



MedStar Health

# Connections

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



## When the physician becomes the patient

From left to right: Nurse practitioner Tanya Steinman, CRNP; Director, Nuclear Medicine Carlos Garcia, MD; Cardiologist Edward Morris, MD; and Chairman, Department of Radiology James Jelinek, MD

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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

### Registration Now Open

#### **BC3 | Breast Cancer Coordinated Care: An Interdisciplinary Conference** **September 15 to 17, 2022**

Renaissance Washington DC Downtown | Washington, D.C.  
*Course Directors:* Lucy De La Cruz, MD; Kenneth L. Fan, MD; Ian T. Greenwalt, MD; David H. Song, MD, MBA, FACS

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#### **9th Annual Gastric and Soft Tissue Neoplasms** **September 24, 2022** | A Virtual Conference

*Course Directors:* Waddah B. Al-Refaie, MD, FACS; Sosipatros A. Boikos, MD; Nadim G. Haddad, MD; Dennis A. Priebe, MD, FACP; Mark A. Steves, MD, FACS

*MedStar Associates use promotion code GSTNM22 for complimentary registration!*

#### **Melanoma and Other Skin Cancers** **October 29, 2022**

Bethesda North Marriott Hotel & Conference Center | Bethesda, MD  
*Course Directors:* Michael B. Atkins, MD; Waddah B. Al-Refaie, MD, FACS; Geoffrey T. Gibney, MD; Allison R. Larson, MD

#### **International Osteotomy Conference** **November 4 to 5, 2022**

Westin City Center | Washington, D.C.  
*Course Directors:* Wiemi A. Douguieh, MD; Adrian Wilson, MBBS, BSc, FRCS

### Save the Date

#### **DC Lung Cancer Conference** **October 29, 2022**

Bethesda Marriott | Bethesda, MD  
*Course Directors:* Stephen V. Liu, MD

#### **5th Annual MedStar Heart Failure Summit** **November 12, 2022** | A Virtual Conference

*Course Directors:* Mark R. Hofmeyer, MD; Farooq H. Sheikh, MD, FACC

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## Caring for our patients and each other



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**"If your actions inspire others to dream more, learn more, do more, and become more, you are a leader."**

— John Quincy Adams,  
Sixth President of the  
United States

Summer has arrived—a time when many of us take time off to relax, recharge, and have fun with our family and friends.

The season also coincides with the start of another fiscal year and is a time for new beginnings. Please join me in welcoming 364 new physicians to our One Team. They are the interns, residents, and fellows who have entered our Graduate Medical Education program. Being new to an organization has its own challenges and responsibilities, which can be overwhelming. Nevertheless, I have full confidence in all members of the Medical and Dental staff to teach our trainees what you know and encourage them to learn, develop leadership skills, and facilitate their ability to work as members of our care teams.

At most healthcare institutions, and MedStar Washington Hospital Center is no exception, some things don't change. As in fiscal year 22, our emphasis this year is focused on Quality & Patient Safety. We will continue collaborating and partnering with you to proactively reduce serious safety events (SSEs), inpatient mortality, hospital-acquired infections (HAIs), and readmissions to achieve our five-star quality rating goal from the Centers for Medicare & Medicaid Services.

The COVID-19 pandemic epitomizes a turbulent time in medicine, a challenge you have met head-on and, although we have experienced incredible changes in how we deliver care, our vision remains the same: *To be the trusted leader in caring for people and advancing health.*

Year over year, we have defined ourselves through the safety procedures we implement and the actions we take to strengthen our practice of providing the highest quality and safest care for patients. This resolute effort allows us to provide hands-on care while looking

for ways to continue reducing risks to our patients and address areas of concern. We need to be in the habit of thinking about how we can be more innovative in our roles. Let's challenge ourselves to perform our tasks in a safer, more patient-friendly environment. Let us never be satisfied with the status quo, but always strive to improve.

As physician leaders, we should look for ways to make a difference in the lives of our patients. We can be more effective in treating and healing them by being conscious of our responsibilities and by demonstrating care and compassion in every task we perform. Many of our patients and their families are here at some of the worst times in their lives. Recognizing that, and creating an atmosphere of empathy, can go a long way toward making them feel comforted.

It's also important to offer the same compassion in our interactions with colleagues. If we don't support one another, how can we provide the best care for our patients? By helping each other to be resilient, we also help our patients.

We have so much to be proud of, and I thank our gifted physicians and advanced practice providers for your sacrifice, hard work, and commitment to excellence.

Your dedication and compassion have and continue to play a critical role in how we accomplish improving the health of our patients and the communities we serve.

I am grateful for all we have achieved together, and I look forward to seeing the amazing things we do together as One Team in the future.

Thank you again for all you do, and have a happy summer!

# When the physician becomes the patient



**Tanya Steinman, CRNP; Carlos Garcia, MD; Edward Morris, MD; and James Jelinek, MD**

**The more he walked,** the worse he felt. He avoided hills, then took shorter walks. But when he had to hide from co-workers after walking up two flights of stairs due to extreme shortness of breath, James Jelinek, MD, knew something wasn't right.

