



MedStar Health

Connections

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Conquering disparities and inequalities in women's health

Ebony R. Hoskins, MD, gynecologic oncology; Angela D. Thomas, DrPH, MPH, vice president, MedStar Healthcare Delivery Research Network; Tamika C. Auguste, MD, chair, Women's and Infants' Services, MedStar Washington Hospital Center and regional director, MedStar Health Washington, D.C., Women's Health Service Line; and Charlotte R. Gamble, MD, gynecologic oncology

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Connections

MedStar Washington Hospital Center *Connections* is managed and published by Communications & Public Affairs for the medical and dental staff, residents and fellows of MedStar Washington Hospital Center.

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CE Conferences

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October 27, 2022

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October 29, 2022

Bethesda North Marriott Hotel & Conference Center | Bethesda, MD

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October 29, 2022

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Course Directors: Wiemi A. Dougouih, MD; Adrian Wilson, MBBS, BSc, FRCS

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November 12, 2022 | A Virtual Conference

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What we say, and how we behave make a difference



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 at jeffrey.s.dubin@medstar.net.

At MedStar Washington Hospital Center, the heart of our mission is caring for our patients and one another.

Every day, we work together to provide the highest quality, safest care to everyone who comes to us for their healthcare needs. For that care to be truly effective, it's important to make sure you and your team meet our patient's expectations for a good experience. One of the ways we can do this is by holding ourselves accountable for what we say and how we behave.

All associates are being asked to sign a "Commitment to MedStar Washington Hospital Center Service Behaviors Pledge." As leaders throughout the hospital, I am asking all physicians to blaze the trail and be the first to commit to these new practices.

As we begin the final year on our journey to 5 Stars, the Office of Patient Experience is rolling out a new standard service behaviors model, especially designed for our ONE TEAM!

Physicians and advanced practice providers are being asked to actively engage in warm and welcoming behavior—using the 10/5 Rule (when 10 feet away from a guest, smile and make direct eye contact, and within five feet, verbally greet the guest), knocking on a patient's door before entering, or offering a smile—not only with your patients but with your colleagues as well.

To strengthen and enhance our organization's culture and developed from the MedStar Health tag *It's how we treat people*, the service behaviors are simple to remember and easy to embrace.

In early August, the Office of Patient Experience began partnering with department leaders to implement the model, which included sprint training sessions in huddles, direct observation, real-time coaching, and train-the-trainer opportunities. Some future planned activities include a video from President Greg Argyros, MD; a 10/5 Rule Sticker Challenge; and a Service Behavior Awards event.

Remember, offering a warm greeting, actively engaging the individual you are speaking to, and asking if there is anything else you can do to help does make a difference.

A good experience involves not only how we treat our patients but how we treat each other as well.

Standard Service Behaviors



Neurology's new chair aims to keep department on the move

Growing up in China, Mark Lin, MD, might've turned his childhood passion for computers into a career had his physician father not steered him toward medicine. Choosing neurology as a specialty, however, required little outside encouragement.



Mark Lin, MD, PhD

"My brother, who is also a physician, developed Parkinson's disease," says Dr. Lin, who became Neurology chair at MedStar Washington in July. "I felt this would be a way to help him and others with that condition."

After graduating from Guangdong Medical College, Dr. Lin came to Albert Einstein School of Medicine, where he completed his master's and doctorate degrees, and a residency in neurology. His

training continued with a fellowship in movement disorders at Columbia University's New York Neurological Institute.

In 2002, Dr. Lin literally doubled the size of the Neurology department at MedStar Washington, joining then-chair Robert Laurenno, MD, as the only full-time attending physician in that specialty. The department has since grown in both size and expertise, but Dr. Lin has stayed busy via a variety of clinical and research roles.

In addition to his long-running participation in MedStar Health's research into the programming of deep brain stimulators for the treatment of Parkinson's disease, dystonia, and similar conditions, Dr. Lin has focused on the prevention of dyskinesia and motor fluctuations that result from levodopa medications.

Rather than the traditional approach of trying to offset those motor complications, "we felt it'd be better to prevent them from occurring in the first place," Dr. Lin says. "Strategies such as adjusting dosage schedules seem to work, with fewer patients experiencing complications."

Dr. Lin has also served as director of Movement Disorders at MedStar Washington, working with specialists from other disciplines

to tailor therapies, exercise regimens, medications, and other approaches to help improve patients' quality of life.

As department chair, Dr. Lin hopes to build on Neurology's existing range of subspecialties, such as adding a clinic for age-related memory loss. Along with continuing the department's support for cardiology research, he also hopes to foster more collaboration with MedStar Georgetown.

