



MedStar Health

Connections

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



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Connections

Connections magazine 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

Functional Diabetic Limb Salvage: A Team Approach **April 10 to April 13, 2024**

JW Marriott | Washington, D.C.

Course Director: Christopher E. Attinger, MD; John S. Steinberg, DPM

7th Annual Nursing Research and Innovation Conference **March 14, 2024**

The Catholic University of America | Washington, D.C.

Course Director: Pamela R. Jones, PhD, MPH, RN

SAVE THE DATE

National Nurse Wellbeing Conference & Certificate Course **March 7 to 8, 2024**

Washington Marriott Georgetown | Washington, D.C.

Course Directors: Daniel Marchalik, MD, MBA; Cassie O'Malley, DNP, RN, OCN

The Issam Cheikh Update on Diabetes XLVI 2024 **April 11, 2024**

MedStar Union Memorial Hospital | Baltimore, MD

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

IBD Masterclass 2024 **May 17, 2024**

Park Hyatt Washington | Washington, D.C.

Course Directors: Mark C. Mattar, MD, FACP, AGAF; Eugene F. Yen, MD

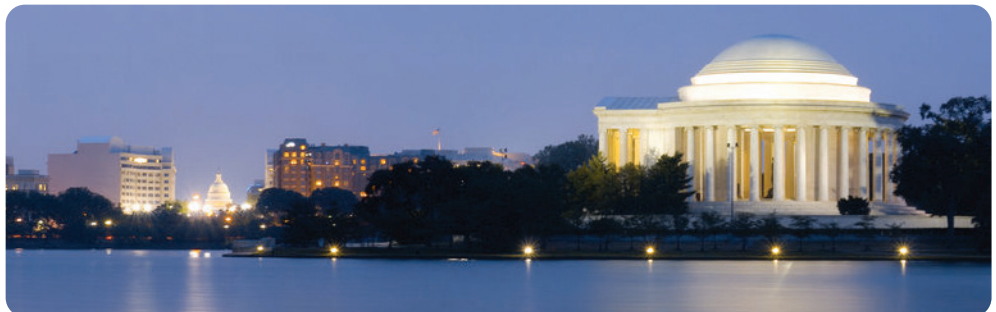
Abdominal Wall Reconstruction (AWR) 2024 **June 7 to 8, 2024**

The Ritz Carlton Tyson's Corner | McLean, VA

Conference Chair: Parag Bhanot, MD

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or maureen.e.mcevoy@medstar.net.



Chief Medical Officer

Gratitude for you and your invaluable contributions

With 2023 rapidly coming to a close, I'm sure you're ready to wind down, relax, and spend time with loved ones, family, and friends this holiday season.

I wish to say to all members of the Medical and Dental Staff at MedStar Washington Hospital Center, you have my gratitude and appreciation for your part in our successes. As with most organizations, we faced our share of challenges—united—and as the year closes, we have a lot to celebrate!

Earlier in the year, we underwent an outstanding Joint Commission re-accreditation survey, and the Stroke Center of Excellence received the 2023 American Heart Association/American Stroke Association's Get With the Guidelines®—Stroke Gold Plus with Target: Stroke Honor Roll Elite; Advanced Therapy; and Target: Type 2 Diabetes Honor Roll Achievement Award.

Again, U.S. News & World Report ranked us number two in the Washington, D.C. metro area—we also ranked "high performing" in three specialties and 16 procedures and conditions. At the same time, MedStar Heart and Vascular Institute

was ranked 33rd place nationally in Cardiology and Heart Surgery. The Low Institute Hospitals Index rated us as the most socially responsible and racially inclusive hospital in the district, and as one of 54 hospitals in the country to earn Honor Roll status with "A" grades in Social Responsibility, Health Equity, Value of Care, and Patient Outcomes.

We continued to build on our successes by safely and efficiently moving patients through our care process and by thoughtfully managing our resources. The opening of the Cardiac Electrophysiology Lab of the Future and the renovation of the Cath Lab patient waiting area are only the beginning. More projects, including the renovations of the Burn Center, are underway or expected to be completed in 2024.

Last month, a new program called Schwartz Rounds held its inaugural multidisciplinary forum in Siegel Auditorium. In this safe, confidential space, associates shared candidly how their lives have been touched by patients they cared for and often lost. Each person's experience was heartfelt to hear and, out of those discussions, many of us present, myself included, acknowledged we struggled with second-guessing ourselves and asking,



"Could we have done more for our patients?" We also reflected on ways to be positive and supportive of one another as well as remembering how frequently we have successfully treated or saved a life.

Inspired by all the voices I heard at the forum, I believe our future is filled with boundless opportunities, and your participation is essential in transforming the care we provide to meet the needs of our community.

Below, see how vital your ONE TEAM contributions have been to our success.

Happy Holidays!

Jeffrey S. Dubin, MD, MBA, is Sr. Vice President, Medical Affairs & Chief Medical Officer. He can be reached at **202-877-6038**, or at jeffrey.s.dubin@medstar.net.

MedStar Washington

39,387 admissions/observation cases annually

359,981 outpatient visits (37 locations)

76,469 Emergency department visits

Procedure Areas (non-MHVI)

11,592 inpatient surgeries

10,067 outpatient surgeries

MHVI

1,688 cardiac surgeries (53 heart transplants/41 VADs)

Oncology

47,367 cancer center outpatient visits

MedSTAR Trauma

2,371 MedSTAR trauma admissions

\$62M charity care

OBGYN

3,624 births, 1,831 admissions to NICU

1,440 MedSTAR burn evaluations/588 admissions

Congratulations to 2023's Gold-Headed Cane Award Recipients

On September 28, 2023, the Gold-Headed Cane Awards at MedStar Washington Hospital Center returned to its tradition of recognizing physicians nominated by their peers and selected by past award recipients. This year, Tamika Auguste, MD, Pamela Randolph-Jackson, MD, and Jack Sava, MD, were selected to receive the long-standing symbol of outstanding physician merit.