Dr. Jelinek, chairman of Radiology at MedStar Washington Hospital Center and associate physician director, MedStar Medical Group Radiology, had run up and down the same two flights of stairs from his basement office for more than 30 years since he arrived as a young radiologist in 1989. He also regularly skied, golfed, and ran 5K road races. After struggling to breathe when taking the stairs early last summer, he sent cardiologist Edward Morris, MD, an email. "Ed, I think I'm getting fat

and out of shape. Something's not right," the message read.

Dr. Morris evaluated Dr. Jelinek and scheduled him for an echocardiogram and stress test. Both would provide clues that would eventually lead to a diagnosis of chronic thromboembolic pulmonary hypertension (CTEPH), a rare, life-threatening medical condition typically caused by old blood clots in the lungs. The progressive pulmonary vascular disease occurs when unresolved pulmonary embolism (PE) becomes fibrotic and eventually causes mechanical obstruction. Without treatment, patients with CTEPH die within 5-7 years.

Dr. Jelinek's echocardiogram indicated elevated lung pressure and right heart strain. He nearly passed out during the stress test, which was aborted due to severe



**Blood clots removed from Dr. Jelinek's lungs**

dyspnea. A chest CT revealed a pulmonary embolism, and Dr. Morris prescribed oral anticoagulation. He then called the Pulmonary Hypertension clinic, and reached out to Lowell Satler, MD, director of Coronary Interventions, to schedule a right heart catheterization, and to Carlos Garcia, MD, director of Nuclear Medicine, to assist with a needed V/Q scan.

The catheterization confirmed pulmonary hypertension and right heart strain, the result of unresolved PEs causing increased pulmonary pressure and vascular resistance. It also indicated a mean pulmonary arterial pressure (mPAP) of 35 mmHg. CTEPH is characterized as an mPAP of greater than 20 mmHg. Normal mPAP is 14, plus or minus 3 mmHg.

The final piece of the puzzle came with the V/Q scan, an extremely sensitive test that examines for mismatched ventilation-perfusion defects. It is also the preferred and recommended test for diagnosing CTEPH.

## “There were holes everywhere.”

“When I saw the V/Q scan, I felt sick to my stomach,” recalls Dr. Jelinek. “There were holes everywhere.”

“It took us both by surprise,” recalls Dr. Garcia. “We looked at the scan together, and while we didn’t think it would be normal, we didn’t think it would be that bad. There were multiple bilateral perfusion defects.”

Dr. Garcia provided his friend and colleague with his best professional assessment. “You try not to be biased by emotion when seeing results like this,” he says. “I tried to detach and read the scan like it was not someone I knew. He trusted me to tell him the truth and I would be doing a disservice to my friend if I were to sugarcoat it.”

The cumulative results stunned Dr. Jelinek. “I thought, this can’t be,” he says. “I don’t smoke. I don’t take any medications. I’m healthy.”

Since unprovoked PEs can result from hypercoagulation issues, Dr. Jelinek was then evaluated by hematology. A battery of blood tests revealed nothing unusual.

“Most people diagnosed with CTEPH have some risk factors,” explains Dr. Jelinek. “I had none.”

## Treatment steps

Once all his tests were complete, the team at the pulmonary hypertension clinic knew Dr. Jelinek would need surgical intervention. Tanya Steinman, CRNP, gathered the results and sent them to UC San Diego Medical Center, an institution known for treating CTEPH and one of only a few hospitals in the United States that perform pulmonary thromboendarterectomies (PTE). The lifesaving surgery is used to treat advanced CTEPH and clears the lung’s arteries of scar tissue. There are currently no hospitals in

the Baltimore/Washington, D.C., area that perform PTE.

“CTEPH is curable,” says Steinman. “If we can get patients to a center that is skilled at PTE, it is curable.”

After Dr. Jelinek was deemed a candidate for surgery, he, along with his wife and adult son, boarded a plane for San Diego. After additional tests in California, including a COVID test which was negative, he was scheduled for the 8- to 10-hour surgery, which involves a sternotomy, heart-lung bypass, and deep hypothermic circulatory arrest to systematically retrieve chronic clots and scar tissue.

Despite his advanced distal disease, the surgery was a success. On post-op day three, Dr. Jelinek was walking the hallways with his wife and assumed he would be discharged in a few more days. He had been warned, though, that most patients have some complications following surgery. He was no exception. Later that day, he experienced atrial flutter, with a heart rate of 140.

He spent the next two days on an amiodarone drip, but when that failed to convert his heart to a sinus rhythm, he eventually needed cardioversion. After 10 days in the Intensive Care Unit, he was downgraded and discharged on post-op day 12.

## New future possibilities

Once he returned home, Dr. Jelinek spent some time recovering but returned to work by August. He also made important lifestyle modifications.

“I’m very diligent about diet, exercise, and not sweating the small stuff,” he says. “I’ve lost 30 pounds; I average 11,000 steps a day and my goal is to walk or run a 5K this fall.”

“This diagnosis really was a surprise,” he adds. “The symptoms were subtle and non-specific.”

Dr. Morris agrees. “CTEPH is probably more common than we think, but



**Drs. Morris and Jelinek**

often goes unrecognized,” he says. “I have treated three or four patients with CTEPH, but my first patient was 4-5 years ago. This is not something we grew up learning about in medical school.”

“The key is to make the diagnosis early,” he adds. “Once CTEPH is treated, it usually does not affect life expectancy. Patients typically die from something else.”

