



MedStar Health

Connections

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



Enhanced Wellbeing programs aid in coping with pandemic-enhanced stress.

Daniel Marchalik, MD, MA, executive director, MedStar Health Center for Wellbeing; Heather Hartman-Hall, PhD, director, MedStar Health Wellness Champions Program; and Crystal Morales, MS, BSN, RN, director, MedStar Health Nurse Wellbeing, are leading the efforts systemwide for wellbeing.

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Connections

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MEDSTAR 2022 MEETINGS

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March 31 to April 2 | Park Hyatt Hotel | Washington, D.C.

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Esophageal Cancer Conference 2022

April 2 | A Virtual Conference

Course Directors: John E. Carroll, MD; Puja G. Khaitan, MD

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

SAVE THE DATE

Diabetic Limb Salvage Conference

April 7 to 9 | 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

Update on Diabetes XLIV

April 21 | MedStar Union Memorial Hospital | Baltimore, MD

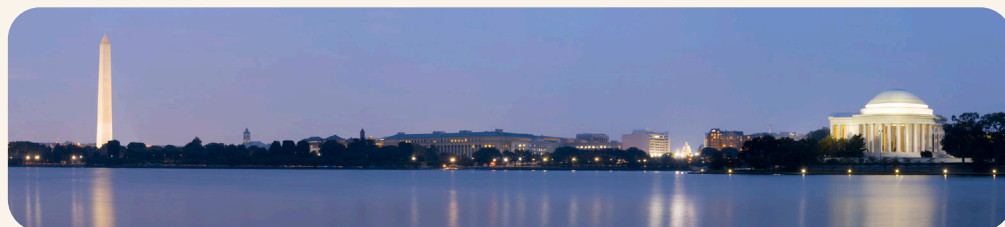
Course Directors: Issam E. Cheikh, MD, FACP, FACE; Paul A. Sack, MD, FACE

Breast Cancer Coordinated Care (BC3): An Interdisciplinary Conference

Postponed – New Date Coming Soon | JW Marriott | 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](https://www.medstarcloudcme.com).

Embracing our One Team **to stay strong.**



Jeffrey S. Dubin, MD, MBA

"I like the dreams of the future better than the history of the past." –Thomas Jefferson

Think back to March 2020.

We were faced with a new virus, one that had not been studied before, but one that spread from people in Asia to Europe to the United States and to the rest of the world. It's killed more than 800 thousand people in the United States and more than 5 million people worldwide.

As 2020 progressed, we learned the most effective ways of utilizing personal protective equipment, to keep ourselves and our patients safe. As science delved into the ongoing, constantly developing study of COVID-19, we learned best ways to treat patients, from proning those in the ICUs who needed ventilators, to which drugs may or may not help those in our Med/Surg units.

While many patients died in the early days of the pandemic, we saw many of our patients recover and go home, while others—now called COVID long-haulers—developed lingering conditions they did not have before they became ill.

Then we saw the first sign of hope for the 2020 holiday season: a vaccine was available for our caregiving teams. We vaccinated our providers. Three weeks after the first dose, we gave the second. During the early fall, boosters for the vaccine became available for those who had the second dose six months earlier.

We've learned to live with this virus in our personal lives, and it's been difficult for everyone. We've had to adjust to changes in how we shop for groceries, debate about whether we should gather with friends and family, come up with plans on how to keep our children and elderly relatives safe.

We've had tough professional challenges, as well. We've lost patients and colleagues to COVID, and it's forced some of us to re-evaluate our career paths. We have more demand for care, with fewer clinicians available. In fact, the U.S. Bureau of Labor Statistics estimates the health care sector of America has lost nearly half a million workers in the past two years.

There is no doubt that we are completing two very difficult clinical years. But medicine by its nature is optimistic, always rising to the challenges of changes in healthcare, looking to the future, resolving problems, and figuring out ways we can help each other. Please read our cover story for this issue of Connections, which focuses on wellbeing and wellness, and the MedStar Health initiative to keep all of us as physically, mentally, and emotionally healthy as we can be.

At MedStar Washington Hospital Center, we embrace our "One Team" way of work. It's how we've managed to continue excellence in patient care during the pandemic, and how we've looked out for each other. We're stronger and smarter together, and together, we will make it through.

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Enhanced Wellbeing programs aid in coping with pandemic-enhanced stress.

If it feels like a decade's worth of stress and trauma have been packed into the last two years, you're not alone. The coronavirus pandemic has amplified many of the inherently stressful aspects of hospital work, while also adding new challenges and complications to our personal lives. While MedStar physicians, nurses, and associates consistently have stepped up to ensure the highest quality patient care, revving up the emotional resilience some days to answer that proverbial bell is not always easy.

Even before the pandemic unfolded, MedStar Health sought to keep its employee support efforts in step with changing demands and needs. To further support systemwide wellbeing efforts, the system established the new MedStar Health Center for Wellbeing.

Daniel Marchalik, MD, MA, is the new executive director for the Center. He explains that while the longstanding Employee Assistant Program provided a sound foundation of services for physicians and family members, it didn't cover all facets of a rapidly changing healthcare environment.

"After concentrating for a long time on burnout, the pandemic both exposed and certainly caused an increase in the amount

of stress and post-traumatic stress that people in healthcare have," Dr. Marchalik says. "That became central to our mission as a wellbeing program."

Psychologist Heather Hartman-Hall, PhD, Director of the MedStar Health Wellness Champions program, adds that the pandemic coincided with a culture shift in medicine, which has brought sometimes uncomfortable mental health topics out of the shadows.

"There's more willingness to talk about them, to ask for help, and give support to each other," she says. "So along with helping our colleagues cope with the pandemic, we wanted to shift the culture of MedStar Health to one where we proactively watch out for ourselves and each other."

