



MedStar Health

Connections

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



Expanding capabilities for biocontainment and observation of patients in one space

Susan O'Mara, MD, chair, Emergency Medicine; Komlan Ayim, RN, nursing director, Rahul Bhat, MD, medical director, ED-Observation Unit; Patricia McCabe, RN, nursing director, Shane Kappler, MD, medical director, Biocontainment Unit; Craig DeAtley, PA-C, director, Institute for Public Health Emergency Readiness and Lauren Wiesner, MD, associate medical director, Biocontainment Unit

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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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Gaylord National Resort & Convention Center | National Harbor, MD

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2023 MedStar Health Benign Esophageal Symposium

April 29, 2023

Bethesda Marriott | Bethesda, MD

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Save The Date

XLV Update on Diabetes

April 13, 2023

MedStar Union Memorial Hospital | Baltimore, MD

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

Scary Cases Spring Fling

April 27, 2023

MedStar SiTEL Baltimore (Sim Lab) | Baltimore, MD

Course Directors: Rebekah Campbell, MD; Jennifer Rosen, MD

New Developments in Understanding Chronic Illnesses:

The Role of Immune Dysfunction and Infections

November 8 to 10, 2023

Marriott Marquis | Washington, D.C.

Course Director: Gary Kaplan, DO, DABFM, DABPM

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or maureen.e.mcevoy@medstar.net.

HRO 2.0 — Strengthening Our Commitment to High Reliability

As the chief medical officer at MedStar Washington Hospital Center, I'm often asked by colleagues what are the major future challenges facing our hospital, our physicians, and our patients. While it can be mindboggling to think about all the obstacles or imagine the possible unknowns, a principle I often use to guide me in decision-making, which started in my days as an emergency medicine physician, is to ask myself, "What's the best thing for our patients?"

With a focus on putting our patients first, especially their safety, more than 12 years ago MedStar Health set about establishing a robust safety culture to protect patients and support clinicians who practice in accordance with the system's SPIRIT values, culture, and standards. Many of you at MedStar Washington played a vital role in laying the foundation of our High Reliability Organization (HRO) Principles, which began with Safety Moments at every meeting; in Good Catch stories celebrating the progress we've made by acknowledging errors; and the increasing use of the Patient Safety Event reporting system which, by the way, recorded 27,600 events, systemwide, last year.

MedStar Washington's HRO culture—including a commitment to a Just Culture, and Care for the Caregiver—allows us to operate safely and to support one another, despite the complexities, barriers, and risks of providing health care. Even in the face of a global pandemic, every day we have continued to take pride in the

excellent care and lifesaving work we do, and in our commitment to providing the highest quality, safest patient care.

To take our culture of safety to the next level, last November we launched HRO 2.0. The basis for the launch was derived from various forums, leaders, and associates seeking new tools and resources to build on our existing HRO foundation and further strengthen our safety culture. In addition to the enhanced Patient Safety Event reporting system, a new resource center, HRO Hub, offers new tools, tips, strategies, and information to support your high reliability and safety efforts. The tools—a safety moment library, safety huddle talking points, safety assessment tools, brief videos, and other resources—are easy to integrate into existing meetings and huddles to support your unit and department.

Thank you for everything you do, every day. Our achievements are all because of your renewed commitment to treating our patients as you would want to be treated yourself.

I am proud of your service to our community and region.

One Team!



Jeffrey S. Dubin, MD, MBA
*Sr. Vice President, Medical Affairs
& Chief Medical Officer*



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To access the HRO Hub, visit go.medstar.net/HROHub or scan the QR Code.

One unit, two purposes



Patricia McCabe, RN, Shane Kappler, MD, Craig DeAtley, PA-C, and Lauren Wiesner, MD



A view of the unit from the nurses station.

Expanding capabilities for biocontainment and observation of patients in one space

Quarantine. Isolation. These words have become all too common in our lexicon, and MedStar Washington Hospital Center is embarking on a new strategy for biocontainment to improve its capabilities and strategy. With the planned setting, equipment, protocols, and trained staff, the newly opened Biocontainment Unit (BCU), will provide a front line of treatment for highly infectious diseases and bioterrorism attacks that other hospitals may be unprepared for, with patients who could otherwise fuel devastating epidemics.

When not in use for biocontainment or respiratory isolation, the space will be used for the observation of patients “that need more care than the Emergency department (ED) can provide but less than an inpatient stay for their clinical situation,” said Jeffrey Dubin, MD, senior vice president, Medical Affairs, and chief medical officer.

Shane Kappler, MD, medical director of the Biocontainment Unit, said construction and preparation have been years in the making: “In 2014, there was elevated national concern around Ebola Virus Disease (EVD). To prepare to meet our community’s needs, our plans included converting a large part of our ED into a temporary biocontainment unit, which is a pretty herculean task. We knew that we needed to develop the right resources to take care of special pathogen patients.”

“When we stood up a unit for Ebola patients, it erased 40 percent of our ED, decreasing its capacity to 60 percent,” said Patricia McCabe, nursing director of Nursing Clinical Support Services and of the Biocontainment Unit. “Other EDs had to pick up patients who would otherwise have come to us.”