Dr. Jelinek is grateful for the quick and comprehensive care he received at MedStar Washington. “I am so lucky and fortunate to have had excellent care from start to finish,” he says. “The combined expertise we have here is why I was diagnosed and got to UCSD so quickly.”

He also credits his family, friends, and numerous colleagues for their support throughout the ordeal.

He offers an important message to healthcare providers. “Even though we are doctors or advanced practice providers, we are not invincible,” he says. “We think we can do everything, but we can’t. We can’t self-diagnose, and we cannot manage our own health care. If symptoms arise, don’t ignore them. Get a medical evaluation.”

# Urology department takes major strides toward ambitious goals

**These are busy times for Urology,** Urologic Oncology, and Robotic Prostatectomy services at MedStar Washington Hospital Center, and department chair Jonathan Hwang, MD, wouldn't have it any other way.

Over the past four years, the department has grown in both size and national standing, doubling its faculty size with four new specialists, increasing its APP capacity, and earning Healthgrades' recognition for being among the nation's 100 Best Hospitals for Prostate Surgery. The department has also received a "high performing" designation from *U.S. News & World Report* for the past two years.

And that's just the start, Dr. Hwang says. While the Urology department is already an area leader in providing general and specialty urologic care, "we're trying to be even more subspecialized in terms of our ability to provide the most up-to-date, state-of-the-art treatment options for various complex urologic conditions," he says. "Our goal is to remain the leading urologic institution in the greater D.C. area, and also at the regional and national levels, be recognized for what we do."

The need for these expanded services has never been greater, given the fact that urology patients are not only living longer but also dealing with other health conditions.

"We have the unique ability to do both basic procedures, and tackle cases with the most complex

conditions that require specialists to provide the best outcomes possible," Dr. Hwang says. "Not all hospitals can provide this, nor do they have other disciplines and resources readily available to handle things like bladder cancer and other severe urologic oncology conditions."

## New faces, new skills

To sustain and build on these capabilities, the Urology department needed not only to add expertise but also to compensate for the retirement of older faculty members. The result, Dr. Hwang says, is the hospital now boasts one of the youngest faculties of fellowship-trained urology specialists in the nation.

And with Keith Kowalczyk, MD, MedStar Health's interim regional chair for Urology, having challenged providers systemwide to engage in national clinical trials and pursue

academic endeavors beyond their clinical work, "our younger physicians have the opportunity to become immediately recognized at a national level as experts in their respective specialties," Dr. Hwang adds.

For example, two of the department's newly arrived urologic oncologists are involved in major national trials for innovative new treatments. Lambros Stamatakis, MD, is the site principal investigator for two major trials involving intravesical therapy for bladder cancer, while Ross Krasnow, MD, MPH, is the co-principal investigator for multi-faceted treatment strategies for men with metastatic prostate cancer.

In addition, Daniel Marchalik, MD, MA, has been advancing the latest kidney stone technology, including



**From left: Ross Krasnow, MD; Lisa Chuong, PA-C; George Chang, MD; Daniel Marchalik, MD; Jonathan Hwang, MD; Lambros Stamatakis, MD; and Claudette LaMothe, RN**

exploring the use of minimally invasive approaches for cases that might otherwise require major surgery. Rachael Sussman, MD, who came to MedStar Washington in 2022, heads the department's female urology program, dealing mostly with post-menopause and urinary incontinence issues, many of which can be treated on an outpatient basis using procedures such as Botox injection and sacral neuromodulation.

In the area of urologic reconstruction, the hospital's service director, Krishnan Venkatesan, MD, will soon be joined by Nathan Shaw, MD. Both will work with MedStar plastic surgeons to expand capabilities in complex reconstructive urology surgeries including treatment of Fournier gangrene, and robotics-based procedures for post-trauma patients.

"I'm very proud that our junior faculty, who are now taking on senior roles, have really stepped up and established themselves as real leaders in their respective subspecialties," Dr. Hwang says.

## Putting technology to work for patients

The key staff additions complement the hospital's already highly regarded experience in advanced oncologic surgery techniques. Since bringing robotic surgical technology to the Washington area more than 15 years ago, Dr. Hwang says, "we have the highest volume of managing cases with minimally invasive methods."

Now, with the sophisticated da Vinci® Surgical System platform, those capabilities have expanded even further to include mini-percutaneous nephrolithotomy for managing large kidney stones, and Retzius-sparing robotic prostatectomy.

Among the many beneficiaries of these capabilities and expertise is Art Jaso, a 71-year-old retired



Art and his wife, Sue, in Arizona

freelance video and sound production specialist, who also spent several years racing cars as a member of the Sports Car Club of America.

While Jaso and his primary care physician had long monitored his prostate-specific antigen (PSA) levels, a sudden spike discovered as part of his annual physical last year was subsequently confirmed as cancer.

"Fortunately, the cancer was found early and restricted to the gland," Jaso says. "I was already very lucky, and that good fortune continued when I was referred to Dr. Hwang."

Although Jaso was a candidate for a robotic prostatectomy to remove the cancer, his age put him at a higher risk for diminished bladder and sexual function as a result of the procedure.

"By itself, performing a successful nerve-sparing robotic prostatectomy without compromising oncologic results can be a great challenge in men with locally advanced prostate cancer such as Mr. Jaso's case," Dr. Hwang explains. In such cases, "we're able to overcome those issues by meticulously preserving the connective and nerve tissues that surround the prostate gland and urinary sphincter complex. Typically, that leads to good oncologic, continence and potency outcomes for men of all ages."