These and other influences have evolved into a coordinated, systemwide wellbeing program that complements and enhance existing efforts, while also making them easier to access. The core 10-person Physician Wellbeing team, led by Dr. Marchalik, is backed by well over a hundred people across MedStar, with most contributing time and input on a volunteer basis.

"It's really grown and changed in a positive way," says Dr. Marchalik. "We've tried to make sure the services are relevant and reach all of our associates and providers."

Direct connections

Examples of the new wellbeing initiatives include a collaboration with MedStar Georgetown's Department of Psychiatry to provide expedited mental health appointments with experts in a wide range of work and non-work issues. Peer support has been expanded as well with the Care for the Caregiver program. Teams of nurses, physicians, quality, safety, risk associates, chaplains, and social workers are available to provide free confidential 24/7 care.

In addition, Wellbeing team member Crystal Morales, MS, BSN, RN, now serves as MedStar Health's Director of Nurse Wellbeing. Morales is developing and implementing strategies aimed at improving overall health and wellness including mental, emotional, and physical aspects.

Along with ramping up systemwide wellness programs, the Wellbeing team has also explored ways to increase touchpoints with MedStar hospital staff. "Rather than having to go find it on a website or make a call, we want to bring it to it to them however we can," Dr. Hartman-Hall says.



Daniel Marchalik, MD, MA



Heather Hartman-Hall, PhD

On Wellness Rounds, for example, team members visit floors where people are working to check-in on associates, provide information about resources, and offer immediate support if needed.

“We’ll also pop into a departmental meeting or safety huddle and do five minutes on stress management, trauma, or whatever else people may want to know about,” Dr. Hartman-Hall says. “We’re building it into what’s already happening rather than asking people to add something else to their already busy schedules.”

MedStar Health is hiring full-time Resilience Coaches who have clinical backgrounds and can be “on the ground” to provide resilience support to anyone who needs it in the moment. The first coach, Danni Davis, LCSW-C, provides MedStar Health’s Baltimore-area hospitals with support and ideas for coping, either in group settings or by one-on-one-coaching.

One of the most popular initiatives has been Stress First Aid, a self-care and peer support model originally developed for the military by the Veterans Administration’s National Center for PTSD, and subsequently for high-risk, high-stress occupations such as healthcare.

Stress First Aid’s seven simple, yet practical strategies begin with learning to recognize when you or someone else is not OK, and knowing what resources are available to help—skills that Dr. Hartman-Hall calls “fundamental to the mutually supportive culture we want to achieve.”

The other five strategies aim to help reduce the likelihood that stress outcomes develop into more severe or long-term problems. They include knowing how to calm a stress response, using social support, how to build one’s own coping skills, how to have hope when things seem very dire, and how to stay safe.

“Along with providing Stress First Aid training ourselves, we’re also training other trainers who can then take this strategy to all parts of MedStar Health, providing people a toolkit they can pull from as needed for themselves or their co-workers,” Dr. Hartman-Hall says, adding that each of her training sessions typically spurs requests to visit other groups and departments. “It really seems to be resonating with people.”

Encouraging outcomes

Other Wellbeing team efforts have proven extremely popular as well, both via their utilization counts and anecdotes about how co-workers have rallied around each other, or feel reassured that there’s backup for times when they feel overwhelmed.

“It shows increased need for these services, but it shows an increased willingness to ask for help, which is a very positive change,” Dr. Hartman-Hall says.

Dr. Marchalik agrees, adding that “you can’t put genie back in the bottle” when it comes to recognizing the need for these and other wellness services to people in healthcare, both at MedStar and industry-wide.

“Now that people have seen the level of trauma people experience in healthcare, and seen that organizations are aware of it,” he says, “no one will be stepping back from it.”

For more information about MedStar Health’s Wellbeing programs or to get involved, visit medstarhealth.org/wellbeing.



Crystal Morales, MS, BSN, RN

Morning meditation makes a stress-reducing difference for MedStar associates.

MedStar Washington radiologist Arnold Raizon, MD, believes the best way to start the day is to do nothing, or so it may seem to those unfamiliar with meditation. For the past year, Dr. Raizon has helped a growing group of MedStar colleagues practice the simple, yet highly effective stress-reducing technique, via a daily guided meditation session.

“Meditation is like going to the gym for your mind,” Dr. Raizon explains. “It gives you a sense of calm and balance, which helps you live in the present moment, and changes your relationship to stresses.”

Dr. Raizon discovered meditation several years ago, during a personal bout with stress and anxiety. Walking through a bookstore, he happened to pick up a book by noted Zen master Thich Nhat Hanh.

“Many people are alive, but don’t touch the miracle of being alive.” Dr. Raizon recalls. “That thought literally changed my whole outlook on myself and my life.”

Dr. Raizon went on to learn all he could about meditation, and how it can complement other wellness practices.

The idea for a meditation group to help with pandemic-enhanced stress originated soon after Dr. Raizon was named the Radiology department’s Wellness Champion. Meeting via Microsoft Teams every morning at 8, Dr. Raizon opens the 30-minute session with 10 minutes of quiet meditation and gentle breathing. The rest of the time is spent in conversation, ending with a “sticky note” thought to carry participants through the rest of their day.

“We try to keep everything simple,” Dr. Raizon says of the group, which has grown to include several dozen members, who join in as their schedules permit. A regular face among the 20-25 people at each day’s session is Capacity Management Supervisor Eileen Barrett, RN, a MedStar Washington Wellness Committee member and self-described “Type A” person who had little prior success with meditation.