"We're each doing a lot of interesting clinical studies, and I'm hopeful we can coordinate our efforts and share ideas and insights," he says.

Dr. Lin and his wife have three teenage children who, he says, "keep me plenty busy at home." He's also involved in numerous outreach activities to the Washington area's Chinese community, sharing information about medicine and the availability of services at MedStar Washington.

"Culture and language shouldn't prevent people from accessing information and treatments that they or family members may need to lead healthier lives," he says.

"Culture and language shouldn't prevent people from accessing information and treatments that they or family members may need to lead healthier lives."

— Mark Lin, MD, PhD

Tiniest patients at MedStar Washington have a big place in the heart of new Neonatology chair

It's been 32 years since Mahmoud Kheirbek, MD, joined the Neonatology department at MedStar Washington. Yet his enthusiasm for caring for his tiny, vulnerable patients remains as strong as it was on that first day on the job.

"I love my work, and can't wait to treat my babies every day," he says.

Named department chair this past April, Dr. Kheirbek truly comes from a medical family, with four physicians among six brothers and one sister, all of whom were born and raised in Syria. Those connections proved particularly beneficial when Dr. Kheirbek finished medical school at Damascus University and sought to specialize in neonatal intensive care.

"There were no fellowships for that discipline in Syria at the time," he explains, "but my oldest brother, a nephrologist, was established in Chicago. He helped me find training opportunities there."

Following additional training in surgery and a pediatric residency, both at Rush-Presbyterian-St. Luke's Medical Center, Dr. Kheirbek came to Washington for a fellowship at MedStar Georgetown University Hospital. He was attracted to MedStar Washington by its unique role as a major urban hospital, as well as its many collaborative partnerships with nearby Children's National Hospital.



Mahmoud Kheirbek, MD

"Mothers with high-risk pregnancies have the best of both worlds here," he says. "We provide the delivery services and an outstanding neonatal intensive care unit [NICU], while Children's offers immediate access to important subspecialties."

One example is Special Moms, Special Babies, a unique program that provides coordinated, focused pregnancy care for mothers who have a congenital health problem or may be carrying babies with congenital problems.

"A pediatric surgeon, urologist, cardiac surgeon, genetic subspecialties can assess the fetus

through pregnancy," says Dr. Kheirbek, who hopes to expand the program. "We handle delivery and monitoring in the NICU. Baby can stay with us or, if extra help is needed, transfer to Children's."

Dr. Kheirbek also hopes to enhance expertise in caring for extremely premature infants, those born after only 22-25 weeks, via a partnership with experts from the University of Iowa and other leaders in that area. "We also want to enhance our collaborations with MedStar Georgetown's Level IV NICU, and adopt their protocols to our services," he adds.

Because Dr. Kheirbek's wife, Raya, heads the Geriatrics and Palliative Medicine program at the University of Maryland School of Medicine, the family would appear to have two key phases of life covered. "There are more similarities between newborn and elderly years than you might think," he says with a laugh. The couple has four adult children, two of whom plan to follow their parents into medical careers.

Dr. Kheirbek's yearslong routine of getting in a pre-work swim was interrupted by pandemic-related closures of his favorite pools. "Now that they're reopening, I hope to get back into the habit," he says. "To me, that's the best way to begin the day."

Conquering disparities and inequalities in women's health

September marks Gynecologic Cancer Awareness Month, a time to raise awareness of gynecologic cancers and to reflect overall on women's health. To do so means to acknowledge that women, particularly racial and ethnic minority women, continue to face inequitable outcomes in their health.

In 1985, The U.S. Department of Health & Human Services released its first-ever national report on the health of minorities—the Report of the Secretary's Task Force on Black and Minority Health. At the time of this landmark report, 60,000 more deaths occurred each year in minority populations than in the white population.

The overall health of American women has improved over the past few decades, but not all women have benefitted equally. Many minority women continue to lag behind white women in a number of areas, including quality of care, access to care, timeliness, and outcomes.

A 2013 CDC report, *Health Disparities and Inequalities*, found that women and almost all minority groups were more likely to report poor health. "We're not in a space where we need to figure out if health disparities exist. We know they exist," says Angela D. Thomas, DrPH, MPH, MBA, vice president of healthcare delivery research at MedStar Health Research Institute. "We need to start with that paradigm and recognize that there are differences in health outcomes in our country."

Dr. Thomas points to the Institute of Medicine's six domains of

healthcare quality, which include providing equitable care that does not vary in quality because of personal characteristics. "This speaks directly to disparities," says Dr. Thomas. "People often confuse equal care and equitable care. Equal is everyone gets the same treatment, but it doesn't address the disparity gap. Equitable looks at why some people are further behind and how resources can be provided to help those people catch up. Everyone doesn't start from the same place."