Dr. Kappler said it's inevitable for special pathogens to be in our future. "We live in a world where we are literally a plane ride away from going from regular everyday hospital operations to having to respond to the extraordinary demands that come with caring for a special pathogen patient, and we need to be able to do so in a fashion that ensures we are doing right by our patients, but equally important, right by our staff," added Craig DeAtley, PA-C, director of the Institute for Public Health Emergency Readiness at the hospital.

Construction of the new unit was supported by funds from MedStar Health, and federal and state governments. Physically located adjacent to the ED, the layout and functionality of the space are unique. It has 10 beds for respiratory isolation and two rooms specifically designated for biocontainment, with an anteroom between them. The anteroom is where team members don and doff the personal protective equipment (PPE) they use to provide patient care for a designated rotation period. The team and patients are continuously monitored by a safety officer on a live camera feed. Negative air pressure ensures that infectious particles don't spread to the hallway or other parts of the hospital, preventing the spread of infection.

"The unit also has basic capabilities to do an operation or labor and delivery procedures within the rooms," added Dr. Kappler. "The physical plant is impressive but also remarkable is the team that knows the highly complex care protocols and policies and is dedicated to working in this environment. MedStar Washington has some of the most advanced and highly skilled nurses and breadth of specialty care which really dovetails with the needs of our patients." Everyone on the team has a second

clinical job, and McCabe said they all voluntarily enlisted to be trained to work in the Biocontainment Unit.

Additional grant money was recently awarded for the Biocontainment Unit by the HHS Office of the Assistant Secretary for Preparedness and Response (ASPR). "The \$3 million ASPR grant provides us funding to expand the volume of equipment to take care of more patients and supports us partnering much more closely than we were before with the other 12 regional pathogens

treatment centers," said DeAtley, who was named interim program director to manage the BCU and grant funds. "We've become a referral center for FEMA Region 3, which includes D.C., Delaware, Maryland, Pennsylvania, Virginia, and West Virginia, and we're partnering with the Johns Hopkins and Children's National Hospitals to cover both pediatrics and adults."

The goal is for the unit to be at the ready for quarantinable



Susie O'Mara, MD, Komlan Ayim, RN, Rahul Bhat, MD



Inside the unit.

diseases – including cholera, diphtheria, infectious tuberculosis, plague, smallpox, yellow fever, viral hemorrhagic fevers (such as Marburg, Ebola, and Crimean-Congo), and severe acute respiratory syndromes—at any time, but when not needed for biocontainment, to be used as a 15-bed ED-Observation Unit.

“It’s in service of our patients who would benefit from an intensive assessment, from having testing done in a rapid cadence and getting the results quickly,” said Susan Robb O’Mara, MD, chair of the hospital’s Department of Emergency Medicine. “These patients would benefit from a little more treatment than the ED is designed to provide. It isn’t equipped to care for patients on a semi-extended basis, but we end up doing it all the time, and we are challenged with real estate and throughput. We often have 120 to 130 patients in a 40-bay space.”

The observation unit that was previously located on 1E has moved to the new, larger space on 1F and is colocated with the ED. “This is going to completely change our throughput strategy,” said Komlan Ayim, RN, nursing director of the ED-Observation Unit. “People come here for observation, and we needed a structure in place for them, so they aren’t using inpatient beds unnecessarily. It will be a short stay

for patients that we can quickly turn around and discharge. We’ll monitor them closely and if their issues aren’t resolved, then they’ll be considered for an inpatient bed.”

“They won’t be lingering in the ED or on the inpatient floors,” added Dr. O’Mara. “From a safety point of view, this opens up inpatient beds for patients who are sicker. The planning for this has brought hospitalists, nursing, and the ED staff together in a real partnership and joint effort. It has really bonded us, and everyone deserves enormous credit.”

Rahul Bhat, MD, medical director of the ED-Observation Unit, shared that roughly 25 protocols have been developed for the unit, including transient ischemic attack (TIA), asthma exacerbation, congestive heart failure exacerbation, abdominal pain, vomiting, and dehydration. “Diagnostic workups and treatment will occur more quickly in a safe way with the goal of discharge within 24 hours, instead of where we are currently at 55 hours. ED staff and physicians will be there 24/7 and physicians will round every eight hours and be available for every new admission, discharge, or to answer questions.”

Acknowledging MedStar Washington’s location in the nation’s capital and its history of providing high-quality, safe care for the community was on the minds of all involved with the new, dual-purpose space.

“Our hospital is often the pilot site for new pathways and protocols and it’s exciting for us to be pioneering this,” said Dr. O’Mara.

Dr. Bhat added, “MedStar Washington is leading the way in integrating this unique unit into the daily workflow in the ED. Sharing our knowledge and experiences will hopefully inform our sister hospitals how to stand up this type of unit on their campus.”

DeAtley said it’s the administrations at both the hospital and MedStar Health that deserve a lot of credit for making this possible: “It reflects a commitment to being the best of the best and expands our readiness.”

“We pride ourselves on being all things for all people,” said Dr. Dubin. “The most complex patients come here for care via our variety of specialty services, and the unit is another differentiator for us to serve our community.”

“This really puts us as the vanguard of health institutions in the U.S.,” added Dr. Kappler. “The resources and the forethought say a lot about where we work and I’m proud of it. It’s one of the reasons I work at this hospital. It’s incredible and history is going to support what we are doing.”