“Dr. Raizon made it very relatable,” Barrett says. “By being kind to yourself, you get rid of thoughts and stressors that weigh you down. It’s my favorite part of the day.”

Barrett adds that the follow-up conversation is sometimes as beneficial as the meditation itself. As for the “sticky note thoughts,” she adds, “they’re plastered all over my computer!”

The group, which has adopted the name “Everything You Can’t Buy Online” (EYCBO), now has its own Facebook page, t-shirts, and active discussions on ideas for other types of activities that will benefit members and the community.

“I want the group to take small steps, unfold naturally,” Dr. Raizon says. “The key is to remember that we’re all here because of other people, so let’s see what we can do as a group to help others.”

That message resonates with Barrett and other EYCBO members.

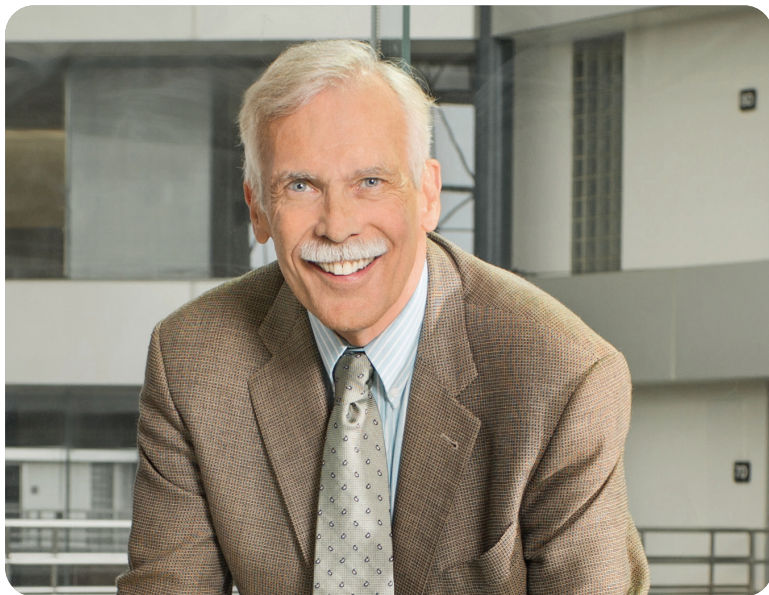
“It’s a great to start every day with a nice group of people,” she says, “helping ourselves feel better, and helping others feel better as well.”



Arnold Raizon, MD, and Eileen Barrett, RN

A psychiatrist's thoughts, to help us through the pandemic.

by Stephen Peterson, MD, Psychiatry



As the pandemic began, a memory from my youth repeatedly popped into my head: a grinning Alfred E. Neuman on the cover of *Mad* magazine, asking, "What, me worry?" Very soon this became, "Yes, me worry!"

The new virus spread quickly. As with AIDS in the 80s, we caregivers had insufficient knowledge about this new disease, and we weren't sure about personal protective gear. Some providers made the ultimate sacrifice. Now, the World Health Organization estimates we have lost more than 100,000 healthcare workers worldwide. Faced with lethal contagion, how might one not worry?

Too much worry doesn't help, but a little anxiety makes us smarter. The problem is, when worry is too much; then we shut down. Yet, it's hard not to, when dealing with a fatal virus, especially as new variants make the pandemic drumbeat continuous. When we do catch the virus and survive, 30 percent or more will have sequelae six months later, and beyond.

Clearly for caregivers, the emotional impact is large. The share of adults reporting depression has tripled since pre-pandemic times. Younger, unmarried adults with multiple stressors and lower incomes were at most risk.¹ Many in healthcare are in this cohort. A Kaiser survey found 62 percent of healthcare workers reported a negative impact on their mental health, yet only 13 percent sought help. Access to care and fear of stigma likely kept the numbers low. Now, overall mental health visits are up, making them hard to come by.²

Joshua Morganstein, MD, is vice chair of Psychiatry at the Uniformed Services University, and assistant director at the center for the Study of Traumatic Stress. He said, "Early on, we identified what we could control, and created routines. But intentionality has fallen by the wayside and we have become more distressed."³ Let us take control anew, to bring down worry. Listed below are several ideas.

Enhance socializing

Remember those happier times, when we had more communal-type rounding and interaction? After the pandemic began, our feel-good social hormones of oxytocin and dopamine dropped. We became lonely and depressed. Zoom was incomplete, and "on and off" at best. Being masked was alienating, leaving us wanting.

We have gotten better at communicating with our glances. Using precautions, we can meet safely in masked, small, socially-distanced groups. In-person visits are up. Outdoor meetings will be possible as the weather warms. Look for safe ways to get together.

Improve workflow

Relief will come with decreased administrative hassles, such as re-enabling televisits across state lines, having assistants to argue with insurance companies about whether they will pay for this or that. We can simplify our documentation, and use more computer efficiencies. Sit down with a few colleagues to ask, "how is it going?" Start with a personal example, then see where they are. This will likely open a meaningfully relieving conversation for all, and help morale.

Make magic

Remember our burgeoning know-how. Think about the wonderful promise of mRNA vaccines; the X-ray vision we have, to see inside our bodies; the healing properties of antibiotics. As Kurt Vonnegut said, "Science is magic that works."⁴

We have magic that works. Take heart. Go make some magic!

If you need more help with stress, please call us in Psychiatry, at 202-877-6321.

¹ *Clinical Psychiatry News*, Richard Kirkner, "Depression Rates up Threefold Since Start of Pandemic," Vol 49, No.11, 2021, p.1.

² *The Coronavirus Pandemic*, *The Washington Post*, December 30, 2021; p. A10.

³ *As Virus Rages On*, *The Washington Post*, December 25, 2021, p. A5.