"A lot of providers see the value in understanding the social sphere their patients are living in," she adds. "However, not everyone is aware that when you address social determinants and, all other things being equal, we still see differences. So, the question is, why do we still see those differences?"

Dr. Thomas believes that one social determinant of health that we don't give enough credence to is individuals' daily experiences of racism and discrimination, which can lead to race-based stress. "Some of the most common disparities in our country, when we look at black patients versus white patients, can map back to stress," she says. "The daily efforts to overcome obstacles and barriers that people of color face have a weathering effect or adverse effect on people's health."

Research to improve care

Understanding how our patients experience the world before and after they walk into their providers' offices is a core part of the research portfolio at MedStar Health and one that the health system is uniquely positioned to take on. "Throughout

the entire system and specifically in Washington, D.C., we have the privilege of serving one of the most diverse patient populations in the country," says Neil J. Weissman, MD, FACC, FASE, Chief Scientific Officer, MedStar Health and President of MedStar Health Research Institute. "Our physicians have the opportunity to examine these challenges firsthand and create new knowledge through research that will improve the care and outcomes for all patients in our system, regardless of race or ethnic background."

Ebony Hoskins, MD, board-certified gynecologic oncologist at MedStar Washington Hospital Center, agrees. "Racial disparities have profound effects on gynecologic cancer patients and their cancer outcomes in terms of both race-based stress that contributes to interruptions in care and social needs that are more prevalent and urgent among non-white patients. We know that there are disparities in terms of survival with certain types of cancer. What we want to know is this—was racism or racial stress a contributing factor to worse outcomes," she says.

Within the gynecologic oncology department, Dr. Hoskins and her colleagues surveyed patients to gain insights into racial stress, racism, and cancer care. Once a patient completed the survey, the team compared their responses to their medical chart to see if they could correlate any delays in care associated with their demographic information.

"What we found is that patients who had higher levels of racial stress also had increased delays in

their care or interruptions in care," says Dr. Hoskins. "We know that when patients have interruptions in care or delays in care, they can have worse cancer care outcomes."

Caring for vulnerable patients

Tamika Auguste, MD, Chair of Women's and Infants' Services, MedStar Washington, points out that in the D.C. area, we are typically working with a population that already feels disenfranchised and may be more likely to receive disparate health care, a factor that attracted Charlotte Gamble, MD, MPH, an attending gynecologic oncologist, to work at MedStar Health. "It's a privilege to take care of patients, including LGBTQ, who are vulnerable in whatever population that encompasses. If we take it for granted, that's where oftentimes issues arise," Dr. Gamble says.

She is gathering institutional data and completing patient interviews to develop lay navigator programs that target the most vulnerable neighborhoods. "How does living in a certain neighborhood impact outcomes for people with gynecologic cancer? In our field, believe it or not, we haven't looked at this much," says Dr. Gamble. "We know that delays in diagnosis contribute to worse outcomes, but delays aren't always a patient's fault. We've never asked, what are the issues at a systemic level that drive inequities for patients with gynecologic cancer in Washington, D.C.?"

While physicians and others across MedStar Health continue to dig deeper, Drs. Auguste, Thomas, Hoskins, and Gamble agree that there is work every individual physician can do. They speak uniquely in their roles as physicians, researchers, and Black women.

Talk and listen. "Listen to women's healthcare providers and believe when we say there are problems.



Tamika C. Auguste, MD; Ebony R. Hoskins, MD; Angela D. Thomas, DrPH, and Charlotte R. Gamble, MD

Then let's work together to fix things," adds Dr. Auguste. "Listen, be empathetic, be engaged. Patients want to go to a healthcare provider that won't make them feel dismissed."

She acknowledges that talking about racism and disparities can be difficult. "We have to talk about it. It's uncomfortable, but that is the first step, to recognize it so we can figure out how to change it."

Utilize existing resources. "Ask yourself what resources we already have and consider when to use them," says Dr. Hoskins. "When you have a patient with a transportation or housing issue, we have ways to support them."

"MedStar Health also has medical-legal partnerships," adds Dr. Thomas. "Sometimes physicians ask the right questions but find themselves stuck on how to get something to move. Having a lawyer as part of the team effort can help ensure that everyone has that equal opportunity to have positive health outcomes."