Jaso says he couldn't have asked for a better experience, from Dr. Hwang's friendly, professional approach to the nurses who saw him through pre-op

## In Gratitude

Art Jaso wishes to extend his sincere thanks to the following staff members who cared for him: Jenna Dickman, MD; Nicole Alcalá, MD; Kevin Spencer, MD; Destiny Cureton, PCT; Elanor Leavitt Evans, RN; Velma Hibbert, PCT; Robyn Reyes, RN; Carly Seng, RN; Nickolas Tullo, RN; and Monica Wilson, RN; who recently retired.

and post-op recovery earlier this year.

"Aside from the first week after the procedure, which is never easy, the recovery has gone well and I've gradually stepped up my physical activity, which has allowed my wife and I to resume our retirement plans of doing as much traveling as possible," he says. "But the best thing was having Dr. Hwang tell me that I'm cancer-free, with no further treatment needed aside from annual PSA tests."

Dr. Hwang says Jaso's case is representative of the same high level of care the department can provide to all patients, regardless of their case complexities and comorbidities.

"Our ultimate goal here and MedStar-wide is to become the recognized urology program in the country," he says. "We're very fortunate to have leadership support to provide the staffing and resources to make achieving that goal possible."

And while that may also bring greater recognition for the program, Dr. Hwang adds, there are other benefits that are even more important.

"The most gratification," he says, "comes from the fact that we're the last stop patients can come to when they need the most advanced, most experienced care."

## Neonatology chair is ready to pass the baton

**When Zacharia Cherian, MD,** retired as chair of Neonatology and Pediatrics at MedStar Washington Hospital Center on July 31, he left behind a 42-year legacy of change and growth in the care of newborns and mothers, highlighted by a 39-bed neonatal intensive care unit (NICU) for high-risk pregnancies and deliveries.



**Dr. Cherian holding a newborn**

The fact that the NICU at MedStar Washington is almost always full is not lost on Dr. Cherian, who recalls a far different facility when he arrived here in 1980.

“When I joined, we had a very busy delivery center, but the nurses told me they often closed the NICU for lack of patients,” he recalls. “We have come a long way.”

Dr. Cherian credits the leadership at MedStar Washington over the years for supporting neonatal

care in an otherwise adult-focused hospital, particularly as the city’s need for maternal-fetal medicine and other neonatal services has grown. The NICU’s reputation for quality care for premature and underweight infants has contributed to the development of an extensive referral network that includes leading insurers and nearby Children’s National Hospital.

Underscoring these and other accomplishments is Dr. Cherian’s lifelong devotion to the tiny patients entrusted to his care.

“Right from the beginning of my medical training,” he says, “I was very fond of taking care of children, and especially the neonates.”

Originally from Calicut, Kerala, India, Dr. Cherian received his combined Bachelor of Medicine and Bachelor of Surgery degree from Calicut Medical College in Kerala and went on to serve as chief resident at Holy Family Hospital in New Delhi.

A serendipitous visit by Milton Werthmann, MD, then chair of Neonatology at MedStar Washington, led to an invitation for Dr. Cherian to come to Washington, where he completed U.S. medical training requirements with a neonatology fellowship and residency at MedStar Washington and MedStar Georgetown University Hospitals.

### The mission is what matters

Dr. Cherian says the decision to stay on in Washington as a full-time neonatologist has been validated many times over the years.

“We take care of everyone in the spectrum of social life—from

physicians and lawyers to people from all walks of life including those suffering from addiction,” he says. “That our mission is to take care of everybody is something that I really enjoy, to this day.”

Mahmoud Kheirbek, MD, who will succeed Dr. Cherian as Neonatology chair, praises him for staying atop what has been a rapidly changing field over the years.



**Mahmoud Kheirbek, MD**

“If there was a case where MedStar Washington didn’t have the expertise or resources a family needed, he made sure they got connected to get the best care possible,” Dr. Kheirbek says, calling Dr. Cherian “a hands-on leader” who was always available “even at two in the morning.”

Equally important to Dr. Cherian have been the close working relationships he’s developed with colleagues and specialists at MedStar Washington, particularly his department’s nursing staff.

“That’s especially important in the NICU because babies don’t talk,” he says with a laugh. “We depend on nurses for everything.”





**Susan Barsanti, RN**



**Dr. Cherian enjoys spending time in the garden tending to his rose bushes.**

## The respect goes both ways

"As a physician, he sends a sense of confidence in his clinical skills and judgment," says longtime Neonatology nurse Susan Barsanti, RN. "Even as chairman, the first thing he does every day is walk through the nursery. And when nurses go above and beyond, he's the first to recognize them. He makes sure we share in accomplishments, and that it's not just him."



**Jeffrey Dubin, MD**

Dr. Cherian is also well-known for his collegiality, whether the person is a longtime associate or a newcomer. Jeff Dubin, MD, MBA, chief medical officer of MedStar Washington, recalls how, as a newcomer to the Emergency department, he saw a need for infant resuscitation equipment and sought Dr. Cherian's advice.

"Here I was, this newbie doctor, and he was incredibly gracious," Dr. Dubin recalls. "As the NICU had replaced their carts, we were welcome to several others they had put in storage. Regardless of the question or issue, he's always been generous with his time and expertise."