⁴ *Cat's Cradle*, by Kurt Vonnegut, copyright 1963, ISBN 0-385-33348-X

Married and medical: three couples share their stories.

Since Cupid shoots his arrows in February, here are the stories of three married couples who work at MedStar Washington Hospital Center—how they met, wound up at the hospital together, and details about their weddings.



Anjani Pillarisetty, MD, and Mithun Devraj, MD

For Anjani Pillarisetty, MD, Rheumatology, and Mithun Devraj, MD, Cardiology fellow, the romance started in 2007, when he offered her—a stranger at the time—a rose.

Sounds romantic, doesn't it? But there's a back story.

At a college fest at Kasturba Medical College in Manipal, India, a couple of upper-level medical students dared Dr. Devraj—a first-year medical student—to offer roses to five women. He took the challenge, and delivered one to Dr. Pillarisetty, also a first-year med student.

"Clearly, she stuck out," says Dr. Devraj. "We exchanged numbers, and I called her a few days later. I didn't do that with the rest."

"We traveled in different circles, and were just friends for a long time," says Dr. Pillarisetty. The romance blossomed the last year of her medical school.

They married Dec. 24, 2015, and had the good fortune to match for residencies at MedStar Washington. They graduated and started fellowships, still with MedStar Health, then Dr. Pillarisetty was hired as an attending in 2020, and Dr. Devraj began a Cardiology fellowship.

"We've been very lucky," says Dr. Pillarisetty.

They married in their native city, Hyderabad, India, with many of the trappings of an Indian wedding. "I did decline

the elephant and horses," says Dr. Devraj, but the four-day wedding had 1,400 guests. "We had a sangeet," says Dr. Pillarisetty, "where the families get together for singing, dancing, and lots of food. Then there was the 'making' of the bride and groom, with sprinkling of turmeric and blessings." They honeymooned in Maui.

Like other married physicians, they see the pros and cons of working in the same field. "We're somewhat disconnected from the world," says Dr. Devraj. "Most of our friends are in medicine, so we're sort of in a silo." On the other hand, says Dr. Pillarisetty, "we understand what each other is going through. We speak the same language."



Kaitlin Felbaum, CRNP, and Daniel Felbaum, MD

Kaitlyn and Daniel (Rocky) Felbaum met in 2011 while she was an ICU nurse at MedStar Georgetown University Hospital, working toward her CRNP, and he was a neurosurgery resident.

"We had a steady friendship for

several years," she says, "working together about once a week. But once, we were doing a procedure on a patient, and he didn't think I was paying enough attention. He shot a saline flush at me to make sure I was attentive. He's sarcastic, and I never knew how to take it, but in that interaction, I realized he was flirting. Then I started to understand his humor. But honestly, sometimes he drove me crazy."

By 2015, they were a couple, and began a long-distance relationship. She was working at the University of Maryland Medical Center in the surgical ICU and PACU. He was in a neurosurgery fellowship at the Global Neurosciences Institute in Philadelphia. She planned her schedule, working nights, so she could be with him in Philadelphia, "but I was a zombie, and so was he. It felt like we were just passing roommates. But we made focused attempts to explore the city together. It ultimately let us grow closer."

Dr. Felbaum finished his fellowship in 2018, and was hired as an attending at MedStar Washington. Ms. Felbaum was hired at the same time, as an Advanced Practice Provider in Cardiac Surgery.

They married that summer at a Catholic church in Long Island, N.Y., where she grew up. The reception was nearby, at Watermill Caterers, where Ms. Felbaum's father was a chef. "It was elegant," says Ms. Felbaum, "but not too fancy. Lots of Rocky's family and friends came over from the Philippines, so my dad went all out and included a whole roasted pig, a Filipino tradition." They honeymooned in the Philippines "and that was a way to relax, after all that planning," she says, "and for me finally see where he grew up."



Charlotte Gamble, MD, MPH, and Afamefuna Nduaguba, MD

Charlotte Gamble, MD, MPH, GynOncology, and Afamefuna Nduaguba, MD, Orthopaedic Surgery, disagree about their first meeting.

Dr. Gamble says it was 2012 in Boston, when she was working on her MPH at Harvard's School of Public Health, and he was a medical student at Harvard Medical School. "A friend was coming to visit," she says. "I needed to borrow a neighborhood parking pass. A man was walking down the street in scrubs and I thought he looked safe, so I asked for his pass. He agreed."

Dr. Nduaguba begs to differ. "She recruited me about three years earlier, at the University of Michigan," he says. "She was a student admissions recruiter, working to bring more

campus diversity. She doesn't remember me from then—and I wasn't selected—so apparently I wasn't worthy! When she borrowed my pass in Boston, I remembered where I met her."

A few weeks later, Dr. Gamble rented a Zipcar® and found Dr. Nduaguba's hospital ID on the floor. She remembered him this time, and returned it.

It took another year for the romance to take off. Dr. Nduaguba says he was a busy medical student, and already in a relationship.

By the following spring, they were dating, starting a six-year, long-distance relationship while pursuing their degrees. Dr. Gamble was back at the University of Michigan for medical school, Duke University Hospital for residency, and Columbia & Weill Cornell Hospitals for fellowship. After Dr. Nduaguba finished medical school at Harvard, his residency was at Yale, and then he, too, landed in New York City, for a fellowship at NYU-Langone's Orthopedic Hospital.

They married May 11, 2019, in Evanston, Ill. "It has significance to us," Dr. Gamble says, "because there's a beautiful Bahá'í temple there. The ceremony was a nice cultural mix, with Dominican, Nigerian, and American customs."