"We're recognizing three remarkable physicians who possess the character, talent, and passion to care for patients and promote medicine as a vocation and profession. We've carried this tradition at MedStar Washington for more than 60 years," said David Moore, MD, president of the Medical and Dental Staff at the hospital. "In years past, physicians were more solitary, as compared to today, where

working as a team—with a variety of specialties and skills—is essential to providing the highest quality, safest care for patients. The awardees this year have certainly demonstrated superior teamwork, passion, care, and compassion during their tenure at the hospital."

James Jelinek, MD, is the chair of the Gold-Headed Cane Committee and chair of the Department of Radiology at MedStar Washington. "Our chosen recipients are known for motivating those around them. They are exceptional teachers and practitioners, innovative in their approach to practicing medicine, and have truly advanced their specialties," he adds. "Highly successful people look for mentors and we're recognizing three of the best. Even though this can, in some ways, be considered a lifetime achievement award, this year the Committee is recognizing younger, dynamic individuals."

This year's three Gold-Headed Cane Award winners agree that receiving this honor was completely unexpected.

Tamika Auguste, MD

*Chair, Women's and Infants' Services at MedStar Washington
Physician Executive Director,
Women's Health Services,
MedStar Health*

"I was surprised because I think of this award as being for someone who has been here for a long time and is ingrained in the culture," said Dr. Auguste. "Then I realized, I have been here for 20 years and so I guess that is me! MedStar Washington is home, always." Dr. Auguste is chair of Women's and Infants' Services at MedStar Washington and serves as the Physician Executive Director of Women's Health Services at MedStar Health.

"It's wonderful that my colleagues think so highly of me. It's nice to solidify that and know when people see me, they think of the hospital. I've always felt a part of this amazing team of physicians," she said. "I revere all the prior winners. Their contributions have been consequential and, of course,



Kristen Nelson, David Moore, MD, and Arthur West, MD



Recipient Tamika Auguste, MD, and Keisha Robinson, MD

they were recognized because they were the physicians who led the staff and the hospital to where we are today. To be considered as one among them is humbling. I hope I can be that person someone more junior can aspire to."

Dr. Auguste said to share this award with Drs. Randolph-Jackson and Sava is a great honor, and she also shares it with her husband and hospital team. "I work long hours and I couldn't do what I do without my husband," she adds. "And the people in my department are so wonderful and support me. It's a two-way street and all the good things that happen in Women's and Infants' Services happen because of them."

Pamela Randolph-Jackson, MD

Chair, Department of Radiation Oncology

"It is one of the highest honors that can be bestowed on a physician at MedStar Washington," Dr. Randolph-Jackson said of receiving the Gold-Headed Cane Award. "It's humbling as well as satisfying since all of the physicians chosen in the past continue to be thought of in very high regard. My reaction when I received the call from Dr. Jelinek

was one of awe and surprise; it definitely wasn't what I was expecting. Receiving the award makes me feel appreciated and valued. It empowers me to continue my efforts to live up to the expectations to practice sound medicine based on quality and patient safety measures set by past recipients. I have practiced at the hospital since completing my fellowship 30 years ago. There are very few individuals who can say that they have been at one institution, one job, for that period of time. It speaks to my love of this institution and the dedication of my physician colleagues and the Executive Leadership team. Of course, success is always a team effort; it takes a family to transverse the peaks and valleys of life so I would be remiss not to thank my husband, Darron, and daughter, Leah, who put up with my very long hours leaving them to take care of home matters. I would also love to share this award with my parents who never grew tired of pushing me forward and my two dogs Max and Zara who have saved my sanity."

Dr. Randolph-Jackson said that the award stands out and the past recipients are noted icons in their fields of practice. "I have always stepped back after the ceremony and acknowledged that, yes, I agree,

great choice. To be recognized with Drs. Auguste and Sava is to be standing with physicians who are known for their conscientious contributions to the institution and their tireless commitment to patient care. I admire them both."

In looking ahead to next year when the award will be passed on to a new group of recipients, Dr. Randolph-Jackson said, "It is a responsibility to make sure that the physicians that are chosen are viewed as worthy by the Gold-Headed Cane Award Committee as well as physician staff. This award is an extremely important one so, to me, it serves as a privilege but also a great responsibility."

Jack Sava, MD

*Chair, Department of Surgery at MedStar Washington
Regional Vice Chair,
Surgical Education*

Jack Sava, MD, said that he never intended to be a "lifer," but after meeting his wife on a long-distance blind date in Washington, D.C., more than 20 years ago, he quickly realized the Hospital Center had everything he wanted for his career, and he has never looked back. After serving



Pamela Randolph-Jackson, MD with Arthur West, MD



Jack Sava, MD, and his wife Lisa Kountoupes



Back row: **Drs. Glenn Wortmann, Stephen Peterson, Arthur West, Mario Golocovsky, Robert Lauren and Dennis Preibat.** Front row: **Drs. Mohan Verghese, Pamela Randolph-Jackson, Jack Sava, Tamika Auguste, Augusto Pichard, and James Jelinek.**



Dr. Randolph-Jackson and President Gregory Argyros, MD

The tradition of the Gold-Headed Cane Award began in 1689 in England, with the passing down of the same cane to five physicians during a 150-year period. John Radcliffe, personal physician to King William III, distinguished himself as the royal physician by carrying not just an ordinary gentleman's cane of the day, but one that had a gold head, adorned by a crossbar on top, instead of the traditional knob. The Gold-Headed Cane has been a tradition at MedStar Washington Hospital Center since 1951, originating in one of the three founding hospitals. It continues to symbolize "the ideals of a true physician, devotion to duty and patient care."

for many years as residency program director, fellowship program director, and trauma chief, he's currently the chair of the Department of Surgery, as well as the regional vice chair of Surgical Education.