The unit autoclave.



Anteroom where staff will don and doff personal protective equipment.

Supporting practitioners through difficult conversations: MedStar Washington's Patient Communication Consult Service

Jennifer Yu, MD, has always championed the importance of soft skills in her profession. Dr. Yu specializes in surgical critical care at MedStar Washington Hospital Center, so she always needs to be at the top of her game when it comes to the latest research and medical interventions. Still, she has found that adeptly communicating with patients and their families—often in the most challenging and stressful moments—is as critical as any clinical tool in her toolbox.

"It's not necessarily a skill that people learned or practiced in medical school," says Dr. Yu. "We work with a lot of proceduralists and surgeons. Those are skills they've honed through training and practice. Communication skills should not be treated any differently."

That instinct around the necessity of strong communication skills prompted Dr. Yu to train as a faculty member for an independent curriculum that trains clinical staff with communication skills for patients and families with serious illnesses.

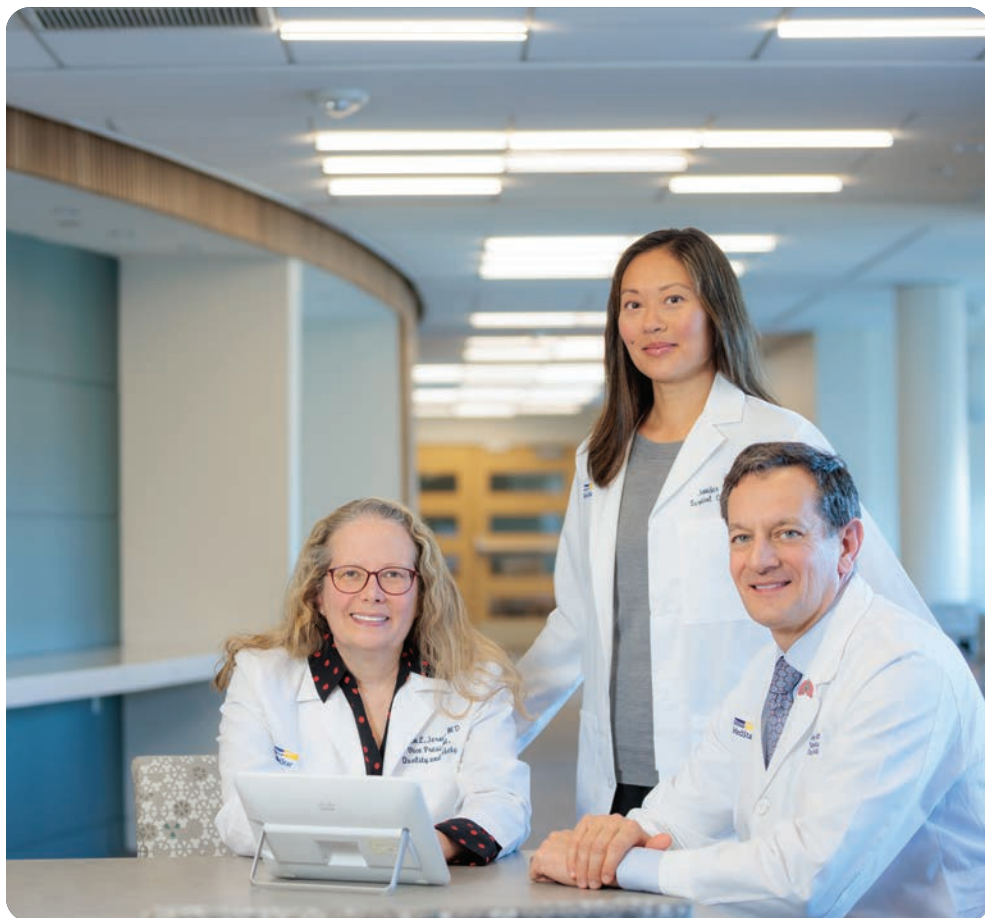
Dr. Yu, then, was a natural choice to co-chair the Patient Communication Consult Service (PCCS) with Karen Jerome, MD, at MedStar Washington. PCCS supports clinicians to have those challenging but necessary conversations with patients and their families by making sure that providers know *how* to have those conversations.

"That's part of how we care for people."

"We know that life is unpredictable," Dr. Yu says. "That means patients can have unexpected complications. But what can we do on our end to support our patients and their families? A big part comes from how we communicate with them and how we talk about not just an event, but also what to expect

next." Notes Dr. Yu: "That's part of how we care for people."

Dr. Jerome, who joined MedStar Washington in 2015 and is vice president and chief quality officer at the hospital, agrees wholeheartedly. "These conversations can be really hard, so we want to make sure providers have the resources to have difficult



Karen Jerome, MD, Jennifer Yu, MD, and John Sherner, MD.

conversations and to know they have support in doing that," says Dr. Jerome, who worked for decades as an internist before working in hospital administration.

But while those conversations are challenging, they cannot be negotiable. "The expectation is always to be transparent with our patients and our families," says Dr. Jerome. "That's the expectation of our leadership and it's the right thing to do."