It's these relationships that Dr. Cherian says he'll miss most when he retires.

"This group of physicians and nurses is one of the best I've worked with," he says. "The energy, eagerness to work and improve the babies' health has been significant to our standing in the area."

Dr. Cherian and his wife have a busy retirement on tap. Along with tending their home rose garden, they plan to do a lot of travel, mostly to see family.

Both their sons are physicians—an obstetrician in Lynchburg, Virginia, and an internal medicine specialist in Chicago—and there are a total of seven grandchildren who Dr. Cherian wants to spend time with before they grow up.

Dr. Kheirbek also hopes his predecessor will continue to play a role in furthering initiatives for very premature babies and fetal patient collaborations with Children's National Hospital.

"We're hopeful he'll continue to be informal counsel, and help us continue to build programs he was so instrumental in starting and growing," he says.

Dr. Dubin believes that if there's anyone with the time, interest, and energy to do all that—and more—in retirement, it's Dr. Cherian.

"I find it incredible that even in the late stage of his career, he would cover the night shift if needed," Dr. Dubin says. "He is always willing to help, and it's all about the patients."

# The Burn Center celebrates 50 years of pioneering care



Members of The Burn Center team on the hospital's helipad.

**In July**, The Burn Center at MedStar Washington Hospital Center celebrated its 50th anniversary and a half-century of providing groundbreaking surgical, critical, and rehabilitative care that has benefited the health and well-being of individuals across the Washington Metropolitan region, including firefighters, members of law enforcement, and 10 people injured during the terrorist attacks on the Pentagon on Sept. 11, 2001.

"Who would have thought 50 years ago that one unit dedicated to caring for burn patients would become the area's only adult burn center treating 1,300 patients annually," says Jeffrey Shupp, MD, burn surgeon and director of The Burn Center. "Our multidisciplinary team is nationally and internationally recognized for their skills, expertise, and development of innovative and promising advancements in care."

A lot has changed since The Burn Center admitted its first patient in 1972. Fewer patients are severely burned thanks to safety improvements, and those who are

burned are more likely to survive. What has not changed is that severely burned patients still suffer lifelong physical and emotional scarring.

## A look back to the start

When MedStar Washington opened its doors in 1958, burn patients were being admitted to units on different floors. The idea for opening an intensive care burn unit (ICU) was proposed by a local general surgeon, William R. Strong, MD, who had performed skin grafts and treated minor patient burns at the hospital. By the 1970s, the annual burn census had grown, so William J. Fouty, MD, chair of the Department of Surgery, recognized that burn care needed a dedicated leader to lay the foundation for the future and to establish new standards of care for treating patients. In 1978, he named Marion Jordan, MD, a graduate of the Medical College of Georgia and a staff general surgeon at Charleston, S.C. Naval Hospital, director. Dr. Jordan trained for six weeks at The Parkland Burn Center in Dallas, Texas, under expert Charles R. Baxter, MD, a pioneer in burn care.

"When Dr. Jordan returned from Texas, he set about establishing a burn division within the Department of Surgery," says Dr. Shupp. "His innovative approach to burn rehabilitation, the establishment of the Regional Skin Bank, and using skilled clinicians from the main operating room were dynamic ideas that became an inherent part of our standards of care. Under his leadership, our burn and trauma teams have received worldwide recognition. His enduring legacy is the bond he shared with the entire burn community."

## A nursing perspective

Peggy Gunde, RN, began her 42-year career in The Burn Center in 1980 after graduating from the hospital's School of Nursing. She says, "I hated nursing school until I rotated to the 4H Burn Unit. I was then selected by Claretta Gamble, longtime head nurse of both the ICU and the step-down unit, and Kathy Lee, ICU manager, to work in the operating room (OR) exclusively. I spent the next 30-plus years working alongside Diane Stokes, a scrub technician for 46 years. I am one of The Burn Center's 'lifers.' I believe our longevity comes from always being each other's support – from celebrating, grieving, and laughing, we always did it together. It is still "the only place to work."

Kathy Lee, RN, who retired in 2019 after 42 years of service, says, "In my long tenure with The Burn Center, I have been fortunate to work with a collegial interdisciplinary team where all members respect one another's opinions and views. As a nurse leader, it was most gratifying to work with physicians in planning and executing the strategic direction of the Center."

## New leadership

Dr. Shupp, who was named director of The Burn Center eight years ago, graduated from Virginia Commonwealth University in 2006 and completed his residency at MedStar Washington in 2011. "I credit Dr. Jordan with mentoring me into my current position," says Dr. Shupp. "I didn't know anything about burns until I started my rotation as a second-year resident. Being able to provide comprehensive care for patients with burn injuries, including outpatient care for minor burns, surgical burn treatment, reconstructive surgery, and rehabilitation, allows me as a general surgeon to care for the whole patient."

## A team approach

"The Burn Center team is unique," says Ron Lassiter, director of Burn Rehabilitation. "Interdisciplinary care is essential for the successful recovery of our patients, and team members collaborate to support our patients and their families in managing the physical and emotional effects of being burned." Kathleen Lewis, director of Nursing, adds, "Our patients face many challenges during their recovery, and the team rallies because we are invested. Since joining, I have witnessed the team's commitment and dedication only strengthened."