Receiving the award makes him very proud. "I've been here my whole career, mainly in trauma care. I don't really feel like I've

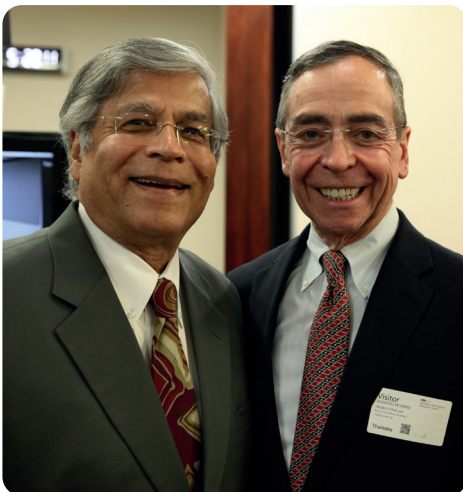
done anything worth celebrating, but I kept showing up in the parking lot for a lot of years. There are only a handful of us on the trauma team but cumulatively we have 116 years of experience. We're growing old together," he said. "There's a reason we all stay, because the hospital's commitment to caring for severely injured patients has never wavered, and our values and attitude about service have always matched the hospital's."

"It's nice to see recognition of the slow grind of trying to make a difference one day at a time, over years and decades. It's not always glamorous, but when I look at the list of current and former recipients, I see a lot of folks like me who fell in love with the hospital and couldn't quit it," he said. "One thing the Gold-Headed Cane recipients have in common is that they aren't really impressed by whether hospitals have fancy lobbies or Picassos on the walls. They know it's the people who matter, and that the tone set by

the hospital leadership matters. Drs. Argyros and Dubin think like administrators, but they both refuse to stop thinking like physicians and human beings as well."

Jeffrey Dubin, MD, Senior Vice President, MedStar Health, and Chief Medical Officer at MedStar Washington, said all three recipients are standouts. "I consider this the physician's physician award. That's why Tamika, Pamela, and Jack are being recognized by their peers for their tenure and contributions at MedStar Washington. All three recipients are living our mission and providing the highest quality, safe, excellent care to our patients and community. Together, they are an esteemed group of physicians who reflect the caliber of talented individuals on staff."

"At MedStar Washington, we have the best physicians and the sickest patients," adds Dr. Jelinek. "Some of our patients wouldn't make it at any other hospital and that speaks to the incredible teamwork of our highly skilled physicians. Our hospital is a very special place."



Drs. Mohan Verghese and Augusto Pichard

The use of marijuana

The use of marijuana has burgeoned in our lifetimes. Once a forbidden illegal drug, marijuana has become an approved medicinal in 36 states and 17 approve it as a recreational drug including the District of Columbia. It is still illegal at the federal level but that is changing as well. Minimal research has been allowed since this drug was designated many years ago as a dangerous drug with high liability, that is, a category.

This paradigm shift allowing its widespread use amounts to a massive social experiment with a poorly understood drug, the concentration of which has increased threefold since 1995. Many clinicians now recognize as its use has gone up, so have the problems.

How is marijuana a therapeutic? The primary use is for chronic pain. The most active ingredient, tetrahydrocannabinol (THC), stimulates the CB 1 receptor which modifies pain transmission, for example, in spinal cord neurons. This is the most frequent authorized reason for use in 26 states. It is also used as a sleep aid and appetite stimulant (the munchies), and it is touted by veterans as a good way to cope with PTSD. There are no evidence-based studies that support the idea that it works with PTSD; instead, it may worsen outcomes. More research is needed.

An analog of THC, dronabinol, has been used for chemotherapy-induced nausea and can improve the appetite of other patients such as those with HIV with appetite suppression. Another analogue, cannabidiol, can modulate inflammation and stress and is used for some types of seizure disorders. Of those who use marijuana

regularly as a medicine, three-fourths use daily and, of these, 80% or more may use it for recreation as well. The problem is that too much of the substance has consequences.

Surveys are clear. From 10 to 30% of regular users develop a cannabis use disorder, CUD, where motivation is lowered and normal obligations are not met. Withdrawal from the substance includes dysphoria, liability of most emotions, anxiety, and craving, and these symptoms make quitting use very difficult. While distressing, this withdrawal is not as disruptive as alcohol withdrawal so many give less emphasis to it, but it can be "distressing to the individual and not easy to overcome."



Steven Peterson, MD

Furthermore, we are seeing more adults including college-age students and younger adults coming to our inpatient wards with psychosis. While most studies are observational, there is plenty of evidence to say that marijuana contributes to psychiatric decompensation in vulnerable individuals. In the first decade of the

21st century, the rate of psychoses doubled as did the use of marijuana and the concentration of marijuana. Not to overstate, the absolute rate of psychosis according to one study was only 3.38% but that is 1 in 28 persons using marijuana regularly developed a psychosis which, in our experience, often looks very much like an episode of schizophrenia. Marijuana usage seems to trigger preexisting disorders.