Examine existing processes. "Conscious and unconscious bias exists in us all. It is important to take a step back and take a look at ourselves and everyday processes

to make sure the care we are delivering is equitable. There are some healthcare processes that have been in place for years that are inequitable," Dr. Auguste says. "Processes that were built on structural and institutional racism as well. It's time to work together to correct those processes and make health care truly more equitable."

Lean into your team. "In my experience, working with a multidisciplinary team is critical for caring for black, brown, and otherwise vulnerable patients such as LGBTQ," says Dr. Gamble. "It's very difficult—maybe impossible—to care for vulnerable patients on your own as a physician. I need my social worker, nurse navigator, financial counselor, and community agencies to help me deliver equitable care to all my patients. This is something that we've been very lucky to have here, and I rely on this team every day."

Note: Our use of the word "women" in this article encompasses anyone at risk of developing gynecologic cancer, including members of the LGBTQ population.

Laser Focus on Treating Burn Scars

For patients who suffer a burn, the first and most important step is to heal. Skin is our body's largest organ, protecting us from germs, helping us to regulate body temperature, and giving us the protective sensation of touch.

The next step, however, is to ensure patients have the best quality of life possible after a burn, which may mean helping them manage scars. When burned skin heals, scars often develop. Because they are made up of tighter, denser, stiffer skin, scars can be painful, sensitive, and itchy, and they can make movement difficult.

For Kyoko Mori, scarring was a significant hurdle. While baking pita bread one day, Mori

fell across the open door of her 425-degree oven and suffered a serious third-degree burn across her thigh and the area above her knee. As she healed, she developed a thick, painful scar, which was sensitive to heat and itched intermittently throughout the day.

Fortunately, burn surgeon Taryn Travis, MD, and the team at MedStar Washington's Burn Center- the region's oldest and most-eminent Center for treating burn victims- offered a treatment option called Laser Scar Revision. With high-powered laser treatments, Dr. Travis can help scar tissue relax, improve pain and itch, and make the scars smaller and thinner, often allowing patients to return to their daily routines more easily.

"While the skin will never be fully back to 'normal,' it will become much more like uninjured skin, it will feel better and it can look better, too," says Dr. Travis. "But more importantly, we can improve our patients' quality of life by resolving frustrating itching or painful tingling, and by giving them a better range of motion."

Mori's scar was thick, raised, and red before treatment, and it has now become softer and less itchy and painful after treatment, she said. Mori was also impressed that the laser scar revision was largely painless.

Laser scar revision can begin as soon as an injury heals, but it is also helpful for patients many years after



After a serious burn, Kyoto Mori had painful scars but after laser scar revision, she is back to enjoying the outdoors.

a scar has formed. Impressively, more than 96 percent of Burn Center patients have documented improvements, such as increased range of motion, thinner scar, reduced pain, and lessened itch after a single treatment. Patients make additional improvements with each subsequent procedure.

Laser scar revision also helped Matthew Westerbeck, a sergeant with the Washington, D.C. Fire Department. In September 2020, Sgt. Westerbeck and his company were responding to a car fire when the vehicle exploded just 18 feet away from him. He suffered second-degree burns on his face and neck and started receiving laser treatments one year later. Now, after three treatments, he is seeing significant improvements in his ability to move his facial muscles, and his face is not as sensitive to heat and cold, important improvements that enable him to get back to fighting fires.



Burn Surgeon Taryn Travis, MD, treated Kyoto Mori and Matthew Westerbeck, reducing pain and itching and allowing both of them to return to their work and hobbies.

Sgt. Westerbeck feels fortunate. "As firefighters, we're very lucky to have access to the care at MedStar Washington. I know I'm fortunate to be here - and it's a great feeling

knowing tomorrow is a new day. These laser treatments will make my scars smaller and make life a little bit easier for me. That's the ultimate goal," he said.



Laser scar revision helped Sergeant Westerbeck get back to protecting the citizens of Washington, D.C.

Rising Stars in Anesthesiology

New faces and protocols are reshaping Anesthesiology services at MedStar Washington

As with so many other medical and nursing specialties today, anesthesiology is increasingly challenged to provide more services to more patients with fewer skilled providers.

“Retirements, pandemic burnout, and other factors have put added pressure on a professional pool that was never very large, to begin with,” observes MedStar Washington Anesthesiology Chair Clyde Pray, MD. “Meeting the demand to provide quality care to patients with more complex, chronic conditions is not going to get any easier.”

While finding ways to bridge this gap poses a formidable challenge for any hospital, Dr. Pray says the Anesthesia department is building a solid foundation of expertise and resources to serve patients and colleagues today, and well into the future.

He points to two of the department’s youngest members—Jason Toffey, MD, and Camille A. Cross-Kabo, MD—who have already taken on key leadership roles.