In order to ensure that clinicians have the resources they need for those challenging conversations, Dr. Jerome knew that she needed to lean on clinical leaders like Dr. Yu, who could help elevate and grow a consult service for communicating unexpected or unwanted events.

That consult service spans the entirety of MedStar Health, but MedStar Washington's approach has grown into a model worth celebrating.

Leadership and training



Larry Smith

"Dr. Jerome recognizes that the way to do this work is to develop a set of leaders—particularly medical leaders—who get trained in how best to do this work," says Larry Smith, who has served as vice

president of Risk Management for MedStar Health for the past 22 years and was the initial architect of the consult service for the system. "When we train those leaders, then they're available, like all our MedStar Health consultants, to help their staff want to respond to patients and their families and do what's right in these situations."

"It's a great example of leadership," Smith says. "They are making sure that everybody on their team feels comfortable doing what we're asking them to do."

Developing tools and training

Consult service leaders like Drs. Yu and Jerome develop tools and training, but then rely on trusted on-the-ground leaders, like the hospital's Chair of the Department of Medicine, John Sherner, MD, to serve as partners in this work. Dr. Sherner and other chairs then bring that message directly to faculty meetings and one-on-one conversations.

In the case of Dr. Sherner, Dr. Jerome recalls how he devoted an entire department faculty meeting to helping his attendings understand the program. "We teamed up and co-led a session describing what the consult service is and our expectations for disclosure," Dr. Jerome says.

That "train the trainer" model has proven vital. "The doctors on our consult service are taking care of patients and potentially doing disclosures themselves," notes Dr. Jerome. "They are the 'boots on the ground,' offering pertinent feedback to administrators around these trainings, based on lived experience."

"I can write theoretical documents all day, but if they don't resonate for doctors and other clinical staff, we can't accomplish anything," she says.

As a department chair and a member of the PCCS team, Dr. Sherner sees this as critical, real-time training that meets each clinician where they are. "We can do a dry run, or they can

come and get some advice," he says, noting that it all depends on an individual doctor's comfort level. Thanks to the consult service, medical leaders stand ready to meet each clinician where they are. "I can review a disclosure plan, discuss it, or practice it with a clinician," Dr. Sherner says. "I can help prepare them or do it alongside them. Our primary goal here is to be transparent and maintain trust."

Dr. Sherner says his clinicians know how to talk to families and give bad news. What has been somewhat revolutionary, he says, is his staff knowing they have hospital leadership behind them.

For practitioners, often the risk of liability can feel like the elephant in the room. Because of a fear of blame, asking a care team to proactively and immediately step in and talk with a patient and their family when an unexpected event arises does not always feel intuitive, and it is certainly never easy. Yet, by acting with a patient's best interest at heart, both clinician and institution offer what is often most important in difficult situations: that sense of trust and transparency.

For Dr. Yu, a future critical step is to begin involving nurse leadership in the process, realizing that all types of clinicians benefit from this training. "We've empowered each department and every service-line leader by having quarterly meetings where we can talk about communications skills, role play, and practice," she says.

The strategy is to first ask department leaders to engage and then bring those learnings back to their teams. And in the same way that Dr. Sherner hopes to meet his clinicians where they are, Drs. Yu and Jerome hope to do the same for those team leads. That could mean joining an upcoming faculty meeting to lead a training or making the pitch directly to clinicians.

The beauty of the consult service may lie in its differentiation. "Every physician brings their own background, so everyone needs something different," Dr. Yu says. "Some might have personal experience in the realm, and so might know exactly what works or doesn't on the receiving end. Instead, we focus on what it is they need to work on."



Christy Kaiser, MD

Christy Kaiser, MD, has taken the consult service up on their offer of accessibility. Dr. Kaiser is the associate program director of the Cardiovascular Disease Fellowship Program. She saw a gap in development among her trainees that the consult service could help support. Fellows were struggling to talk to patients following certain cardiac procedures. In January, the fellows received a training from Drs. Yu and Jerome on how to best have those difficult conversations and gain an understanding of what should be disclosed and when.

Drs. Jerome and Yu have tag-teamed facilitating such meetings and have even found moments of levity in what is otherwise a serious discussion. "We watch a video with the providers which actually shows a non-exemplar and then an

exemplar disclosure. Afterward, we debrief them," Dr. Jerome says. That non-exemplar disclosure is reenacted by one of MedStar Washington's palliative care doctors, an expert in talking with patients and families about unwanted or unexpected outcomes.

"It's sort of funny to see him purposely showing doctors what *not* to do, given his expertise," Dr. Jerome notes. In that video of "what not to do," the doctor speaks gruffly and ultimately leaves the family member to make their way to their loved one, alone. In the exemplar, by contrast, that doctor, speaking tenderly, first asks the family member what she'd like to be called. He sits beside her. Listens. By the end of the conversation, he suggests they go, together, to the bedside of her loved one.

Trust and transparency

Engaging in this process requires trust on all sides. And Smith wants clinicians to trust that—if they take the leap and make those difficult disclosures—MedStar Health will be there to support them.

"In that process, if litigation or liability claims arise, we're there to protect them," Smith says. "When an unwanted outcome occurs, we provide patients with anything we can to help improve the outcome."