Luckily, both landed at MedStar Washington last fall, although finding jobs during the pandemic was tough. "New York was a nightmare, and few job postings," says Dr. Nduaguba. But he saw a listing for an orthopaedic surgeon at MedStar Washington, visited, and liked what he saw. "And the Ob/Gyn department was looking to expand to Southern Maryland."

They find the D.C. area much more relaxed than New York City, and enjoy being able to explore the area with friends and family. "D.C. is special to us. It was a central location between our residency programs," says Dr. Gamble. "We'd drive or fly to meet, but because we had such hectic schedules, all we would do is sleep!"

Other married couples at MedStar Washington include:

Leen Al-Salah, MD, and Obada Tabbaa, MD
Ana Barac, MD, and Federico Asch, MD
Neelam Baral, MD, and Binyana Basyal, MD
Ivy Co, MD, and Thomas Gallant, MD
Mary Fairbanks, MD, and Terry Fairbanks, MD
Mary Kay Grady, MD, and George Chang, MD
Tamara Katy, MD, and Rahul Bhat, MD
Aisha Macedo, MD, and Michael Schwartz, MD
Loral Patchen, PhD, and Cesar Torres, MD
Emily Sosnoski, MD, and Andrew Stemer, MD

Physician-nurse teams epitomize the qualities of true collaboration.

Trust. Communication. Respect. These qualities are fundamental to MedStar Washington Hospital Center's One Team commitment, to ensuring patients consistently receive the highest quality care. But the strongest clinical collaborations of physicians and nurses typically possess the dimensions of friendship and caring for each other's well-being, creating an enriching dynamic that helps buffer the stresses and demands of their chosen careers.



Munish Goyal, MD, FACEP, and Sheryl Titus, RN

Munish Goyal, MD and Sheryl Titus, RN, may have been fated to co-chair MedStar Washington Hospital Center's Code Blue Committee. Titus's Alexandria home, located "just around the corner" from where Dr. Goyal grew up, once housed her father-in-law's large medical practice. "Dr. Goyal's father came to my home as a patient, which is kind of cool," she says.

Dr. Goyal considers Titus the ideal partner to lead a group focused on planning for the unexpected. "Someone like Sheryl typically has the flexibility, mindset, and foresight to predict things you'd need to plan for," he says, adding that when they became co-chairs in 2018, "I viewed that as a strength right away."

Likewise, Titus says Dr. Goyal brought a reputation as someone nurses could talk to and bounce ideas off of. "It was like I'd known him for years," she says of her first impression. "Dr. Goyal is a great educator, respectful, forward-thinking, and just a nice guy. He is always up-to-date on the latest evidence based practices, is well-read, and is super-smart."

Being secure in the knowledge that each one can speak freely, particularly when there's a disagreement or an issue requiring immediate attention, has helped their partnership flourish. Even so, notes Titus, "we always try to take a couple of minutes, to laugh at ourselves or discuss silly things we happen to hear about. Just take a minute to get ourselves grounded, say hello to one another, and check in. We care about how each other is feeling on that day, then move on with business."

Dr. Goyal agrees. "If you're fortunate to be paired with someone who you enjoy being around and enjoy them as a person," he says, "it's not really 'work.'"



Jessica Kwon, RN and Anthony Shiflett, DO

Seconds count when a patient arrives at MedStar Washington's Trauma Center, so it's essential that all team members have an innate understanding of the unit's processes and protocols. For Jessica Kwon, RN, that means knowing the first thing Anthony Shiflett, DO, wants is a blood pressure reading.

"Knowing how we each operate means we don't have to stop and think about things," says Kwon, who joined the Trauma unit in 2019. "We know what to do, and what will happen next."

In one case, Kwon struggled to get a blood pressure cuff on a very combative patient, yet was unable to get a reading. "I immediately got the patient to the OR," Dr. Shiflett recalls. "Those things make a difference in a patient's outcome."

So too does making the most of the Trauma Center's downtime, to bond not just as colleagues, but as friends. For Dr. Shiflett and Kwon, it began with causal chats about parenting and other things they had in common, and evolved to books and good-natured ribbing about their respective college football loyalties.

"When there's a critical injury, I need to know that the nurses will trust me and my decisions, and I can trust them to do what's best for the patient," Dr. Shiflett says. "The best way to do that is by getting to know each other, and really trying to be friends."

Kwon agrees, adding that patients can sense when a trauma team works well together.

"By trusting each other, we earn their trust as well," she says. "That makes everything just that much easier, even on the most challenging days."



Marites "Tess" Mantilla, RN and Chukwuemeka Ihemelandu, MD

When Chukwuemeka Ihemelandu, MD, joined MedStar Washington's cancer care team nine years ago, he was immediately impressed at how Marites "Tess" Mantilla, RN, took it upon herself to help ensure ORs were set up exactly as he wanted for an advanced cancer procedure, even if she wasn't assigned to his case.

"I found that quite endearing, particularly as someone new to the hospital," Dr. Ihemelandu says. Over time, he adds, they've formed a "symbiotic relationship," with Mantilla primarily assigned to assist when he performs surgery. "Even before I ask for something," he adds, "she knows what I need, and she gets it."