Even more disturbing is a large European-controlled study showing that long-term marijuana use alters neurodevelopment in the teenage years from age 15-19, making the frontal lobes thinner in key areas. Continued use into midlife causes shrinking of the memory centers of the brain in the hippocampus and adjacent areas and results in a decrease of IQ of 5.5 points from 100 to 94 in adulthood. The more the use, the heavier the dose, the greater the changes in the IQ.

Thus, clinically speaking, there are positive and negative impacts of marijuana. Positive effects include pain control, improved sleep and appetite, a seizure treatment, a calming drug for some, and recreational potential. Yet regular heavy use can alter brain development and permanent changes in memory and cognition in midlife. Furthermore, regular use does not prevent other substance abuse; rather, it leads to more abuse problems such as opioid abuse and dependence. As with alcohol, the use of marijuana might become a slippery slope, even when used for recreational purposes. For those who do partake regularly, there is a risk of psychotic breakdown.

Note: Providers at MedStar Health do not participate in a medical cannabis program to refer or recommend use.

Provider well-being: moving beyond burnout

How MedStar Washington is supporting associates and providers on the ground

Heather Hartman-Hall, PhD, has an important public service announcement about burnout for her colleagues: “There is nothing wrong with you.”



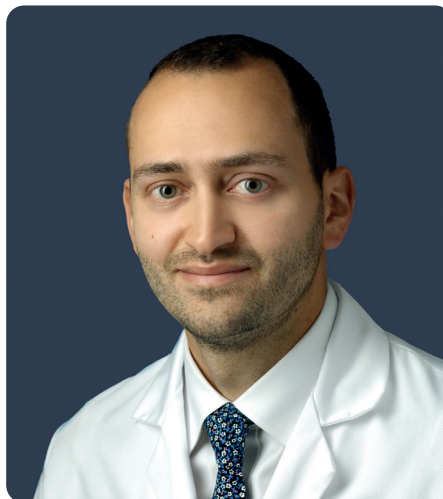
Heather Hartman-Hall, PhD

Burnout isn't the result of a personal failure to persevere. Rather, she notes, it is the sign of a systemic challenge within health care, as a broader field. “We know that the main drivers of well-being are organizational, *not* individual,” she says. “Burnout is because of the work, not because of you.”

“This is about stress exposure,” adds Hartman-Hall, Clinical Director for Behavioral Health Initiatives for the MedStar Health Center for Wellbeing, which was officially established in the fall of 2021. “You can keep handing me bricks, but at some point, you’re going to hand me one brick too many.”

Prior to the formal establishment of the center, many teams across MedStar Washington Hospital Center were finding more informal and organic ways to promote and study well-being at an ad hoc and departmental level, often as a carveout of their existing work, volunteering their time to offer certain supports.

“The Center has enabled us to bring together this broader team, all working on various aspects of wellness, and united in a common mission and vision,” says Dan Marchalik, MD, the center’s executive director.



Dan Marchalik, MD

Now, says Dr. Marchalik: “We’ve been able to centralize those efforts, offer a broad range of initiatives, and bring them to scale across the hospital. It’s a testament to how much of a priority well-being is at MedStar Health.”

Normalizing well-being

Jeffrey Dubin, MD, who serves as Chief Medical Officer for MedStar Washington, says it’s not only about centralizing, but about *normalizing*. “From a system-level perspective, we are trying to normalize talking about wellness, whether it’s activities that are good for stress relief or encouraging colleagues to ask for help. At one time or another, we all have stressors in our lives. We want to encourage physicians and advanced practice providers to seek help before it all becomes too much. We want them to know making an appointment for a virtual mental health coach is an easy thing to do.”



Jeffrey Dubin, MD

The Center’s scalability comes from MedStar’s greatest asset: a cadre of wellness and well-being experts across the system. “We’ve been able to maximize the incredible talents of our amazing team, with the sole focus of ensuring the well-being of all of our providers and associates,” says Dr. Marchalik.

Operationally, that looks like a full suite of offerings, including a robust peer support program that offers well-being specialists for every role.



Maria Leber, PA-C

That type of differentiation and accessibility is critical, says Maria Leber, PA-C, who oversees advanced practice provider (APP)

well-being for the Center. "Well-being might mean something different to an APP versus a nurse or a radiology technician," adds Leber. "If we want to engage APPs around well-being, it feels more relatable to talk to another APP, especially when discussing certain role-specific gaps and needs."

The same goes for the 9,000 nurses across MedStar Health: they can access nurse well-being specialists on call, available, and ready to speak directly to specific wellness challenges.

Role-specific gaps and needs

Leber supports 1,500 advanced practice providers within MedStar Health when it comes to promoting well-being, in addition to her role as Director of APPs for Surgery at MedStar Washington. "I believe the biggest impact I can make is being able to relate to my fellow APPs when they're experiencing burnout or compassion fatigue in their role. I can help them come back to that place of 'Why am I

in health care and how do I still continue to be engaged while also having professional boundaries that maintain my well-being?"

That re-grounding can be hard to do in a role that is 24/7 and never really turns off. Her theory of wellness is rooted in the necessity of giving providers an opportunity to talk about struggles, connect with others, and reconnect to themselves and their team. "We need to build their resilience back. Often, that means coming back to that 'why,'" Leber adds.