For Smith, that doesn't simply mean compensation. "We should immediately step in to provide the support patients need from a medical perspective, and anything else we can do to make this experience more manageable."

The other outcome that patients want most, adds Smith, is an assurance that whatever happened to the patient isn't going to happen to someone else.

"The doctors on our consult service are taking care of patients and potentially doing disclosures themselves," notes Dr. Jerome. "They are the 'boots on the ground,' offering pertinent feedback to administrators around these trainings, based on lived experience."

– Karen Jerome, MD

Taking responsibility, he says, isn't about blame. "Often a family could be satisfied by having the surgeon come to them and say, 'This was my patient. I have a responsibility to them. I'm going to find out what happened and update you with what I learn.'"

"We can't always help people, medically," Dr. Yu says, "but more than the procedures I've performed, the way I've seen my care be most impactful has been in speaking to and taking care of families. I've felt the most gratitude from families when I've done a really good job communicating—and sometimes it wasn't good news."

That, Smith says, is the power of compassion, honesty, and transparency. "The way we treat people at MedStar Washington is the way all patients should be treated. "If these types of conversations and trainings were in place everywhere in the country, a lot of pain and suffering could be avoided."

To find the best contact for your service line, call your department chair or the Department of Patient Safety & Risk Management at 202-877-6145 or by cell phone at 202-945-7078.



Hey Cupid!

Last year, our Connections article about married couples who work at MedStar Washington was so popular, we've decided to feature two new couples.

Jennifer Tran, MD, and Emil Oweis, MD: from trainees to new parents

Six years ago, when they first met, Jennifer Tran, MD, and Emil Oweis, MD, were both trainees at MedStar Washington Hospital Center. "When we met at work, we were both attracted to each other's work ethic, among other things, and it blossomed from there," said Dr. Oweis. "We were attracted professionally and personally, so I asked her out."

Since their days as trainees, the couple has moved in together, rescued a dog and cat, bought a house, gotten married, and welcomed their first child in January. "One of the things we've been able to do is keep work at work and our personal lives separate," reflected Dr. Oweis.

"We're both in the Department of Medicine, so we do have some overlapping meetings, or we'll see each other during inpatient rounds, or run into each other in the hallway," said Dr. Tran. "But it is nice that we work in different specialties."

Dr. Oweis specializes in critical care/pulmonology, while Dr. Tran works in general internal medicine, but they do have clinic hours in the same space and, at times, have cared for the same patients.

"We've had a handful of patients we share that know we're married, and they love it," said Dr. Oweis. "They say, 'what better communication than between two people who are married.' We try to be partners at work and partners at home, and we respect the other person's expertise."

"We work along the same spectrum of care, so we can bounce ideas off each other," added Dr. Tran. "It's like a curbside consult."

MedStar Washington is the only place either physician has practiced medicine, so they credit the hospital with bringing them together. "Without MedStar, this wouldn't have happened," said Dr. Oweis.

In fact, neither are area natives—with Dr. Tran growing up in Canada and

Dr. Oweis in Jordan—but settled down in the D.C. area in part because of the diversity in the community, the hospital, and the medical staff. "Our families aren't here," said Dr. Tran, "but we love it here. We're from different countries but we happened to meet here."

Both say they focused on their training and were not thinking about romance or relationships when they met as trainees. "I wasn't looking for Emil, but then he popped into my life, and everything worked out," said Dr. Tran.

"When you're not really looking, that's when you're going to find someone," added Dr. Oweis. "For me, it was almost instantaneous when we met that she was the one."

Dr. Oweis admitted with a smile that Dr. Tran brings him lunch at work a lot more than he does for her, and sometimes they even have time to eat together. "We drive to work together and leave work together, too," he said.

The duo enjoys hiking in Rock Creek Park and traveling. "We both love Disney World, and outside of the pandemic, we have a tradition of going once a year, and we love San Diego—we actually got married there—and we try to go there twice a year," said Dr. Oweis.

"I think it's not very common in a hospital of 7,000 employees to see a couple that is married," said Dr. Oweis. "But MedStar Washington does build up a family atmosphere in the work environment. Both of us are very happy in our respective sections and have a family dynamic with our colleagues."



Drs. Oweis and Tran on their wedding day.

Aisha Macedo, MD, and Michael Schwartz, MD: from med school to married



Drs. Macedo and Schwartz on a recent visit to a local area park.

Aisha Macedo, MD, and Michael Schwartz, MD, both attended Mount Sinai School of Medicine in New York City in the early 2000s. "It's a small medical school—only about 100 people per class—and the apartment building is one dorm with all the medical students," recalled Dr. Macedo. "We met on the very first day of school."

"We shared a bunch of friends and formed a group," added Dr. Schwartz. "Then we started dating in March of our first year of medical school and we dated all throughout medical school and most of our residencies. Then we broke up that last year of residency

"Even though we don't do exactly the same thing, we truly understand the challenges the other person faces."

— *Michael Schwartz, MD*

and Aisha went to Johns Hopkins Hospital for her fellowship."

Dr. Schwartz stayed in New York for a few years but said the pair remained very close and traveled together even though they weren't a couple. "We were best friends and we stayed best friends, and eventually we said, 'what are we doing?' and we got back together," said Dr. Schwartz.