Camille A. Cross-Kabo

“Along with having valuable perspectives on current issues in anesthesia, both possess the interpersonal skills necessary to foster collaboration with colleagues from all backgrounds,” he says. “Their personalities are also well suited to caring for patients at an urban, tertiary care hospital—a dynamic environment that’s not for everyone.”

Dr. Toffey, who joined MedStar Washington Hospital Center last year after completing his residency at MedStar Georgetown University Hospital, is the clinical lead coordinating anesthesia needs for interventional radiology procedures. He explains that while interventional radiology provides more opportunities to treat sicker patients with less invasive procedures, “we still need to be sure a patient can handle a particular anesthetic plan. Also, because the anesthesia team works with the IR team in a remote location, we must address all potential issues beforehand.”

Toffey adds that anesthesia’s innovations aren’t limited to sedation options. “Because of the rising number of patients with diabetes, we are trending the blood glucose response during procedures and have new glucometers in every location,” he says. In addition, “new tools such as portable guide scopes are proving valuable to difficult airway management cases, such as patients whose mouth openings may be smaller.”

Dr. Cross-Kabo, another recent product of the anesthesia residency program at MedStar Georgetown, manages a variety of assignments all over the hospital, from blocks for vascular access and endoscopy patients to labor and delivery. She has also been serving as the departmental representative for MedStar Washington infection control efforts.

An ongoing focus for anesthesiologists, Dr. Cross-Kabo says, is limiting the use of opiates throughout the perioperative period through the use of more multi-modal therapies such as blocks and adjunctive pain medications.

“That’s been very important for increasing patients’ comfort, and reducing postoperative nausea and vomiting,” she says. “We’re also adjusting to the increase in patients with much higher acuities who, before the rise of endoscopic procedures, we likely wouldn’t see in the operating room because the likelihood of their success would be low.”

Enhancing quality of care

Perhaps the most important tool anesthesiologists have in optimizing a perioperative strategy for each patient is information. Newly created Pre-Anesthesia Testing (PAT) at MedStar Washington helps ensure both providers and patients are prepared before, during, and after a procedure.

“While maximizing patient safety is nothing new, PAT makes the process more structured and organized,” explains Philippa Davis, MD, who heads the PAT program. “We see it as a partnership with the patient, the surgeon, and OR colleagues that develops a long-term plan of expectations for everyone involved.”

The approach also helps gather as much information as possible on medications, family history, comorbidities and other factors while also avoiding unnecessary tests. It can also help the team identify specific considerations for complex cases, such as ventilation requirements for thoracic surgery patients.



Vice Chair, Caron M. Hong, MD; anesthesiologist Philippa Davis, MD; chair, Department of Anesthesiology, Clyde Pray, MD; and anesthesiologist Jason R. Toffey, MD (Not photographed: Congratulations to Camilla Cross-Kabo, MD, who delivered her son a few days before the photo shoot).

"Performing due diligence ahead of time helps keep everyone on the same page," Dr. Davis says. "Just as important, it enables us to work more closely with patients to address their questions and concerns. In Anesthesiology, we have a relatively short time to gain the patient's trust, and this is an important avenue for doing just that."

The newest member of the Anesthesiology team at MedStar Washington, Vice Chair Caron Hong, MD, has also been exploring opportunities to improve and restructure the department's services.

Formerly with the University of Maryland Medical System, Dr. Hong "brings an incredible skill set, a wealth of experience and an eye for innovation that is already making a difference in day-to-day operations, such as making changes to better align our staffing with daily needs," says Dr. Pray. "She also has an MBA, and has a deep understanding of medicine's business and management side that's becoming increasingly important."

Dr. Hong credits the support of both Dr. Pray and physician leadership at MedStar Washington in helping her shape the scope of her new position's responsibilities.

"I was able to jump right in and start looking for ways that will facilitate what's needed to support the well-being of our staff, and the care of our patients," she says. One initiative is leading a departmental committee of physicians and nurses to develop institutional policies for moderate sedation provided by non-anesthesia providers.

"I hope that once they're fully refined, we can work with other MedStar Health hospitals to help improve their practices as well," she says.

Having served as the University of Maryland Medical School's Anesthesia residency program director for nearly a decade, Dr. Hong is working in the academic arena as well.

"By partnering with MedStar Georgetown's residency program," she says, "we want to create a valuable experience for anyone who does rotations here, whether they're training to be a physician, an anesthesia assistant or certified nurse anesthetist. I'm also hoping we can collaborate on some of the existing clinical research programs already underway here, as well as leading our own studies."

