boston University's Mallory Institute of Pathology, and clinical pathology at the Veterans Administration Boston Healthcare System, where she had worked part-time as a phlebotomist and nursing aide.

After graduation, it was on to Columbia-New York Presbyterian Hospital, where Dr. Tsang would perform her pathology residency and subspecialty training in molecular genetic pathology and surgical pathology, followed by a hematopathology fellowship at Weill Cornell Medical Center.

Appropriately for someone enamored with the faster pace of city life, Dr. Tsang has kept a busy schedule since arriving at MedStar Washington. Along with serving on several committees and performing clinical work, she's been preparing the department for re-accreditation by the College of American Pathologists. She's pleased that more than halfway through the hybrid process of remote data review and on-site inspection, "we're doing fantastically."

As MedStar's sole molecular pathologist, Dr. Tsang hopes to build a precision diagnostic program, which uses molecular profiling of tumors to give patients faster, more targeted treatment and better outcomes. By introducing contemporary molecular diagnostics into MedStar's laboratories, Dr. Tsang believes that it will enable MedStar to reduce its dependence on external reference laboratories and enhance its cost efficiency.

"Molecular genetic testing is the linchpin of personalized cancer treatment. Bringing more of that work in-house will improve our turnaround time and enable customization of test panels for our patients," she says.

Having recently published a book chapter on molecular diagnosis of lymphoma, Dr. Tsang plans to stay involved in academic activities, both exploring topics in her own subspecialties and through professional organizations. She currently serves as deputy editor-in-chief of the clinical pathology sections of *Pathology Outlines*, an online textbook, and chairs the Publications Committee of the Association of Molecular Pathology (AMP).

"The academic aspects of my role are critical to staying on the cutting edge of medicine," she says. "Research and academic writing are fun and fulfilling, because they help me keep up with what's happening in the field."

Serving on AMP's Economic Affairs Committee also gives Dr. Tsang the opportunity to apply the skills she learned while earning a Master of Business Administration degree from Columbia University. Through her efforts on that committee, Dr. Tsang hopes to help MedStar advocate for equality of patient access to molecular tests, and fair third-party reimbursement.

It should come as no surprise that Dr. Tsang has an equally wide range of personal interests, including collecting art, restoring antique furniture, and playing the piano. She's also looking forward to going to the theater in D.C., something she came to love while living in New York City.

"I think city life is truly in my blood," she says.

Katie Beaudoin, AG-ACNP, BC

Interventional Cardiology



Katie Beaudoin, AG-ACNP, BC, had been Chief APP of MedStar Washington's Interventional Cardiology department for just six months when COVID-19 upended schedules, assignments, and pretty much everything else.

"The pandemic forced some unexpected additional leadership learning on me," Beaudoin says. "It was a challenge, but it was good for my personal growth. I'm so proud at the way my team responded, whether it was putting in extra hours or incorporating new protocols on short notice."

At the outset of the pandemic, Beaudoin and her team were redeployed to other MedStar Washington services, first to stand up the testing clinic, then to support the medicine units.

"I think we all kind of enjoyed spending time in other services," Beaudoin says. "It was educational in a lot of ways, particularly when it came to my team. I have a group of go-getters who are ready to support each other. That's probably one of the things I like most about working here. I can't imagine not wanting to do my part to help."

Born in the Bronx, Beaudoin spent most of her childhood in Connecticut, where she became an avid horseback rider. Envisioning a career in veterinary medicine, she enrolled at Virginia Tech as an animal science/pre-vet major.

"I soon realized that turning my hobby into a profession wasn't the best idea," Beaudoin recalls. "My mom is a pulmonologist, so that got me thinking about a health career. Virginia Tech's motto is *Ut Prosim*, 'That I may serve.' Nursing fit that bill well."