Before marrying in 2016, the pair separately relocated to D.C., where they now live with their two daughters.

Dr. Schwartz is a diagnostic radiologist at MedStar Washington and Dr. Macedo specializes in LASIK, cornea, and comprehensive ophthalmology. She's in private practice but is on staff at MedStar Washington so she comes to the hospital every other week.

"We meet up for lunch when she's working at the hospital," said Dr. Schwartz. "It's nice that we can see each other at work every so often, but not every day all day," added Dr. Macedo. "We've carpooled to work a few times and it's fun to be in the same place. Once in a while, he'll pop into the clinic to surprise me."

Both agree that they share a greater understanding of the other's career than if they were married to someone who didn't work in medicine, and they value that understanding. "Even though we don't do exactly the same thing, we truly understand the challenges the other person faces," said Dr. Schwartz. "There's stress, for example, in doing a new procedure, and generally it's a unique work experience where we have people's health in our hands, and it would be difficult to convey what that's really like to someone not in the field of medicine."

"We also share an understanding of our work environment, the culture at the hospital, and even the physical workspace, like the office or operating room, because we've both seen it," added Dr. Macedo.

And, like Drs. Tran and Oweis, they trust, respect, and, at times, even rely on their spouse's expertise to support their own work. "I don't do much neuroradiology, but sometimes I will have a patient with an ophthalmology consult, and I can ask my spouse, and vice versa," said Dr. Schwartz.

Reflecting on their 20-year relationship, the two agreed that they weren't looking for a relationship in their early years because they were focused on school. "We kind of grew up together and then matured separately and together before settling down," said Dr. Schwartz. "Through it all, most of our friends, family, and even some our colleagues said that they knew we would end up together."

Lawrence Lessin, MD

Former medical director of the MedStar Georgetown Cancer Institute at MedStar Washington Hospital Center



Lawrence Lessin, MD

A Career Retrospective

Before Garfield Memorial Hospital merged with Episcopal Eye, Ear, and Throat Hospital and Central Dispensary and Emergency Hospital to form Washington Hospital Center in 1958, Lawrence Lessin was a teenager considering a career in medicine. After mentioning his interest in medicine, Dr. Lessin's father connected him with an internship at Garfield Memorial in the Pathology department. "My first job was as a morgue diener," recalled Dr. Lessin. "I had never seen a dead body before but within a few weeks I was helping with autopsies, and learning about anatomy and disease."

After the hospital merger in 1958, Dr. Lessin worked as a surgical technician for three summers during his pre-med undergraduate years at the University of Michigan. He completed medical school at the University of Chicago

and graduate medical training at the University of Pennsylvania in Internal Medicine, Hematology, and Oncology. After studying at the University of Paris for one year, Dr. Lessin began a 25-year career in academic medicine, beginning at Duke University, and later at George Washington University School of Medicine. During his 23-year tenure at George Washington as the division director of Hematology and Oncology, he was responsible for medical student and resident training in Internal Medicine and fellowship training in Hematology and Medical Oncology; and was an active consultant to numerous government agencies including National Institutes of Health (NIH), U.S. Food and Drug Administration (FDA), and the American Blood Commission.

In 1992, the Washington Cancer Institute - renamed the MedStar Georgetown Cancer Institute at MedStar Washington Hospital Center - opened offering comprehensive outpatient oncology services in a single building. Shortly after its opening, Jim Howard, MD, joined as medical director and recruited Dr. Lessin to lead the new Institute. MedStar Health President and Chief Executive Officer Kenneth Samet was president of MedStar Washington at the time. "I received tremendous support from Jim and Ken and others on the senior medical staff," said Dr. Lessin. "We utilized a multidisciplinary model for each major cancer so that patient care was coordinated among the oncology specialties. We also developed and launched a research program, including clinical trials eventually becoming the busiest cancer program in the area." While

heading the Institute, Dr. Lessin also practiced oncology, focusing on blood cancers.

After nearly 15 years in that role, Dr. Lessin decided to step down. "Dr. Howard asked me to be the director of continuing education," recalled Dr. Lessin. "We added the notion of quality training and developed a model, cited nationally, that worked well and extended to other MedStar hospitals." Dr. Lessin continued to see patients and served as the medical director of Continuing Medical Education & Quality Training until he retired nine years ago.

Today, as Dr. Lessin reflects on his time at the hospital he said, "The ability to build a cancer program and to work together with a group of good people was very satisfying. I also was involved in training more than 75 fellows, many of whom went on to practice or to universities and I still have relationships with a lot of them."

Dr. Lessin also recalls traveling around the world, including assisting with the development of cancer centers in Africa, India, Sri Lanka, and Jordan. "I always encourage young doctors to get involved internationally and find pro bono opportunities if they have the time," he said. "At this point, I'm a cancer doctor who has cancer. When I look back, I know I learned more from my fellows than they learned from me. I remember all of my mentors and appreciate what they did for me, I only hope the same is true of me. I am most thankful for my wife, Judy, and my family."

Casey Cushman, ANCP

Surgical Critical Care

On her long commutes from Loudoun County, Virginia, to MedStar Washington Hospital Center, Casey Cushman, ANCP, passes several hospitals that would be more convenient to her home. Yet she considers the three-times-per-week trek to the nation's capital well worth the extra time.