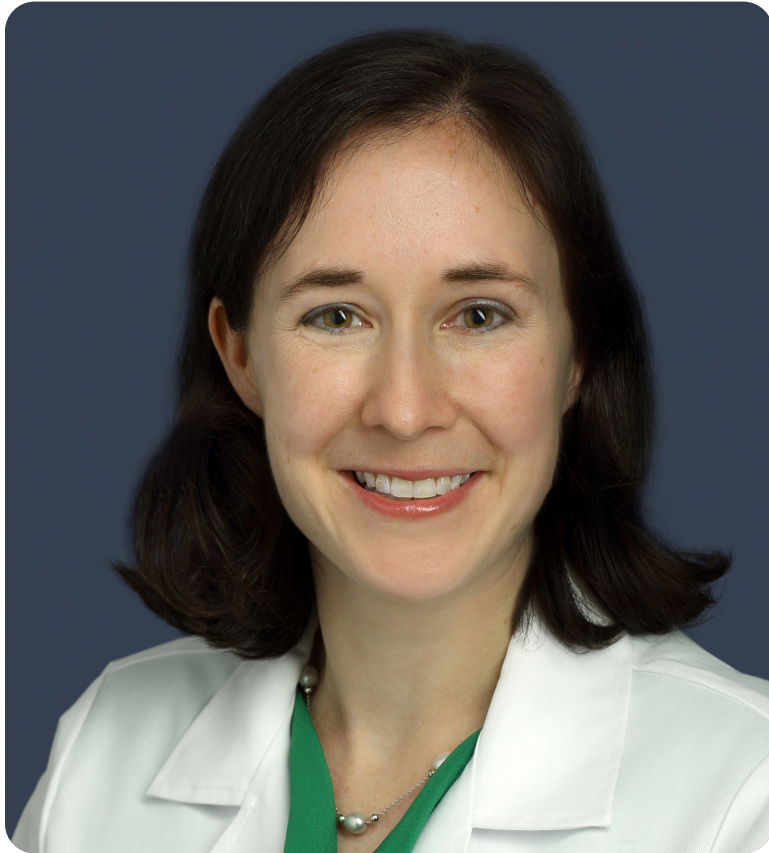
Underscoring their partnership is a sense of mutual trust and respect of each other's roles and skills.

"We all are very comfortable working with Dr. Ihemelandu, which is important because our procedures are typically very long," Mantilla says. "He'll brief the team about the patient and operative plan, and make sure everyone is able to work safely. And he listens to our questions or concerns."

To be sure, the stresses of such lengthy, complex surgeries can produce their share of tense moments. "But we know nothing that's said is meant to hurt anyone's feelings," Mantilla says. "We're all human, and we're all trying to do our best for the patient."

Dr. Ihemelandu agrees, adding that leadership as a surgeon means relating to team members as individuals. "If you treat everyone the same way you want to be treated, that generates a great environment where everyone wants to work."

New Dermatology Chair brings diverse interests to multi-faceted role.



Allison Larson, MD, MS

Eyes may be “windows to the soul,” but skin can be a more literal “window” into a patient’s overall health, according to Allison Larson, MD, MS, MedStar Washington Hospital Center’s new Physician Executive Director of Dermatology.

“So many conditions are related to things going on inside the body,” says Dr. Larson, explaining one of the reasons she chose to specialize in Dermatology. “There are a broad range of conditions that may be either a consequence or a trigger of something else.”

A native of the Buffalo, N.Y., area, Dr. Larson credits a summer job working with local surgeons for inspiring her interest in medicine as a career. She also enjoyed other technical subjects, leading to a double undergraduate major in neuroscience and applied mathematics at The Johns Hopkins University. Prior to enrolling in Hopkins’ medical school, she earned a Master’s degree in applied mathematics, and conducted research that blended neuroscience, math, and medicine.

“I figured I’d spend years studying the human body, so I should take time to study other things, too,” Dr. Larson says.

After completing her internship at Mercy Hospital/University of Maryland Medical Center, it was off to Massachusetts, for a residency at Massachusetts General Hospital, and a Dermopathology fellowship at Harvard University. Though Dr. Larson characterizes her practice as general dermatology, she is quick to add that the field offers many facets to explore throughout one’s career.

“You can do diverse things, and still meet and work with a lot of patients,” she says. “We’re also very privileged, because we get to have long-term relationship with patients and their families.”

Dr. Larson has complemented her dermatology practice with research into medical education, particularly equity leadership and equity issues. That made the opportunity to come to MedStar Washington a perfect fit for her expertise and interests, as she’ll also chair MedStar Georgetown University Hospital’s Department of Dermatology.

“This is a great opportunity to lead a department that’s 100 percent committed to the mission of patient care and resident education,” Dr. Larson says. “We hope to expand the faculty so we can better serve our patients, and enable physicians to be more productive, while also advancing their own skills and knowledge.”

Another goal is to refine applications of telemedicine, which proliferated during the height of the coronavirus pandemic.

“Dermatologists were among the early adopters of telemedicine, before COVID forced it into the mainstream, and presented new opportunities and challenges,” Dr. Larson says. “We’re now using the experiences of the past few years, to determine the most appropriate place for the technology in our practice.”

Dr. Larson and her husband have two children, ages 7 and 9, who she says “constitute the bulk of my ‘away from work’ life.” Along with family hikes and managing a host of after-school activities, Dr. Larson enjoys reading and painting.

Samuel Grafton, PA-C

Emergency Medicine



Unlike many of his colleagues who are living out longstanding dreams of a career in medicine, Sam Grafton, PA-C, is a relative newcomer to the profession. After graduating from the University of Chicago in 2002 with a Bachelor's degree in history, the New Jersey native joined the U.S. Marine Corps, where he was trained to pilot CH-46 helicopters at Naval Air Station Pensacola. Based in Okinawa for his four-year active-duty tour, his assignments took him from Thailand and Australia to mainland Japan.

Back in Pensacola, Grafton transitioned to teacher, training other pilots as a flight instructor. But after nine years in the military, he felt the time had come for a change. Choosing a path back to civilian life, however, proved difficult.

"I wanted to do something worthwhile, and that had a logical path to learn and advance," he says. "Medicine seemed a possibility, but I knew very little about the field or what you could do in it."