## Innovative care and research advances

Research programs and clinical trials play a major role in burn care. New advances have pushed the science forward including testing the effectiveness of spray-on-skin grafted from healthy skin, understanding how pressure modulates collagen growth to minimize scarring, and improving pain management to offer patients the best care possible. "Laser Scar Revision therapy has changed the paradigm," says Lauren Moffatt, PhD, director of the Firefighters'

Burn and Surgical Research Laboratory. "Instead of treating scars, we're treating wounds, earlier and earlier, so the patient is less scarred." Taryn Travis, MD, burn surgeon, says, "Overall, the outcomes for patients are outstanding. Not only is the scar's appearance improved, but in severe cases, itching is diminished, and a patient's range of motion is increased."

## Building a center of excellence

In November, construction will begin on a new, state-of-the-art facility where burn patients will be located on one floor. The new facility, which represents a philanthropic investment minimum of \$14.5 million, is expected to be completed in four years. To prevent the spread of infections, the burn clinic will be designed to separate less severe from severely burned patients. Inpatient and outpatient services will expand to enhance privacy and comfort for patients and family members, and a new, specialized OR will be located alongside a 10-bed, newly constructed ICU.

## Future endeavors

The team is focused on training the next generation of burn care providers and partnering within the region to assist in the care of devastating skin and soft-tissue diseases, including hidradenitis suppurativa, toxic epidermal necrolysis, and Stevens-Johnson syndrome. The team is revitalizing a Burn Surgery Fellowship program, and it is collaborating with the Department of Behavioral Health and MedStar Rehabilitation Network to offer postdoctoral training for psychologists interested in caring for patients with cutaneous trauma. "I am excited about the future," says Dr. Shupp. "The Burn Center has so much to offer its patients, from cutting-edge research and technology to highly qualified and accomplished staff. We can and will continue to be a symbol of hope, innovation, and progress for the next 50 years."

## BURN CENTER TIMELINE:

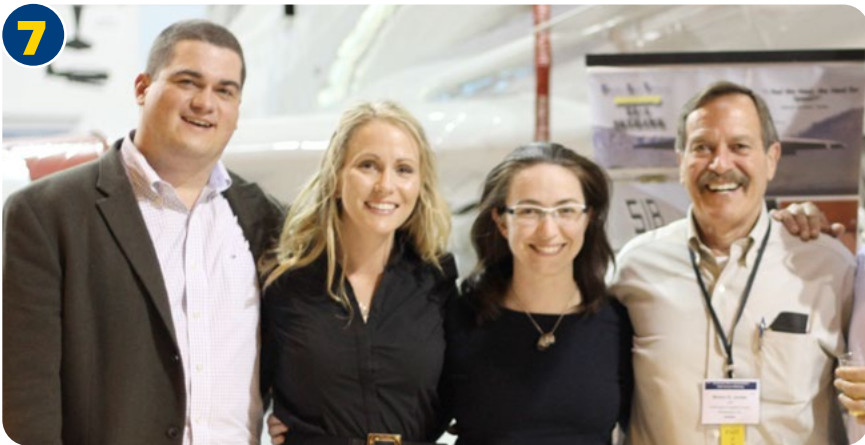
- 1972 Burn ICU opens
- 1972 First burn patient admitted to 4H Burn ICU
- 1979 Burn Rehab department established
- 1979 Regional Skin Bank established
- 1980 Burn Clinic opens
- 1983 First Burn research fellow William Rodman, MD, joins Marion Laboratories
- 1983 Washington Hospital Regional Burn Center becomes The Burn Center at MedStar Washington Hospital Center
- 1991 The Burn Center accepts Walter Reed Army Medical Center burn victims
- 2001 Treat patients from the Pentagon wounded in Sept. 11 terrorist attacks
- 2002 Center verified by American Burn Association
- 2007 First CEA grafting procedure performed
- 2009 The Firefighters' Burn and Surgical Research Lab opens
- 2016 Laser Scar Revision therapy introduced
- 2018 Burn providers offer services at Children's National Hospital

## Directors of Burn Center:

- 1972-1973:** Ira Brecher, MD
- 1973-1978:** Carlos Silva, MD
- 1978-2013:** Marion Jordan, MD
- 2013-2014:** Phillip Fidler, MD, and James Jeng, MD
- 2014 - present:** Jeffrey Shupp, MD



# Memories from The Burn Center



**1** The Burn Center team circa 2012 **2** Kathy Lee, RN, and Marion Jordan, MD, (front center) surrounded by the team circa 2000 **3** Nurse Peggy Gunde preparing burn dressings in 1985 **4** 9/11 survivors reunion **5** The Center's one and only softball team **6** April Fools' Day 1987: Susan Lum, Milmer Hyman, Peggy Gunde, Kathie Lee, and Angela Drake **7** Jeff Shupp, MD; Taryn Travis, MD; Laura Johnson, MD; and Marion Jordan, MD **8** Ronald Lassiter assisting a patient.

## Jillian Zamer, MMS, PA-C

### Chief, Neurosurgery

**If ever a role** was perfectly suited for Jillian Zamer's skills and interests, it's physician assistant (PA). The Crofton, Maryland, native knew she wanted a medical-related career where she could diagnose and treat patients but was unsure whether the full physician training path was for her.