The Center's strategy comes down to meeting providers and staff where they are, sometimes quite literally. The group engages in wellness rounds, which include taking wagons full of snacks, treats, and exercise bands to different departments as well as mini-interventions and brief check-ins. "We want to let people know 'We are here, and we understand you



Stress Continuum

THRIVING

DEFINITION

- Optimal functioning
- Adaptive growth
- Wellbeing
- Motivated

ACTIONS

- Practice self-care
- Teamwork
- Appropriate rest



SURVIVING

DEFINITION

- Mild and temporary distress
- Feeling irritable, anxious, or down
- Muscle tension
- Less focused

ACTIONS

- Use Stress First Aid



STRUGGLING

DEFINITION

- More intense and ongoing distress
- Loss of control
- Don't feel like normal self
- Negative thinking
- Feeling overwhelmed

ACTION

- Use Stress First Aid
- Seek additional support



IN CRISIS

DEFINITION

- Severe ongoing distress
- Difficulty functioning well
- Hopelessness
- May include mental health conditions, burnout, insomnia, substance abuse

ACTION

- Seeking additional support
- Consider mental health resources
- Consider adjustments to work situation



Watson P & Westphal R (2020). Stress First Aid for Healthcare Workers, National Center for PTSD | Colorado Healthcare Ethics Resource <https://cohcwcowidssupport.org/>

might not have twenty-five minutes right now,” says Hartman-Hall. Our goal is simply to let team members know the center exists and how we can support them. “We want you to know who we are early, and that we have resources across the spectrum.”

Those resources are open to every staff member, in every role within our One Team, from Public Safety and sanitation to surgery.

What’s the stress continuum?

The Center is also working to educate the entire MedStar Health community about Stress First Aid and the Stress Continuum as outlined by the National Center for PTSD.

Edmund Tori, DO, FACP, who directs education for the Center, has witnessed a shift in culture that has come from educating team members about the continuum and adopting a shared language around stress. “It’s very simple, but it’s elegant,” Dr. Tori says of the spectrum, which portrays stress on a scale of good to bad via color scale that goes from green (thriving) to yellow, to orange, to red (struggling.) “It opens the door for a conversation to say, ‘I think I do need help. Where can I get it?’ rather than hiding your stress.”



Edmund Tori, DO

Dr. Tori notes that he’s observed individuals start meetings by having team members name what color correlates to their current stress level. “If I’m in a green space, maybe I offer to take one of those tasks from a team member who is currently in yellow or red,” he says.

Critical to the Center’s mission is destigmatizing the very natural responses of stress and burnout at the beginning of a provider’s journey. In a teaching hospital, that has made team members tasked with supporting and developing thoughtful ideas about how stress is discussed with residents.

“We need to normalize that we all have moments when the stress is more than our really good coping strategies can handle,” says Hartman-Hall. “Our residents are coming having completed really rigorous training, so we can start with the baseline assumption that they are really resilient, capable people.”

“We’re very lucky that our GME leadership at MedStar Health and MedStar Washington is incredibly thoughtful about well-being, safety, and education—in that order,” adds Hartman-Hall. She notes the delicate balance required of ensuring high expectations and rigorous training that is not unreasonable. How does a system foster a culture in which residents tell an attending they’re too fatigued to safely care for a patient? “We model it, barrier-free,” she says.

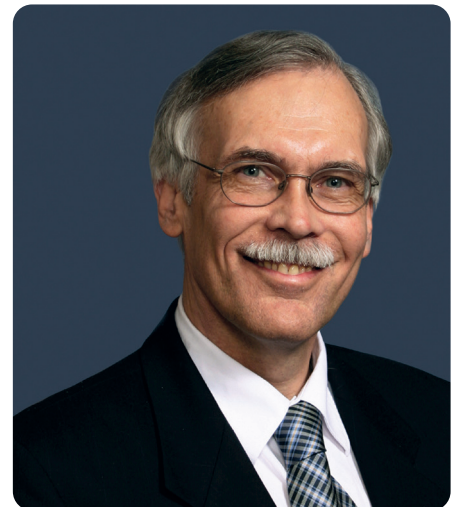
Provider Concierge program

The Center has hosted resident town halls, spoken in staff meetings, and educated residents about the Provider Concierge program: a resource that offers a spectrum of supports that span topics including financial, emotional, or career-related supports. Providers can receive confidential and unlimited support from trained staff. They are also guaranteed expedited mental health appointments with MedStar’s Department of Psychiatry. “The MedStar Health Center for Wellbeing

has mental health coaches that are confidential, free, and convenient,” Dr. Marchalik says, noting these virtual calls can be booked quickly online. Topics might include stress management or help managing sleep issues. “This support helps fill a gap for individuals who might need a coping strategy,” he says.

Critical steps to help

One of the most notable signs that a provider might be experiencing burnout is a loss of patient empathy. “When someone is working too hard, for too long, and seeing too many patients, they can get to a point where they stop relating and caring in the usual way,” explains Steven Peterson, MD. This can also happen because a provider is simply too tired, or worried about an issue at home. “It becomes harder to relate to patients,” he adds.



Steven Peterson, MD

In those situations, Dr. Peterson suggests a few small, but critical steps. First and foremost: get some rest and make sure you are hydrated. “Adequate rest is foundational,” he says.

But if a large block of sleep is not possible—for instance, in the middle of a night shift—the psychiatrist notes even temporarily shifting to an activity

that is personally relaxing, such as going for a walk or listening to specific music, can have a big benefit on your mood. “We have to get to where we can function optimally again,” says Dr. Peterson.

After that initial triage, Dr. Peterson says the best next step is to understand the meaning behind some of those feelings. “If you’re not functioning well at work, it could be a good warning sign that it’s time to talk to someone.”

It can also mean getting back to basics, says Dr. Tori. It might seem counterintuitive, but moments of greatest stress are when individuals can most benefit from small joys and de-stressors. “In those peak moments of stress, we tend to discard daily actions we thought were small,” says Dr. Tori. “But they aren’t. Those are the moments of time when we’d find some solace or peace. It might be the commute home, a favorite song, or sitting by the window drinking tea.” Dr. Tori calls it a time for headspace. “It’s often after individuals restart an activity they thought was small that they realize how important it truly was to their overall well-being,” he says.