Beaudoin graduated with a degree in Biology, and immediately enrolled in the fast-track Nursing program at Shenandoah University. The next few years would be a whirlwind of moves, first to a hospital in New York, then to Richmond, Va., and finally with her husband to Northern Virginia. Braving the often-grueling daily commute to Baltimore, Beaudoin earned her master's degree as a nurse practitioner at The Johns Hopkins University, and joined MedStar Washington's Interventional Cardiology department in 2017.

"All my nursing jobs have been in cardiology, so you can say it's part of my lineage," she says, "but it's a field I've really come to enjoy. We see very complex cardiac cases, with a mix of patients from all backgrounds, including those with limited economic resources. I like the challenge of providing them the best care possible while they're here, then coming up with a plan forward they'll be able to manage."

Beaudoin enjoys her outside interests with her husband, two dogs, and horse, and most any kind of outdoor activity—hiking, road and mountain biking, rock climbing, camping, and backpacking. Beaudoin and her husband regularly involve her parents, who have moved to rural Clark County, Va., on local adventures, as well as for a traditional family climb at Mount Washington, N.H., in the dead of winter.

"It's more fun that way, and we get some mountaineering in," she says.

The next challenge for Katie and her husband will be another real getaway to Washington state, going to an active volcano, one that's described by the National Park Service as the most glaciated peak in the United States.

"We're going to climb Mount Rainier next year. You can't think about work when you're trying to survive in the wilderness."

Amir Itani, DDS

Oral and Maxillofacial Surgery

Amir Itani, DDS, has a theory: Anyone who gets into dentistry is, at heart, a tinkerer, a mechanic who wants to work with their hands. The specialty of oral and maxillofacial surgery seemed like a logical extension of that tinkering.

But while in dental school, Dr. Itani scrubbed in for his first oral surgery.

"You have no idea how invasive oral surgery is until you've seen it. I scrubbed in for a case, not knowing what I was getting into," he recalls. That surgery, a resection and reconstruction of the mandible due to cancer, lasted twelve hours.

He had two takeaways. The first: "I didn't see how this job was remotely connected with dentistry." The second takeaway had to do with the exponential reward as the surgeon: "I knew I could have a greater impact surgically, and with it, the opportunity to impact somebody's life."

The mandible surgery piqued his interest, but Dr. Itani says it was observing his first orthognathic surgery that sealed the deal. The jaw surgery corrects craniofacial deformities

and irregularities of the jawbone, leading to a drastic and immediate change for the patient, both in form and function.

"When the swelling goes down, you go through the before and after pictures, and the patients are moved to tears," Dr. Itani recalls. "That's the procedure that hooked me."

Dr. Itani credits his attendings at MedStar Washington Hospital Center with maintaining relationships with local private practice oral and maxillofacial surgeons, who together contribute close to one hundred and fifty jaw surgeries to the residents' educational program each year. "Whenever our local oral surgeons have cases, they bring them to MedStar Washington," he says. That private practice pipeline creates an opportunity to become well-versed, not only in a specific procedure, but also a range of surgical styles.

"Not only have we been able to perform a large volume of cases," Dr. Itani notes, "but with twenty different surgeon attendings, we're also learning twenty different surgical techniques. The local community of oral surgeons in private practice has really strengthened the practice at this program. No other institution does that and, as residents, we absolutely love it."

The specialty is also the only one in the medical or dental field that is simultaneously an anesthesia-operator model. "We start our own IVs, manage airways, administer anesthesia, and monitor vitals, all while doing the procedure," Dr. Itani says. Ensuring that comprehensive training continues for younger residents is a priority for him as a chief resident.

As Dr. Itani winds down his chief year, he plans to transition to a private practice locally. One that maintains a relationship with MedStar Washington is a "must." Another possible collaboration exists even closer to home: with his wife, an orthodontist. The couple met at the University of Maryland Dental School, and hopes to team up in the future for the orthognathic surgeries that Dr. Itani has become so versed in.

"She hates sending her patients to a surgeon other than me," he says. "I'm looking forward to a future where we can put our specialty training and years of knowledge together."