Though Dr. Hong, like her colleagues, is well aware of the expertise shortages and other challenges facing all hospitals, she believes the pervasive spirit of teamwork and commitment at MedStar Washington will be a valuable differentiator in the coming years.

"It was the people who brought me here," she says. "Everyone I met or watched—physicians, nurses, technicians, associates—they were all welcoming and eager to help. But just as important are the people we take care of—people who are critically ill and need our help. To get trained and practice in a place like this is a very unique opportunity. And once people get to see that, they'll want to be a part of it too."

Gratitude Matters: A seemingly simple concept with extraordinary outcomes



Leslie Matthews, MD
Medical Director, Philanthropy

During his storied career as an orthopaedic surgeon with MedStar Health, Leslie Matthews, MD, remained squarely focused on his goal: Healing patients.

If someone could walk again because of his efforts? Well: that was just his job.

In fact, when first courted to help lead philanthropic work at MedStar Health, his knee-jerk reaction was “Not a chance.”

“I’m not a fundraiser,” Dr. Matthews recalls saying. “I don’t want to ask people for money.”

“I had a preconceived notion that is steeped in the traditional healthcare philanthropy model,” Dr. Matthews says. But as he dug into MedStar Health’s innovative model—one steeped in gratitude—he quickly became intrigued.

Dr. Matthews now serves as medical director of Philanthropy for MedStar Health. In that role,

he educates other care providers of the many benefits of recognizing the transformational role they play in a patient’s recovery.

Traditionally, doctors performed their life-changing or life-saving work without making space for a patient’s gratitude, Dr. Matthews explains.

“All too often, providers are overly humble,” Dr. Matthews says. “They say things like ‘It’s no big deal,’ or ‘It’s just what we do.’”

But that ‘All in a day’s work’ response is at odds with the outsized gratitude many patients feel following treatment.

“Suppose you received an incredible act of kindness from someone,” Dr. Matthews says. “That kindness was unexpected and unearned but had a tremendous impact on your life. The natural impact is to want to respond and recognize that act of kindness.”

“What do you do in a situation like that?” he asks. “Sometimes, you give that person a gift.”

That ‘gift’ might be as simple as a patient verbally expressing their profound gratitude to their providers.

Yet in their humility, many providers respond with the metaphorical equivalent of sticking that ‘gift’—unopened—on a back shelf to gather dust.

And so, Dr. Matthews and his team are working to help physicians and care teams recognize when someone expresses gratitude. And harder still: helping these humble practitioners learn to accept that gratitude.

That acceptance can be as subtle as shifting from a default response like “It’s all in a day’s work,” to “It’s been

an honor to care for you,” or “Thank you for putting your trust in our team.”

That subtle shift in response validates a patient’s life-altering experience.

“We’re creating a culture of gratitude at MedStar Washington, and across the system,” says Dr. Matthews. That means understanding the value of gratitude and providing experiential opportunities to express and accept thanks, like a gratitude whiteboard at the nurse’s station, or readily available thank you notes and gratitude journals.

An example of when gratitude is properly accepted and facilitated is depicted by the many philanthropic partners who are grateful for the care services provided by the Geriatrics and Senior Services at MedStar Washington. This past year, the program received more than \$1.4 million in philanthropic investments from several foundations and individual philanthropic partners. “It is inspiring to see the community express their gratitude and provide philanthropic support for our mission to care for high-need elders in Washington, D.C.,” said Eric DeJonge, MD.

Additionally, the Department of Urology received a substantial gift of gratitude that was used to pay for its annual membership to the Pennsylvania Urology Regional Collaborative (PURC).

Although gratitude may be expressed frequently to our caregivers and is a simple concept—building a culture around gratitude can have extraordinary outcomes.

Kate R. Parrish, AGACNP, CNS

Chief, Surgery

At the heart of any role Kate Parrish chooses, she finds an opportunity for learning.

When Parrish first joined the Burn Center at MedStar Washington Hospital Center in 2006, she'd completed her *second* undergraduate degree—this one in nursing. She'd previously worked in emergency response management for the American Red Cross, but soon realized she preferred working with patients to managing a response.



Parrish—who has been with MedStar Health in various roles since 2003—now serves as chief of Advanced Practice Providers for the surgical departments at the hospital.

She gravitated toward the Burn Center, in part, because she'd been burned as a child.

"I remember the experience very clearly," Parrish recalls. "As soon as I started nursing school rotations, I requested the Burn Center first."

Parrish spent nine years there—most of that time in the ICU—but in 2015, another opportunity to learn sparked her interest, this time, with an emphasis on pushing past her comfort zone.