That simple act might be taking a walk or making dinner, but Dr. Tori says it might also be found in helping a colleague or a neighbor. “You have to care for yourself,” he says, “but there is an element of caring for others that is caring for yourself. It feels good to care for others. Not only patients, but your colleagues as well.”

Caring for the caregiver

MedStar Health’s “Care for the Caregiver” peer support program emerged from a recognition that fear of lawsuits was creating a major stressor for many providers. After COVID, the team understood the need to expand to include stressors that might come from any number of angles: family crises, remote work challenges, and observing loss of life. “That confluence of issues, in addition to the normal day-to-day

of the role, is incredibly taxing,” says Dr. Tori. The program’s title—and the mandate—needed to expand caring for all associates across any number of stressors.

In short: the message can’t be one of individual responsibility. “Burnout is a very specific term that is, unfortunately, often used in a very generalized way,” says Hartman-Hall. “We need to step back and talk about stress and trauma exposure and understand that healthcare providers’ experiences are multi-factorial.”

That is one reason that Hartman-Hall and her colleagues within MedStar’s Center for Wellbeing have moved away from focusing primarily on burnout, instead utilizing a broader framework for recognizing the various ways that stress and trauma exposure at work may affect team members. “Our goal,” Hartman-Hall says, “isn’t to solve burnout, it is to promote professional fulfillment and ensure our team members aren’t only surviving but are thriving.”

Dr. Dubin agrees: “We know there is always going to be stress in medicine; we are taking peoples’ lives into our hands. But how do we simultaneously emphasize the joyful parts of what we do *and* provide the tools for better recognizing when we feel unwell?”

The bottom line for Dr. Peterson is that someone should feel safe and supported to reach out to a colleague or supervisor if they’re having trouble or increasingly finding themselves at the red end of the Stress Spectrum.

“We all want to help each other,” says Dr. Peterson. “So, let’s help that person out. We’re all One Team.” The individuals at the Center for Wellbeing stand ready to support. “We’ve created lots of doors to go through so that team members can pick the one that feels most comfortable. They all lead to each other when necessary, so it doesn’t matter which door you walk through: we’ll make sure you get to the right place,” says Hartman-Hall.

Tips for addressing stress

- Talk to your supervisor or someone else you trust about your work situation/experiences
- Maintain a high level of hydration
- Understand that lack of sleep can have a huge impact on stress
- If you’re experiencing a moment of high stress, take a five-minute break to do something calming to reset, such as take a walk, journal, call a friend, or engage in deep breathing
- Familiarize yourself with the Stress Continuum Model (on page 9). If you find yourself frequently in an orange or red space, consider accessing the Provider Concierge for a free, confidential, and virtual conversation to get connected with mental health or other services. Call 800-554-1399 from 8 a.m. to 8 p.m.
- Schedule a free, confidential mental health coaching session with the Center for Wellbeing
- Normalize using the Stress Continuum Model with colleagues to take stock of where you and others are on any given day so team members can provide support

Are Your Patients Protected?

When to Recommend the New COVID-19 and RSV Vaccines

"Even though people are still getting COVID, they aren't dying from it, there are still groups of people who should get the booster, and soon."

– Glenn Wortmann, MD



Glenn Wortmann, MD

Just as the federal government announced new COVID-19 boosters in September, cases at MedStar Washington Hospital Center, and across the country, were on the rise again. Though the numbers have since decreased, Glenn Wortmann, MD, Section Director of Infectious Diseases at MedStar Washington and the Medical Director of Infection Prevention at the MedStar Institute of Quality and Safety, said that only seven percent of Americans have received an updated COVID-19 booster. "About 20 percent of older adults have, but that number is still too low," he adds.

Predictions on prevalence are hard to make because the numbers continue to change over time and variants continue to emerge. "It's difficult to say

where we're going, but overall, we're in a good place because mortality rates are remaining low," he said. "Even though people are still getting COVID, they aren't dying from it, and healthy people aren't coming into the hospital with severe COVID anymore. That said, there are still groups of people who should get the booster, and soon."

Who Should Get Vaccinated?

- The COVID-19 booster is recommended for everyone 6 months and older, but it's most important for patients at high risk of severe disease from COVID, including people who are over 65 or those who have weakened immune systems or certain other medical conditions, such as chronic lung disease, heart conditions, obesity, diabetes or kidney disease. "Similar to what we see with the flu, it's the same groups that need the most protection," said Dr. Wortmann.
- Health care providers. "Though it's not mandatory, it's a good idea for all of us at MedStar Washington to get the booster," advised Dr. Wortmann. "If you don't get sick, you can continue to provide care, and prevent the risk of giving it to your patients who may have underlying health conditions."

What Time is the Right Time?

- If it's been more than two months since receiving a COVID-19 booster.

- While we're heading into winter and holiday travel, which is also respiratory virus season.
- As soon as you can get an appointment. "It's harder to get right now, but be persistent," added Dr. Wortmann. "Once early adopters get vaccinated, more appointments will be available."
- Potentially every year. "The virus keeps mutating and what we're facing may be more like influenza where we'll need a different formulation each year," said Dr. Wortmann. "The new boosters are a much closer match to currently circulating variants than prior vaccines and we expect that trend to continue."

If a high-risk patient contracts COVID-19, there are treatments available. "Though oral drugs are not for everyone, molnupiravir and paxlovid should be considered for people at risk for complications and long-term COVID," said Dr. Wortmann.