"I work with a wonderful group of advanced practice providers (APPs) and attendings, and we do our best to provide quality care while also helping each other," says Cushman, recently named Surgical Critical Care's chief APP for Quality and Safety. "We also have a lot of opportunities to grow our careers and take on more responsibility."

Such career criteria have always been particularly important to Cushman, a Chantilly, Virginia, native who knew from an early age that she wanted to be a nurse. After graduating from the University of Virginia's School of Nursing, Cushman worked at MedStar Georgetown's Intensive Care Unit (ICU) while also pursuing her advanced degree.

"I liked being able to have a rapport with patients and families as a bedside nurse," she explains, "but I also wanted more autonomy and to grow professionally."

Since coming to the hospital in 2012, her responsibilities have grown in step with critical care's staffing, which now totals 70 APPs—more than three times the number when she arrived. Attracted to the field by its demands for fast thinking, Cushman says she shifted to

the surgical side because, "I am attracted to its focus on outcomes and results; it also offers me the opportunity to broaden my practice, and to strengthen my skill set and experience."

As chief Quality and Safety APP, Cushman foresees few changes to her daily routine of clinical and surgical work.

"I'm looking more into policies and pathways of what we do to make sure we provide equal care regardless of provider," she says. "Communication between interdisciplinary staff will also be important to make sure everyone knows what the plan of care is."

Another priority will be continuing to apply lessons learned from the coronavirus pandemic, particularly as quality and safety were in the spotlight from the outset.

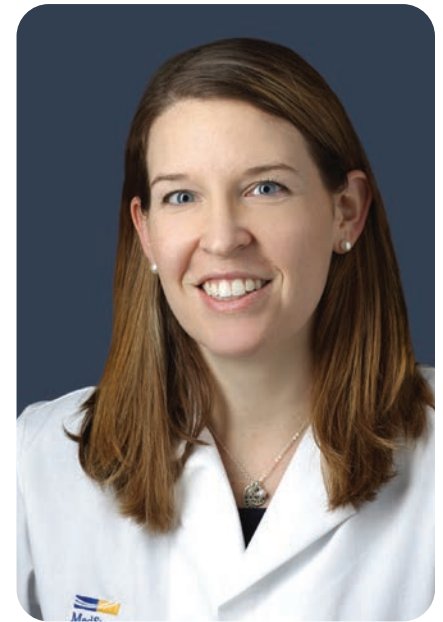
"We put our heads down and got the work done," she says. "But as it went on, we began to see the importance of work-life balance as never before, particularly with long shifts. If you're not taking care of yourself, you're not taking care of patients to the best of your ability."

Cushman also gained a deeper appreciation of the entire hospital team, including the important roles played by Environmental Services, Housekeeping, and other support staff.

"Without them, there'd be holes that would compromise what we can do," she says.

Another trade-off of Cushman's commute and schedule is being able to spend more time with her twin 7-year-old sons and 4-year-old daughter. Sports is the centerpiece

of her home life, from coaching her son's basketball team to attending Caps and Nationals games. Her husband, Joey, and their children also enjoy skiing and trips to South Carolina's beaches.



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Leen Alsaleh, MD

Rheumatology

Most doctors seek to understand the experience of their patients. Leen Alsaleh, MD, has actually experienced it.

At age eighteen, Dr. Alsaleh—now chief resident for Rheumatology—was diagnosed with a rheumatological disorder. “I had to deal with different physicians in Lebanon, Kuwait, and Syria,” says Dr. Alsaleh, who was born in Syria but moved to Kuwait at age five. “So, I realize how important it is to have a physician who understands what a patient is going through.”

That personal connection attracted the internist to rheumatology, but it was not the only draw. “I enjoy the wide spectrum of patients’ ages,” Dr. Alsaleh says. “I see patients from age 18 to 88, with a variety of cases.” And with each case, she values the opportunity to form a long-term patient-physician relationship.

“That ongoing relationship is very unique to rheumatology,” Dr. Alsaleh says. “A patient’s mental health impacts, to a significant degree, how they cope with their disease. Most cases are lifelong, and they’ll continue to follow up with their rheumatologists for their entire lives.”

Dr. Alsaleh says she’s been incredibly grateful for the responsibilities she’s been given as a chief, as well as the other ways of practice that this work has opened for her. “I discovered that I really enjoy the administrative part of the clinical practice,” she says. “And I find myself favoring a job at a

university hospital so that I can work with medical students and residents.”

Unfortunately, after seven years at MedStar Washington Hospital Center, she and her husband will be leaving the MedStar family this summer. The couple met in medical school in Syria, then both doctors matched to MedStar Hospitals for residencies, one year apart. Her husband, Obada Tabbaa, MD, is now finishing up a year of training in advanced endoscopy procedures at MedStar Georgetown.

“If it was not for our family, both I and my husband would have loved to stay within the MedStar Health community,” says Dr. Alsaleh, who is also the parent to a very busy two-year-old. “The most active and eventful years of our lives have been spent here. Now we find

ourselves both looking for the closest model to MedStar Health in a new job.”