Upon the suggestion of his unit's flight surgeon, Grafton decided to become a physician assistant. While continuing to fly helicopters as a Marine Corps reservist, he relocated

to northern Virginia to be closer to his girlfriend, who he later married. Grafton beefed up his science knowledge via community college classes, before enrolling in the Physician Assistant Program at George Washington University's School of Medicine and Health Sciences.

After completing the program in 2016, he worked at other area hospitals before he was recruited to join MedStar Washington Hospital Center's Emergency Department in January 2019. Later that year, he was tapped to become the department's lead PA, allowing him to apply management skills honed during his service in Okinawa.

Grafton couldn't be happier with where his post-military path has brought him.

"Along with getting a wide range of cases, MedStar Washington is an academic medical center, where the emphasis is on teaching and learning," he explains. "There's so much expertise here, along with a willingness among physicians and specialists to stop and talk, and find the best treatment option for patients."

A long-term personal goal, he adds, is finding ways for PA students to get direct experience with emergency medicine at MedStar Washington. "I'd love the opportunity to teach and contribute to the next generation of PAs," Grafton says.

Although Grafton's work didn't put him in close contact with the most seriously ill COVID-19 patients, he was nevertheless wary of inadvertently bringing the virus home to his then-pregnant wife and young daughter.

"Luckily, our apartment neighbors were out of the country during the height of the pandemic, and they allowed me to live in their unit," Grafton says. "Until we were confident enough protocols were in place to minimize exposure risks, we shared a lot of distanced family dinners via open doorways."

Grafton's home life has largely returned to normal, which means spending most of his time with his five-year-old daughter and one-year-old son. That time included making a paper maché spear and shield for his daughter, so she could be the goddess Athena for Halloween. Grafton also looks for opportunities to tool around D.C. on an electric skateboard that he bought at the outset of the pandemic.

Natalie Locci-Molina, MD

Ob/Gyn

Natalie Locci-Molina, MD, can definitely say that she has experienced the field of obstetrics from a variety of angles: After graduating from college, the economics and international relations major took a job in business development, working for a company that produced a medical device in the obstetrics field.

"I did that for four years," explains Dr. Locci-Molina, now Ob/Gyn chief resident for MedStar Washington Hospital Center. "I'd go to the conferences and meet with these doctors and say: 'I'm really on the wrong side of this. I want to be working with patients, and be the doctor doing the work.'"

On the advice of her future husband, John, then a medical student himself, Dr. Locci-Molina enrolled in a post-baccalaureate program at Bryn Mawr College, to obtain the necessary prerequisites for medical school. She then went on to the Warren Alpert Medical School of Brown University. While there, she swore she'd keep an open mind about specialties beyond obstetrics. But in year three, she

completed her rotation in that specialty: "I felt like I wasn't working. I was just in love with it. I knew I'd be happier working 80 hours in Ob/Gyn than working 60 hours doing something else."

During her time in medical school and residency, Dr. Locci-Molina became a mother three times, an experience that further endeared her to the obstetrics patient population. Her youngest child was born during the pandemic, and she recalls the time period where expectant mothers who tested positive for COVID were giving birth without any loved ones in the room.

"It was an incredibly heartbreaking experience for these patients and their families. We were the only people there for them during the process," says the chief resident. She notes that, given MedStar Washington's diverse pool of patients, many spoke no English. "I imagined how scared they were at that moment. I'd spend more time in those rooms, despite the potential exposure. You're trying to protect yourself, but also trying to be there for them," she explains.

The challenges of serving as a chief resident in the pandemic expand beyond the patient-facing work. "It's challenging, trying to be the face and leader of this cohort, when there are some interns I haven't yet been able to meet because of restrictions." Still, she says, they've found ways to still build a strong culture and sense of team.

The program has managed to keep its incredibly high bar of preparing residents for practice on their own, adds Dr. Locci-Molina. "I'm so proud of and grateful for the trust attendings have placed in me, and for the trust we get from our junior residents, as well," she says.

For Dr. Locci-Molina, that means leaving the MedStar Washington nest this summer, to head back to her hometown of Cleveland, where she'll be working at the University Hospitals Cleveland Medical Center, as an obstetrics hospitalist.

"It's a very similar setup to MedStar Washington, which was what I was looking for. Labor and Delivery is what fulfills me the most. I wanted to work in a high-risk setting and with residents," she says. "I feel like I'm recreating what I have here, only back home, near family."



Victor Ciofoaia, MD

Gastroenterology

Victor Ciofoaia, MD, joined MedStar Washington Hospital Center after completing an advanced interventional endoscopic gastroenterology fellowship, and serving as a senior associate consultant with the Mayo Clinic and Mayo Healthcare System. It's a homecoming for him, as he completed his gastroenterology fellowship at MedStar Georgetown University Hospital, MedStar Washington Hospital Center and the Washington DC VA Medical Center.

"It's wonderful; I know so many of the people already, and it's a familiar environment. I get to bring back new experiences from another institution, in terms of managing patients and training," he says, noting, "It's a good thing to mix cultures from two places."