There is also extra protection for people at high risk from respiratory syncytial virus (RSV). The virus causes mild cold symptoms in most people but can lead to hospitalization and even death in older adults and babies. "There is an RSV vaccine available now and physicians should recommend it to their patients who could experience a bad outcome or complications," said Dr. Wortmann. "You know your patients and can identify who would benefit most from these vaccines."

Jessie Blumin, CNM, WHNP-BC

Chief, Advanced Practice Providers, Midwives of MedStar

It's not every eight-year-old who gets to attend a childbirth. Yet Jessie Blumin still recalls being fascinated as she watched her mother give birth to her youngest brother under the care of a midwife.

"My mother had worked with midwives for all her pregnancies, and she would often take me along to prenatal visits," the Wilmington, Delaware, native explains. "My family spoke about midwives with admiration and love while I was growing up. That played a big part in my decision to become a nurse-midwife."

Blumin first came to MedStar Washington as an Emergency department nurse after graduating from Johns Hopkins University's School of Nursing. She then worked at MedStar Georgetown while earning a Master of Science in Midwifery and Women's Health at Georgetown University. After a fellowship at George Washington University Hospital, she joined Midwives of MedStar in 2018.

While midwifery is hardly a new concept for pregnancy and childbirth, it's a model that Blumin says has enjoyed a resurgence in recent years as patients seek a more personalized level of care during what can be both a physically and emotionally challenging time.

"A core tenant of midwifery philosophy is that pregnancy and childbirth are normal physiologic functions that don't always need to be medicalized," Blumin explains. "During pregnancy, we perform the same tasks as OB/GYNs—track the baby's size, listen

to the heartbeat, and order routine labs and ultrasounds. We are experts in 'normal,' and empower pregnant people to care for and trust their bodies."

At the same time, midwives are alert to any deviations from "normal" pregnancies. "That is when interventions are warranted and we get patients the care they need—either by the midwifery team or by escalating care to another specialist when appropriate," adds Blumin.

Blumin has enjoyed being part of Midwives of MedStar's growth in



"A core tenant of midwifery philosophy is that pregnancy and childbirth are normal physiologic functions that don't always need to be medicalized."

— Jessie Blumin

both size and reach over the past five years. The team of 14 midwives is able to serve more members of the community at more clinic locations. That includes weekly visits to DC's Anacostia and Roosevelt high schools to provide reproductive health care and assist some of the area's youngest, most vulnerable mothers-to-be. She also loves providing gynecologic services outside of pregnancy, caring for individuals throughout the lifespan with reproductive and sexual health needs.

Since becoming the program's Chief APP in March 2023, Blumin has balanced her new administrative tasks with her clinical work, including providing care during labor and delivery.

"I feel lucky to practice what I love to do in such a safe environment, and with such a wonderful team of midwives, nurses, obstetricians, and other specialists," she says. "By continually supporting each other, we are better able to support our patients, which is particularly important in the setting of the nation's ongoing maternal health crisis."

Blumin shares her Takoma Park home with her partner, two cats, and her two children, aged 9 and 4. While she enjoys hiking and gardening, Blumin says a lot of her spare time is now spent shuttling between kids' activities. She also coaches her youngest child's soccer team, adding with a laugh that "4-year-old soccer is like herding cute cats. It's a joyful way to spend a weekend morning."

Marian Kavanaugh, DPM

Podiatric Surgery

Growing up, Marian Kavanaugh, DPM, remembers her father coming home from the hospital each day filled with excitement. The older Kavanaugh, who has spent his career as an Emergency Medicine physician, would spend meals recounting the patients he'd seen that day and, in many cases, the lives saved.

His passion for that work was imprinted onto his oldest daughter, who determined at an early age that she, too, would dedicate her life to caring for patients. "My dad was the person who opened that door for me," says Dr. Kavanaugh, now Chief Resident for Podiatric Surgery at MedStar Washington Hospital Center.

At Rosalind Franklin University of Medicine and Science, Dr. Kavanaugh's dad set her up with a series of shadow days, following his colleagues in different specialties. One of them was her father's best friend, a hospital podiatrist. For the young Dr. Kavanaugh, it was love at first observation.

"Podiatry offers such a great mix of people and areas of treatment," Dr. Kavanaugh says. "As a doctor, you might see an athlete with an ankle ligament strain or a diabetic who is struggling to control that disease."

Podiatry also offers the opportunity to incorporate a wide variety of medicines, including orthopedics and endocrine, while impacting many different types of people.

The specialty also promised a different work-life balance than she'd observed from her father's work in the Emergency department. That factor felt critical

for Dr. Kavanaugh as she looked ahead toward having a family and caring for patients.

"I didn't see enough of my dad," recalls Dr. Kavanaugh, who is the oldest of nine children. "He'd often have night shifts, and his day shifts were crazy."

For the chief resident, this experience has been one of discovering her passion for leadership. "MedStar Health has been incredible about providing resources. I feel very lucky to have gone through so much training," she says. "We've learned how to navigate tough conversations, how to operate within a chain of command, and how to acknowledge mistakes."

Although, as the oldest of nine, the chief resident notes that this was not the first time she's utilized many of those leadership skills. "I learned at an early age that taking on responsibilities was something I enjoyed," she laughs. "I transitioned somewhat seamlessly into the chief role, given my upbringing. I was always trying to figure out the best way to handle situations and manage conflicts."

The chief year has been the perfect balance between finding a niche position to help her fellow residents and making sure that the administrative wheels keep moving.