This nurse had an intense fear of flying but found herself inexplicably drawn toward flight nursing, which involves traveling via helicopter to the scene of big traumas.

"It sounded incredibly exciting," Parrish recalls. "I'm terrified of flying but for some reason, the helicopters didn't bother me." Parrish spent eighteen months in the role before returning to the Burn ICU, and another round of schooling: a master's degree in Adult Gerontological Acute Care Nurse Practitioner Studies.

"Education is really important to me," Parrish says. "So, I made that a strong focus of the role."

In collaboration with her director of Advanced Practice Providers, Parrish works to ensure that APPs in the surgical departments have their ongoing professional practice evaluations and educational needs met.

Not surprisingly, Parrish has a vision for professional development and learning that far exceeds baseline credentialing requirements. Under her leadership, the APPs engage in a monthly journal club that reviews various medical journals and scholarly articles. She is also putting together the first in-person training for APPs in all surgical departments within MedStar Health hospitals.

"We'll incorporate all of the different hospitals, which is a great way for us to become a smaller community within a large organization," Parrish says. "Training and education are great for hands-on learning, but this is also a way for a group of APPs to become closer as a whole and, ultimately, take better care of patients."

In addition to her work supporting the professional development of surgical APPs, Parrish also works closely with nurse practitioner students.

Parrish is celebrating 16 years with the Burn Center, but, this year, she's excited about an even bigger anniversary: The 50th anniversary of the center's inception. "I've never seen such a dedicated group of individuals: physicians, physical/occupational therapists, nurses, respiratory therapists, and medical office assistants who are so committed to the patients. We're a very close group."

These days, Parrish is flexing her learner muscles *outside* of MedStar Washington. She is studying jujitsu. "The best way to explain it is it's a highly physical chess game," Parrish says. "It's a rough sport, but it has a very strong meditation component. You're learning as you go, and it's very interesting because you definitely have highs and lows."

It resonates with her in two important ways. Parrish calls the sport a 'forever learning environment.' And, like the Burn Center, she has found another very close-knit community.

Melissa A. Templeton, MD

Emergency Medicine

Melissa Templeton, MD, enjoys a good rush of adrenaline.

"I like a good, fast run," she says of one of her biggest passion areas: downhill skiing. The New England native has pursued the activity since she was young. Her mother was reticent, but Dr. Templeton persisted and, eventually, secured private lessons with a ski instructor.

"After that, I didn't look back," she says.

That same love of adrenaline—combined with her quick ability to deliberate—made Emergency Medicine an instant fit for Dr. Templeton, now chief resident for Emergency Medicine at MedStar Washington Hospital Center.

Those two qualities, along with a "gift of gab," which she inherited from her mother, are important in her role. "I can typically talk to anyone—even a brick wall! That is helpful in our environment, where you need to interact with so many different people."

But while the ability to disarm a patient with conversation is helpful, Dr. Templeton's success rests on the belief that superior care comes not in the talking, but in deeply listening to patients.

"Our job is to really listen carefully to what the patients are telling us—even what they're *not* telling us," Dr. Templeton says. "They won't always tell you in plain language, but they'll give you a lot of clues, little things that you can put together. I think so much of the job can hinge on standing in the room and listening."

Dr. Templeton grew up watching the television series *House with Her Father*, in which a renowned internist solves cases that stump other doctors. While her ability to make quick decisions brought her to emergency medicine, it is her curiosity to uncover those clues that has led the chief resident to apply to critical care fellowships following her chief year, with an emphasis on internal medicine.

"It's an opportunity to learn from patients after that first initial encounter, and ultimately learn how to better care for critical patients," Dr. Templeton says. The role is still somewhat nascent in the emergency medicine field; the chief resident estimates only about 500 doctors in the country are dual-boarded for emergency medicine and critical care.

As a leader tasked with shepherding the newest flock of emergency medicine residents, Dr. Templeton says that the specialty's culture at MedStar Washington makes her job easier. "We have a really good community here," she says, citing how much one-on-one time residents get with attendings in the department. "You get to see different styles and how different people have brought different practice patterns into day-to-day life."

"I can go up to the vast majority of attendings with different concerns or problems that I'm trying to solve," Dr. Templeton says. "You can work through each patient when you aren't sure what to do next. I think that's a culture we should really be proud of."



Chee M. Chan, MD

Medical Director, Medical Intensive Care Unit



When Chee Chan, MD, joined MedStar Washington Hospital Center after her fellowship training in 2007, the pulmonary critical care doctor received some sage advice: “You need to find something else besides clinical medicine to be excited about,” a colleague advised. “Because, at some point, even critical care medicine will feel routine. There are other things in medicine that you should accomplish.”