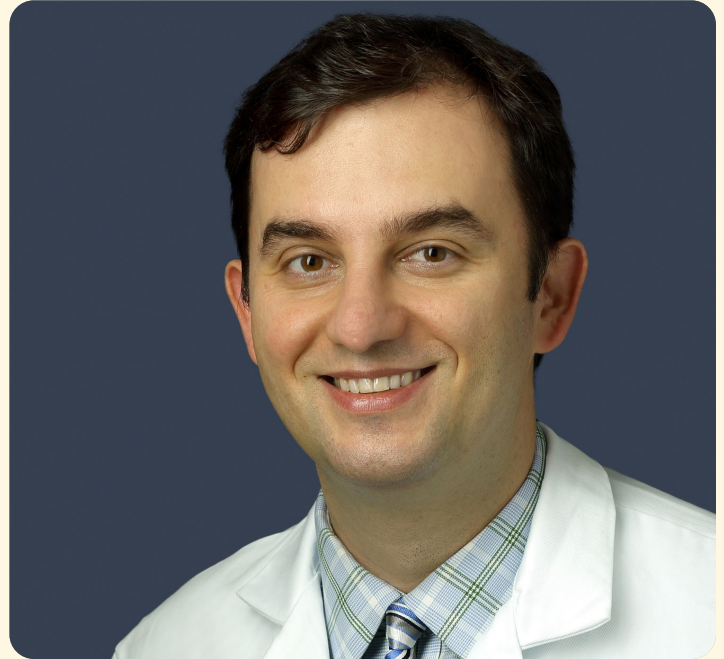
Dr. Ciofoaia could easily be speaking about his broader experience, as a Romanian who came to the United States as a young surgical resident. He grew up in the Transylvania region of Romania, best known by many Americans as the home of Dracula lore.

Dr. Ciofoaia completed medical school in Romania, and once in the United States, however, he gravitated toward gastroenterology, because it was, in Dr. Ciofoaia's words, "a little bit of everything" in the best possible way. Gastroenterology offered increasingly complex procedures, interesting research, challenging conditions, and long-term clinical relationships with patients.

It also challenged Dr. Ciofoaia to become a physician who worked, not that much with his hands and by touch, but with state-of-the-art equipment and laser-like discernment. "Technically, I'm an advanced interventional endoscopist, with a focus on hepatobiliary and luminal pathology," Dr. Ciofoaia explains, laughing at the mouthful of words. For instance, when gallbladder stones migrate and cause blockage in a bile duct, performing standard surgery is considered high-risk. Instead, Dr. Ciofoaia works with a camera, X-rays and sometimes ultrasound, to locate and remove the impediment.

His work has become less about touch and more about technology, but it has also become far less invasive, while also ensuring a best diagnosis. A particular area of interest for Dr. Ciofoaia is advanced luminal endoscopy, a technique that offers early detection and treatment of malignant and premalignant lesions, specifically precancerous polyps inside the gut.

While a MedStar Health fellow, Dr. Ciofoaia studied the effects of chronic pancreatitis, research that earned him a National Pancreas Foundation grant, and a topic he continues to



research. During the next year, he also hopes to grow his lab's infrastructure, so that the group can scale that luminal pathology work and introduce advanced techniques, including endoscopic stitching, used to close fistula or perforations, as well as anchor stents.

Dr. Ciofoaia also hopes to champion clinical informatics within MedStar Washington, better known as Artificial Intelligence.

"In medicine, gastroenterology and endoscopies are well-positioned to take advantage of it," says Dr. Ciofoaia, who was part of the first FDA-approved AI study for augmented colonoscopies to detect polyps, while at Mayo Clinic. "Basically, any procedure is dependent on the operator," he says, noting it leaves room for human error, or paying attention to one area of the colon more than another. "The AI layer helps you focus on lesions you might have missed. It offers an extra layer of detection and improves the quality of the procedure. 'Look here, you may have missed this...'. There's a benefit in detection of those harder to detect lesions."

Dr. Ciofoaia and his former colleagues involved in the study will present their findings at a national conference this year.

Outside of MedStar Washington, Dr. Ciofoaia says he's discovered a new interest that is far less technology driven, although no less complex: cooking. Asked whether there is a place for artificial intelligence in his kitchen, Dr. Ciofoaia would welcome the innovation: "That would *definitely improve* the quality," he says.



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Physician's Perspective

From the Desk of Steven Abramowitz, MD

Chair, Vascular Surgery



The MedStar Vascular Surgery Program openly shares that we aspire to be the international gold standard for arterial and venous disease care. This is a value we share with the broader MedStar Heart & Vascular Institute. But what does being the “gold standard” really mean?

For our team of physicians, advanced practice providers, nurses, and support staff, it goes beyond being an example

of excellence. There's little doubt that our world-class team of specialists, state-of-the-art facilities, and extensive research and teaching programs have made MHVI not only the region's premier provider of heart and vascular care, but an international leader as well. Each year, there are new rankings, statistics, and achievements that further strengthen that standing and push us to find new to improve upon these already outstanding services.

Being the “gold standard” first and foremost means demonstrating our unwavering commitment to developing and sustaining lifelong relationships with patients, recognizing the diversity of their needs, backgrounds, perceptions of health care, and goals for treatment and recovery. Our patients and their families count on us for our professional

expertise, but they often also need us as partners, advisors, and, often, friends.

These are roles that MHVI physicians, nurses, and support staff strive to fulfill with each new patient we are privileged to treat. We endeavor to use these relationships to educate our patients and collaborate in the management of their disease and allows education to make patient an advocate and educator.

We are focused on becoming more deeply ingrained in the community, so patient access to our vast resources and services will be easier. It will also allow us to engage with them earlier, and get a head start on addressing potentially serious health issues.

Success is also a product of collaboration with other MedStar departments and colleagues, referring physicians, and other providers. Along with contributing to better patient outcomes, that teamwork fosters an environment in which we continually learn from each other through cases, information exchanges, and even everyday interactions.

This means being the “gold standard” is not a destination, but rather, a dynamic, evolving concept that demands constant commitment and dedication. MHVI is fortunate to have so many leaders and partners joining us on that journey. To discuss our patient care, or for referrals, please call 202-877-0275.