Fortunately, Zamer discovered the PA profession. And from the outset, she says, "I knew it was the perfect fit."

So too was Zamer's choice of her specialty. After receiving a Master of Medical Science from Saint Francis University, and a Certificate in Physician Assistant Studies from Anne Arundel Community College, Zamer's first job was as a subspecialty PA in the Department of Neurosurgery at Prince George's Hospital Center.

"Neurosurgery sort of fell into my lap, but I quickly fell in love with it," she says. "I really took to the wide variety of cases, and the opportunity to help patients who'd suffered some form of neurological pathology."

Having enjoyed a thoracic surgery rotation at MedStar Washington Hospital Center during her PA training, Zamer welcomed the opportunity to return in 2012 as a neurosurgery PA. Her management abilities have since grown in step with her clinical experience, leading to a promotion to the department's chief advanced practice provider (APP) in 2019.

Among the many things Zamer enjoys about her role at MedStar Washington is the chance to implement new treatment approaches, such as an electrode system that helps us detect seizures in high-grade subarachnoid hemorrhage patients. And even the daily challenges of Zamer's job can be energizing, though the coronavirus pandemic put her team's resilience to the test.

"The ruptured aneurysms, head traumas, and brain tumors did not stop because the pandemic was going on," she says. "Treating both our patients as well as transfers from other hospitals periodically resulted in bed shortages."

Then there were the extra safety precautions to prevent the spread of COVID-19 among staff and patients. Zamer recalls having to insert an external ventricular drain in a patient who had tested positive for the virus.

"Several teammates offered to come into the room with me to help and

offer moral support," she says, adding that while she did not take them up on the offer, she deeply appreciated their willingness to help out.

"Our teamwork and camaraderie really shined through," she says.

Zamer hopes to continue building both her technical and leadership skills to benefit not only her department and patients but MedStar Washington as a whole. She was recently named APP representative for the medical and dental staff. She also looks forward to being able to attend in-person neurosurgical conferences to stay on top of the profession's emerging developments.

But while her role offers no shortage of opportunities, Zamer says the things she enjoys most are the people.

"The attendings, my fellow PAs and nurse practitioners, our residents—they're all amazing and as close to me as family," she says. "And, of course, there are the patients. You don't always see 'wins' in neurosurgery. But when they come back through the clinic and are looking good, there's definitely a sense of pride and accomplishment, as well as hope that they will continue to do well."

Zamer and her husband, Brian, an investment analyst/strategist, have two children—two-year-old daughter Tenley, and newly arrived son Bodhi. Two dogs, a German Shepherd named Dalton and a chocolate lab, Swayze, round out the family.

"We enjoy getting outdoors as a family for long walks," Zamer says.

## From the desk of Alexandra Pratt, MD Chair, Critical Care Medicine



**The Critical Care Medicine staff** at MedStar Washington Hospital Center manage seriously ill patients in our intensive care units. Our units are divided into subspecialty areas including medical, neuroscience, trauma, and surgical units, and the medical and surgical intensive care units of the MedStar Heart and Vascular Institute. We partner with our surgical colleagues and medical subspecialists to provide excellent medical care and manage patients recovering from major surgery or trauma.

In the 11 years I have been at MedStar Washington, Critical Care Medicine has quintupled in size, with eight (soon to be nine) units, 51 physicians, 64 advanced practice providers (APPs), and medical and surgical critical care fellows. Our staff is active not only in critical care, but we are also proud to be leading or collaborating in numerous quality and safety and clinical initiatives that

impact multiple areas throughout the hospital and MedStar Health.

As with many departments, the COVID-19 pandemic tried and continues to test our team's resilience and skill. I am heartened and humbled that, day to day, our staff has risen to every challenge, showing remarkable courage and dedication to our sickest patients and to each other.

To set our course for the future, we have focused on developing infrastructure within the department to support research, education, operations, faculty development, and quality and safety. These changes not only strengthen the department, but allow our faculty to achieve their clinical, educational, and professional goals.

Medical ICU director Andy Shorr, MD, is heading up our research program and mentoring new investigators. Tani Jausurawong-Wiest, MD, has received an academic investment grant for critical care curriculum development. In the months and years ahead, this curriculum will put MedStar Health on the national stage for innovation in critical care education. Shihab Sugeir, MD, leads our Quality and Safety team in peer review and proactive safety initiatives. Our Critical Care APP team, led by Kristen Nelson, continues to set and achieve high standards for excellence in clinical practice. From the "boot camp" onboarding program, a model for efficient training through bedside and didactic learning, to their active participation in all departmental programs, our APPs are integral to our success as a department.

The practice of medicine requires lifelong learning, so we are creating faculty development programs and developing new subspecialty

skills such as transesophageal echocardiography and ECMO cannulation. We are introducing regular departmental grand rounds to stimulate big ideas. We are also providing mentorship and professional growth opportunities for physicians and APPs, led by Jennifer Yu, MD.

Supporting the health and well-being of our team is always top of mind for us. Led by Esteban Mery-Fernandez, MD, our focus is and will continue to be on promoting wellness and balance, as well as opportunities to promote equity, diversity, and inclusion within the department.