At the time, Dr. Chan was still finding her footing in the fast-paced, high-stakes environment of the Medical Intensive Care Unit (MICU). While she couldn’t imagine how that adrenaline-filled world could ever seem rote, she heeded the suggestion, staying on the lookout for opportunities to contribute to the field above and beyond a patient’s bedside.

Now, as Dr. Chan celebrates her fifteenth year with MedStar Washington, that advice resonates more than ever. For the past two years, Dr. Chan has served as the safety officer for the Department of Medicine at the hospital, in partnership with her colleague, Sara Sabo, ACNP-BC. In that role, Dr. Chan has found an opportunity for system-level impact and a second love beyond her clinical work.

“It is in *this* role that I feel the biggest sense of accomplishment right now,” Dr. Chan says. “I’m helping to make changes in the system that could potentially touch every patient in the hospital, not just patients in the MICU.”

The safety group recently introduced a new policy across MedStar Washington that provides care teams with a standard operating procedure to follow when a patient loses their IV. “We realized there is no systematic way of getting a patient an IV. In conversation with nurses, there was interest to collaborate and build a policy,” Dr. Chan says.

The working group met for a year, prioritizing open dialogue, a flow of ideas, and—most importantly—a willingness to collaborate. “We threw out ideas for nine months until, finally, to one idea, we all said: YES!” Dr. Chan recalls. “It was an honest conversation. People could say, ‘That won’t work. Let’s go back to the drawing board.’ But, most impressively, team members were always willing to try and had a can-do attitude.”

Implementation of that new IV access algorithm has begun hospital-wide. Now, a care team has a standard method of triage and assessment for

an IV replacement, based on a patient’s medication profile and certain health metrics. There are specific timelines associated with each level of the protocol and a shared accountability between nursing staff and the provider.

“Now we have a structure in place,” Dr. Chan says. “We have a process to triage and mobilize resources to ensure that a patient is safe.”

“I’m helping to make changes in the system that could potentially touch every patient in the hospital, not just patients in the MICU.”

— Chee Chan, MD

As safety officers for the Department of Medicine, Dr. Chan and Sabo review patient safety events on a regular basis. “Our goal is not to lay blame,” Dr. Chan says. “It’s to find out the ‘who,’ ‘what,’ ‘when,’ and ‘where,’ and then figure out the gap. These system-wide approaches embrace the ‘one-team’ multidisciplinary approach. We engage all these other service lines because you can’t make changes in isolation; it’s all about collaboration.”

[Note: The new IV access algorithm can be found in *PolicyTech on StarPort*].



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Physician's Perspective

From the desk of John H. Sherner, MD

Chair, Department of Medicine

How do we broaden the focus beyond providing exceptional patient care to also encourage and support academics and medical education? In July, the Department of Medicine was awarded \$500,000 over two years as part of the MedStar Health Academic Investment Program to pilot a program that recognizes and incentivizes physician work beyond patient care – RVU (relative value unit) generating work – to compensate teaching, research, and other scholarly activities. It aligns with MedStar Health's focus as an academic health system and looks to increase job satisfaction and wellness among faculty participants who came here, in part, to support that focus.

We have strong residency and fellowship programs with excellent outcomes, and we attract outstanding candidates who come here to train in a variety of areas. However, we know that faculty compensation is often driven

by direct patient care and clinical productivity, even in an academic environment. If we want to continue to attract and retain well-trained physicians who are also inspired and supported to be educators and academic leaders, we have to look at opportunities to incentivize non-RVU generating, scholarly activities. Our hospital, like others, depends on bringing and keeping creative, high-quality physicians here to educate, mentor, investigate, and share leading medical knowledge. I believe these types of physicians provide the best patient care.

Within the department, it supports our three-part mission of providing excellent patient care, educating trainees, and producing scholarly output. Our hope is that our academic RVU pilot program increases visibility and emphasis on academic and educational activities throughout the department, which encompasses 11 sections, including internal medicine, hospital medicine, and all medical subspecialties except cardiology.



The pilot kicked off in July 2022 and will run until June 2024. Physicians were nominated by their section directors, and 25 have been initially selected to participate. Ultimately, the goal is that the pilot will demonstrate that educational and scholarly activity can successfully co-exist with clinical excellence and productivity. In doing so, we can continue to attract and retain physicians who will ultimately improve healthcare delivery for everyone.

For more information on the academic RVU pilot program, members of the medical staff can contact me directly at **202-877-5760** or john.sherner@medstar.net. For information on MedStar Health Academic Investment, contact academicinvestment@medstar.net.