While he is anxious for that next chapter with his wife, the residents at MedStar Washington have also been family. "That's the best thing about this experience," Dr. Itani says. "We hold each other to a high standard, and motivate each other. It's made the years go by fast, even if the days are long."



Lindsea Abbott, MD

Emergency Medicine

When Lindsea Abbott, MD, left MedStar Washington Hospital Center after five years of residency and fellowship training, she knew it would be “See you soon,” and not “Goodbye.” Long-term, the emergency medicine physician wanted to serve in a major academic hospital, where she could help train and grow future classes of emergency physicians.

But Dr. Abbott believed that if she wanted to do that as effectively as possible, she needed to take her own training one step further, and learn how to be an emergency physician without the incredible backbone of MedStar Washington—because for most of her residents, they’d leave their training and go on to a community hospital, absent the arsenal of resources and talented specialists at MedStar Washington’s disposal.

After completing her fellowship year, Dr. Abbott joined the emergency department at a community hospital in Virginia. Most nights, it was just Dr. Abbott, a hospitalist, and the Labor and Delivery team. “So, compared to MedStar Washington, it was pretty scaled down,” she says.

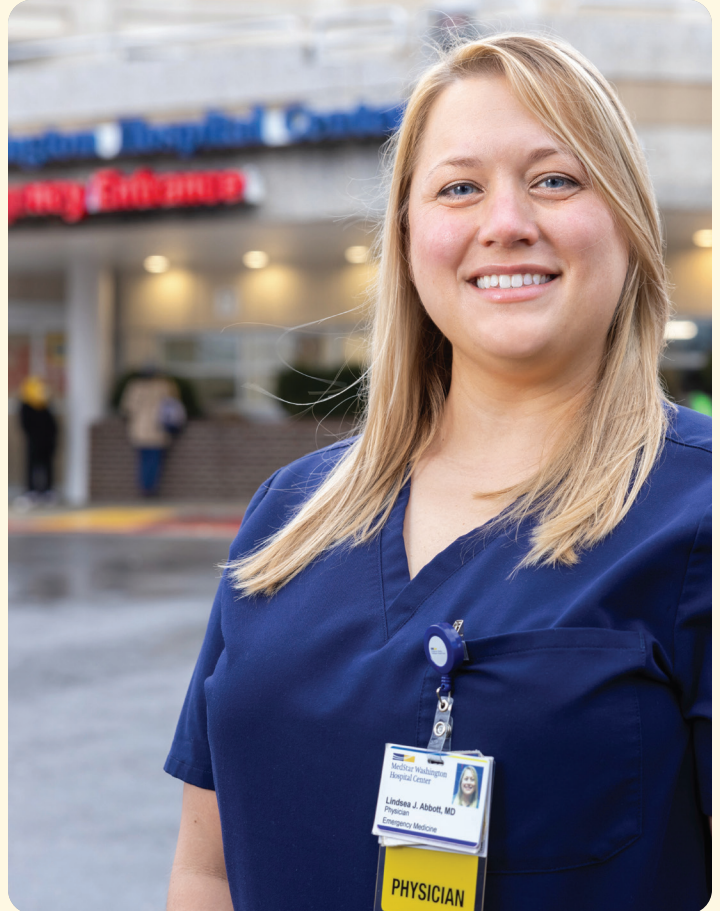
Given the lean structure, Dr. Abbott learned techniques that she would have otherwise deferred to a MedStar Washington specialist, such as setting bad fractures. She also got comfortable seeing children—a population that, given MedStar Washington’s relationship with Children’s National Hospital—she’d had little experience with as a resident.

“I knew I wanted to come back and teach, so I wanted to know tools I could share to better teach residents. Most of our residents won’t just go on to be academics, so I wanted to bring a little of that knowledge to my own practice,” says Dr. Abbott. “If you don’t have a specialist, what’s your next move?”