One of our greatest strengths is the diversity of our team, in every sense of the word. Our department has representation from many cultures, genders, training backgrounds and subspecialties. Teamwork is a central concept to Critical Care's success. Staff members know they are part of "One Team" and that they are never short of helping hands. This philosophy guides us in our daily work, not only within the team but also when we are called upon by colleagues in units and departments throughout the hospital.

It has been my incredible honor to lead this team of clinicians who are intelligent, compassionate, collaborative, and innovative. As Critical Care Medicine grows and improves, from streamlining our processes to promoting effective communication, our goal is to provide the highest quality and safest care for our patients, and to exemplify One Team.

## Christine Trankiem, MD

### Chief, Trauma and Acute Care Surgery



**For Christine Trankiem, MD,** the strategy for effective leadership can be summed up in one word: communication.

But where most leaders think of that as an *action*—talking, writing, speaking—Dr. Trankiem’s unique strength comes in her approach. For the trauma and acute care surgeon, effective communication, at its heart, is not about providing information; it’s about *listening*.

And so, when Dr. Trankiem came into her role as chief of Trauma and Acute Care Surgery at MedStar Washington Hospital Center—the first woman to hold that role within MedStar Washington—she knew where she wanted to leave her mark.

“One thing I decided was that communication would play a central role in my leadership:

maintaining open communication with my division and with other specialties,” Dr. Trankiem says. Her decision to double-down on communication and active listening is born of her careful observation of both what’s working and what’s not.

“One hundred percent of the time, when there’s a problem, the true root cause is a communication issue,” says Dr. Trankiem. “That’s why I was deliberate in choosing this as a focus.”

For the chief, this means leading by example: “I like to demonstrate it myself: Why send an email when you can engage with someone? Sometimes things require a task force, but sometimes it’s just getting people in the room and carefully listening to others’ points of view and saying, ‘This happened. How can we work together to make it better?’”

Dr. Trankiem, who also chairs the Code Critical Airway Committee, has brought that philosophy to bear in that space as well. “My goal is to make sure everyone is on the same page, and that every person’s voice is recognized as important to be heard.”

As a woman and a minority, she also recognizes that others tend to look to someone in her position as an example and a mentor. Dr. Trankiem believes it’s important to be open to and supportive of that role, mentoring minority and female medical students and trainees.

“It’s a real privilege to be chief,” Dr. Trankiem says. “As the first woman in this position at our institution, I know I follow a long-standing tradition of champions of trauma.”

She does so, she says, with a deep, shared belief in the mission of MedStar Washington to provide the very best care to all patients, regardless of race, color, creed, or socioeconomic status.

In keeping with that mission, Dr. Trankiem looks forward to elevating the institution and department’s reputation, particularly when it comes to trauma prevention and work on that topic by doctors like Erin Hall, MD. “Over the next few years, I want to see MedStar Washington Trauma as a recognized prominent national leader in trauma care. Which is a big bite to chew!”

Having taken over her role during a global pandemic, Dr. Trankiem is also happy to be returning to some degree of normalcy—like an in-person graduation for her son, Liam, who just completed high school. Liam, now 18, was just three years old when Dr. Trankiem joined MedStar Washington in 2007.

“He grew up in the MedStar Trauma family,” says Dr. Trankiem. For now, her son plans to study engineering. But, says Dr. Trankiem, “I was a religious studies and classics major, so I’m still holding out hope.”

# Connections

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

## Chief Resident Profile

### Damien Smith, MD Internal Medicine

**Some medical students** know their planned specialty, long before they've done a first rotation.

Damien Smith, MD, is *not* one of those doctors.

"I tried everything!" he explains with a laugh. "As a student, I thought I'd be a neurologist. By the time I graduated I thought hematology. As an intern, I wanted to do neurosurgery."

Dr. Smith's ultimate choice came, not from some big 'Ah-ha' but after careful listening, analysis, and thoughtful discernment.

Dr. Smith is the Chief Resident of Internal Medicine for MedStar Washington Hospital Center, and while he took his time finding the pathway to his specialty, he says that choice has validated itself, again and again.

"Every day it has been the right decision," Dr. Smith says. "I've done what I'm good at. Internal medicine has so much scope for making a difference in someone's life."

His philosophy of care sounds much like his approach to big life

decisions, like choosing a specialty: "Take a bit longer and listen more carefully."

That style of operating will surely be to the benefit of the department's residents. "One thing I think is so important in medicine is the apprenticeship model," Dr. Smith says. "It's really difficult to learn the *art* of medicine out of a textbook; you need to see how it's done up close.

We have a very special program with people from countries worldwide. The mix of cultures and perspectives creates a truly special group."

As with his patients, Dr. Smith sees a similar return on investment: "That relationship between the effort you put in and get out when it comes to teaching and mentorship is exponential: The residents who come here are excited to learn and have a hunger to improve," he notes.

Selfishly—with each new crop of residents, Dr. Smith also sees another opportunity beyond teaching and mentorship: prospective foster parents.

Dr. Smith fosters kittens and over the course of his residency, he has



become somewhat famous for finding a very reliable pipeline to forever homes: Internal medicine residents.

"We've adopted thirteen kittens and counting to residents in the program," he says, noting his match-making skills.

Following his chief year, Dr. Smith plans to apply to cardiology fellowships and is excited to lean into the incredible cardiology research happening at Medstar Washington. As he moves deeper into his specialization, he says he thinks he has found the closest meeting of his physiological interests paired with day-to-day practice.