After this final year of residency, Dr. Kavanaugh will spend an additional year of training at WVU Medicine Wheeling Hospital in the Foot and Ankle Advanced Surgical Fellowship. Following her fellowship, Dr. Kavanaugh hopes to make her way back toward her hometown of Chicago—but a hospital setting with a residency is a must. "I want to emulate

my program here at MedStar Washington, either as an attending or a physician closely involved with a hospital-based system."

Might she wind up working a few floors away from her father? "He has always wanted to have me at the same hospital," she admits. "So, we'll see!"



"Podiatry offers such a great mix of people and areas of treatment. As a doctor, you might see an athlete with an ankle ligament strain or a diabetic who is struggling to control that disease."

– Marian Kavanaugh, DPM

Mangla Gulati, MD, FACP, SFHM

Vice President and Chief Quality and Safety Officer

When Mangla Gulati, MD, began her career as a hospitalist, she often found herself in a perplexing space: “I kept looking around at different systems, operations and safety concerns and saying: “This doesn’t work! And *that* doesn’t work *either*! And why do we do this this way?” Often, she heard because ‘that’s how we’ve always done it.’

Eventually, a supervisor offered some simple, but instructive, advice: “Then go fix it!”

“That’s how I found myself in administration,” quips Dr. Gulati, now Vice President and Chief Quality and Safety Officer for MedStar Washington Hospital Center.

Dr. Gulati spent most of her career at the University of Maryland Medical Center (UMMC) after completing her internal medicine training at MedStar Union Memorial Hospital. She began her administrative path first as a physician advisor, then as medical director of clinical effectiveness, helping that institution think through performance improvement, regulatory, quality, and safety opportunities. She was named associate chief medical officer and later, chief quality officer.

Dr. Gulati says she’s excited to bring what she’s learned from her time at UMMC to MedStar Washington. She has been busy meeting associates and orienting herself to the geography of a very complex tertiary care center. “I’ve been learning the layout: touring the facility from the operating



rooms, kitchens, all the way to where the generators are stored!” she adds.

Beyond learning the lay of the land, Dr. Gulati says that her conversations have consistently shown a clear commitment to the patient and associate experience. It is about finding the *bright spots* in our work and ensuring *joy* in what we do every day.

As she begins to chart her path, Dr. Gulati is excited to be playing an integral role in MedStar Washington becoming a 5-Star Centers for Medicare and Medicaid Services (CMS) ranked hospital.

Her top priority is Quality, Safety, and the best experience for all our patients and associates. Recognizing all associates are safety champions is essential as highlighted in the November 2023 Safety Pearl.

The path to five stars can only happen in lockstep with an unwavering culture of safety. Dr. Gulati places an emphasis on ensuring a culture where team members can speak up for safety “Okay, that didn’t go as expected,” she says, “so let’s understand what went wrong.” The goal is to get to the point where everyone understands the problem, determines the root cause, and then *collectively* works to put plans in place to design better and safer systems (reluctance to simplify), smart people solving complex problems (deference to expertise), always looking for where and how we can build stronger systems (preoccupation with failure), and lastly, every time, something does not go as anticipated, that is an opportunity to learn resilience.

When Dr. Gulati isn’t solving systems-level challenges in her new role, she’s likely planning her next trip. Born in England, Dr. Gulati spent time in India before moving to the United States. She has camped in the Sahara Desert and spent several days in a real treehouse high in the canopy of the Peruvian Amazon waking up to the peering eyes of Howler monkeys.

The front of her refrigerator tells the story of her exhaustive travels—with souvenir magnets from every destination. “I’m running out of fridge space!” she laments “I may have to get another one!”



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

From the desk of

Jeneshia Narayanan, MD Internal Medicine

The Hospitalist Medicine section has undergone many changes over the past few years. We're constantly improving, and much of our success is a testament to the leadership of our Program Director Gillian Southwell, MD.

While MedStar Washington's average daily census remains high, we've increased staffing and implemented other changes to ensure our census-per-provider remains manageable. Assuring adequate staffing has enabled us to focus on other crucial patient safety initiatives such as a peer review process within our section that complements the review process for the hospital's Internal Medicine department, as well as the MedStar-wide Hospital Medicine Peer Review Committee. Participating in system-wide committees allows us to observe patterns and implement changes that will benefit our colleagues and, more importantly, our patients.

Our current focus on reducing patients' length of stay (LOS) complements hospital-wide initiatives for increasing patient safety and great

patient experience. More efficient care in the hospital setting leads to less time spent away from loved ones and also mitigates exposure to hospital-acquired infections.

Although it's been nearly four years since the onset of the COVID-19 pandemic, we continue to apply lessons learned from those challenging months. The experience demonstrated our ability to be flexible in terms of staffing, thanks in part to the implementation of a provider backup system that we continue to rely on. Because we are better able to track absences and availability, we very rarely have issues with covering sudden changes in patient admissions.

Communication, which took on heightened importance during the pandemic, has been an important focus as well, both within Internal Medicine and throughout the organization. Our safety officers—Sarah Rose Sabo, ACNP-BC, and Chee Chan, MD—have played key roles in the development of mwhc.info, a searchable platform to locate on-call providers for different departments, and communication in real-time via Microsoft Teams. No longer solely dependent on the sometimes



cumbersome pager system, we now have direct contact with our colleagues, which has improved clarity regarding patient plan-of-care and other issues rather than simply relying on chart notes to keep us all on the same page.

Patient experience is also a key focus; specifically, regular family communication was an element of patient care that we sought to improve during the pandemic, given limited visitation. Thankfully, this has remained as an enhancement to our daily practice.

These and other initiatives all have one goal—to make sure we continue to deliver high-quality patient care as safely, efficiently, and seamlessly as possible. Our patients' well-being is always our primary concern.