Last fall, Dr. Abbott returned to MedStar Washington as a full-time attending, armed with many of those answers.

“There’s this funny feeling of having been gone, and coming back,” notes Dr. Abbott. “It’s a good feeling, like coming home.”

Ultimately, her time in a community hospital reaffirmed Dr. Abbott’s deep appreciation for the many layers of expertise within the MedStar Washington family. “I prefer to practice with all of these specialists on hand, because my patients can get the best care. I can have a patient with an eye emergency, and know that our ophthalmology team is right in the building, versus being one hundred miles away,” she says.



For Dr. Abbott, it provides the sense of having a deep bench: “It’s like having a really awesome back-up team, for whatever crazy stuff we’re seeing.”

It’s also a two-way street: Dr. Abbott relies on the expertise of a cadre of specialists within the MedStar Washington community, but she also offers her own expertise to the interns and residents, helping them learn to read ultrasound scans and prepare, in many cases, to be the next generation of community physicians.

And, she says, she now knows how to set a mean fracture.

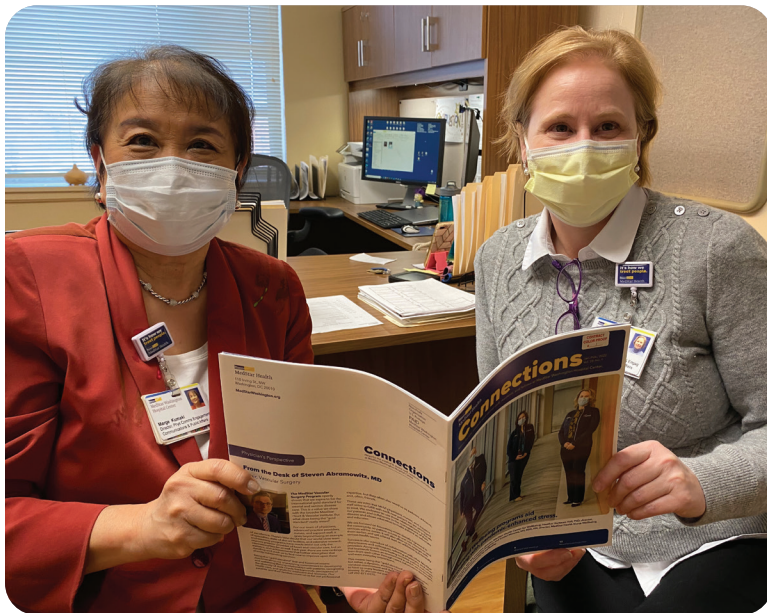
Connections

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

From the editor

From the Editor's Desk: Goodbye, and Good Health to You

by Marge Kumaki



Marge Kumaki and Maureen McEvoy

I took over as managing editor of the publication called *Physician* with the November 2006 issue. Now, as "Connections," it's grown to include stories featuring all members of the medical & dental staff—physicians and advanced practice providers—and MedStar Washington residents and fellows. Working with the medical & dental staff has been a great learning experience, as well as FUN. You all have taught me so much.

I came to MedStar Washington during a huge snowstorm in January 1996, when then-President Clinton had to close down the government for almost a week. What I found were providers truly committed to "patient first," no matter what type of weather we had.

I've had tremendous professional growth opportunities here, starting with corporate communications, then media relations, then internal communications, then philanthropy communications, and finally, the job I think suited me best—physician and APP communications and engagement. Thank you all, for every time you've answered one of my emails or phone calls, or helped me understand a complicated medical topic.

If you haven't met her yet, I'd like to introduce you to your new editor, Maureen McEvoy. Maureen comes to MedStar Washington from MedStar Harbor Hospital. You can contact her at maureen.e.mcevoy@medstar.net or at **202-877-8366**. She's hit the ground running, meeting physician and APP leaders, and getting to know how she can best help all providers with your communications needs. Please send her story ideas, and keep her updated on what you and your department are doing.

I'll miss our One Team. Stay in good health!