“As a trainee, I received so much support,” Dr. Alsaleh reflects. “My fellowship director, faculty, and coordinator have felt more like family. They made my training feel doable, despite having a little one, and us not being near family. They made it possible. I doubt you see that very often.” The couple plans to relocate to Tampa, Florida, to be closer to their son’s grandparents. “The MedStar Washington concept of ‘One Team’ is not just a theoretical concept,” she says. “I’ve seen it as a physician, as a trainee, and as a patient. And I hope to find it in my next placement.”



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– Leen Alsaleh, MD

Oliver Tannous, MD

Orthopaedic Spine Surgeon



Most kids might be grossed out talking about gallbladders. But not Oliver Tannous, MD. In fact, at age 11, he witnessed a laparoscopic gallbladder surgery—and it remains one of the best days of his life.

“I knew, at that moment, that I wanted to become a surgeon,” says Dr. Tannous, an orthopedic spine surgeon at MedStar Washington Hospital Center. “The ambiance was so captivating.”

From that moment on, there was no talking him out of medicine and becoming a surgeon. Dr. Tannous attended the University of Maryland School of Medicine, home to one of the busiest shock trauma centers in the world. A large portion of those complex trauma cases involved orthopedics, which intrigued the medical student. Dr. Tannous remained there for residency and had the opportunity to work with

some of the leading spine surgeons in the field.

After residency, Dr. Tannous completed a fellowship at the University of California San Diego, which allowed him to pursue two increasing passions simultaneously: minimally invasive techniques and complex spinal surgeries.

“I really got the best of both worlds,” Dr. Tannous says. “I spent two days each week with microscopes and three days doing super-complex surgeries.”

Yet even before he left for San Diego, Dr. Tannous set his sights on MedStar Washington. “MedStar really is one of those rare places: It has an academic affiliation, so you get to teach students, and it is one of the largest hospitals in the nation, in the most powerful city in the world. That’s a pretty rare combination of factors.”

Dr. Tannous says he’s grateful the team thought he was a right fit for the orthopedic surgery team. “MedStar Washington chooses you,” he says. “You don’t choose it.”

“This is a place where you’ll never do a routine surgery,” he says. “The techniques are constantly evolving and there are so many moving, interdisciplinary parts with highly complex patients.”

“Six years ago, I completed our first disc replacement ever here,” Dr. Tannous notes. “Now, we’re doing a handful a month. Patients are doing so much better than with fusions. We are preserving their cervical motion and patients don’t need to wear a brace. They are quick to recover and get back to normal functioning.”

But Dr. Tannous also understands all too well that surgery is only half the battle, which is why he’s grateful for the multidisciplinary ground game that exists at MedStar Washington. “I collaborate with neurology, physical medicine and rehabilitation, and pain management. Patients who come in for spinal care here get so much support.”

“I knew, at that moment, that I wanted to become a surgeon. The ambiance was so captivating.”

– Oliver Tannous, MD

The doctor’s evolution as a practitioner isn’t just about learning new surgical techniques. One of his biggest learnings in recent years has come through participating in the CrossFit fitness technique. “It forces me to go to bed earlier and be healthier,” says Dr. Tannous. “The more I understand spinal mechanics on myself, the better surgeon I become. CrossFit has taught me about body mechanics and body stabilization. These were principles we didn’t understand ten years ago.”

Connections

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

Physician's Perspective

Felicia Hamilton, MD Director, OBGYN Residency Program

MedStar Washington Hospital Center prides itself on providing a broad-based training experience in obstetrics and gynecology, while also striving to meet residents' professional needs and goals. The largest in the region, it was listed seven in the 2022 top 10 most viewed programs on the American Medical Association's website. Though there is no shortage of learning opportunities, the time available to pursue them is limited. As such, maintaining a satisfactory balance of hours devoted to obstetrics and gynecology has been a challenge for some time.

So too have demands on residents' individual schedules, as their training has long shift rotations at MedStar Washington, MedStar Georgetown, and Virginia Hospital Center. Though our residents have fulfilled their obligations without compromising care, the potential consequences of maintaining such hectic schedules on staffing and personal wellness were apparent even before the pandemic put added strains on our entire profession.

We're in the process of reducing our commitment at Virginia Hospital Center, a move that we hope will enable our residents to devote more time to achieving their desired clinical experience across the MedStar Health system, conduct research, or simply take care of themselves and their loved ones.

We have all chosen medicine as a career to help others. That's one of the reasons why we've stressed team building along with other so-called "soft skills" at our semi-annual retreats for OBGYN residents. After two years of video-conferenced meetings due to Covid, we were grateful this past fall to finally gather in person. These informal gatherings and associated activities have proven valuable in helping residents get to know each other better as individuals and collaborators, which in turn helps improve patient care. We've also stressed the importance of MedStar Washington's ONE TEAM commitment, and how that extends to our nurses, housekeeping staff, and other support roles.



We are exploring other ways to further enhance MedStar's OBGYN residency program and are hopeful our alumni and attendings will consider being a part of that growth. We're working with MedStar Washington's Philanthropy office on a campaign that will encourage not only financial support but also opportunities to share insights and experiences that will add yet another dimension to the residents' understanding. In this way, MedStar Health and MedStar Washington can continue to be a true leader in preparing OBGYN professionals for the future.