"One Team: Our Way Forward"
Guides New Hospital President
Gregory J. Argyros, MD
Culturally Competent LGBTQIA Care
September 28 | MedStar Washington Hospital Center | Washington, D.C.
Course Director: Leon L. Lai, MD

The Council of the District of Columbia has approved Bill B21-0168 “LGBTQ Cultural Competency Continuing Education Amendment Act of 2015.” The law requires that two (2) credits of instruction pertinent to cultural competency or specialized clinical training that focuses on LGBTQIA patients must be included as part of the continuing education requirements for any license, registration or certification. This program will provide 2.25 hours towards this requirement.

MedStar Washington Hospital Center is proud to be hosting the upcoming fall conference, Culturally Competent LGBTQIA Care on Friday, September 28, from 7 to 9:15 a.m. in True Auditorium.

This two hour course will educate healthcare providers and clinicians on culturally competent care for gender minorities (transgender and gender non-binary) and sexual minorities (lesbians, gays and bisexuals). The course will review terminology and systems-based approaches that will increase providers’ knowledge of medical, sexual and transition history from gender and sexual minorities in a culturally competent manner. Additionally, the program will navigate the adverse outcomes associated with being a gender or sexual minority, and the effects of minority stress theory, with recommendations for providers to circumvent these outcomes. Primary care issues pertinent to this population will also be discussed, including screening for HIV and STDs, provision of HIV pre- or post-exposure prophylaxis and reproductive counseling. An educational overview will be provided of the possible hormonal and surgical options available to patients seeking gender-affirmation therapy.

As a MedStar associate, registration is only $50 if you register by August 31. Make sure to register with promotional code: LGBTQIA50.

For more information and to register, visit CE.MedStarHealth.org/LGBTQIA

UPCOMING CPE EVENTS

Mental Health Care for Emerging Adults
September 28 | National Union Building | Washington, D.C.
Course Director: Matthew G. Biel, MD | Course Co-Director: Aditi Vijay, PhD

The 5th Gastric and Soft Tissue Neoplasms 2018
September 29 | Park Hyatt Washington | Washington, D.C.
Course Directors: Waddah B. Al-Refaie, MD, FACS | Nadim G. Haddad, MD | Dennis A. Priebat, MD, FACP

Melanoma: Biology & Patient Management 2018
October 13 | Omni Shoreham Hotel | Washington, D.C.
Course Director: Michael B. Atkins, MD | Course Co-Directors: Waddah B. Al-Refaie, MD | Geoffrey T. Gibney, MD

Advanced Heart Failure Summit: 30th Anniversary Celebration of Ventricular Assist Devices and Heart Transplantation at MHI
October 13 | Martin’s Crosswind | Greenbelt, Md.
Course Director: Samer S. Najjar, MD | Course Co-Director: Mark R. Hofmeyer, MD

Ear, Nose, and Throat (ENT) for the Primary Care Provider 2018
October 20 | Omni Shoreham Hotel | Washington, D.C.
Course Director: Selena E. Briggs, MD, PhD, MBA | Course Co-Director: Michael J. Reilly, MD

The 13th Annual Georgetown Meeting on Gastrointestinal Endoscopy & Pancreatobiliary Surgery
October 20 | The Ritz-Carlton | Washington, D.C.
Course Director: John E. Carroll, MD | Reena Jha, MD | Course Co-Directors: Thomas M. Fishbein, MD | Nadim G. Haddad, MD

Thyroid Disorders 2018: New Diagnostic Tests and Treatments for Clinical Practice
December 7 | Kellogg Conference Hotel at Gallaudet University | Washington, D.C.
Course Co-Directors: Kenneth D. Burman, MD | Jason A. Wexler, MD

Lung Cancer 2018: Progress and Future Directions
December 8 | The Wink Hotel | Washington, D.C.
Course Directors: Deepa S. Subramaniam, MD, MSc | Giuseppe Giaccone, MD, PhD

For more information regarding MedStar Health conferences, please visit CE.MedStarHealth.org
I hope you’ve heard the presentation from our new President, Greg Argyros, MD, on his vision and goals for MedStar Washington Hospital Center. His theme, “One Team: Our Way Forward” perfectly describes our mission, as the provider of safe, high-quality care for our patients and their families. It also describes the way we will continue to be supportive of each other, regardless of job title or category.

First, please know that my office is always open to you. I will respond as quickly as possible to your phone calls and emails, and if you’d like an in-person visit, please contact Danielle Coates, danielle.g.coates@medstar.net to set up a time that works for both of us.

Second, thanks to all of your efforts last year, we are off to a great start for FY 19. We will continue our focus on:

- the MWHC experience, including workplace violence prevention, as well as the key items of quality and safety,
- the timeliness of care we provide
- attention to throughput and stewardship of resources
- infection control in every patient care area
- preventing serious safety events from occurring

Key Issues Include Your Safety

Efficiency, cleanliness of our physical plant and providing a safe environment for all of you are also key items for leadership. Following July’s Code Silver incident, everyone received a message from Dr. Argyros, acknowledging your concerns and thanking you for your suggestions.

I want to echo his thoughts: your input on how we can revise our responses is extremely important, as we decide how we can examine our processes and our physical plant, to ensure your safety and that of your teams, your patients, their families and our visitors.

Please let us know what worked, what needs improvement and what we need to know for your particular area of campus. For example:

- If you have an area that’s only badge-accessible, does it always work?
- Is your overhead system turned on, and loud enough for everyone to hear?
- Does everyone on your team know what to do for each type of code?
- Has everyone on your team signed up for MedStar’s emergency system, Everbridge?

If you have additional thoughts and suggestions, please send them to Craig DeAtley, our emergency readiness director, at craig.deatley@medstar.net, or you can email them to me.

Ongoing Communications

Please make sure you read STAT Update every Friday, as that is the communications vehicle I will use to inform you of anything you need to know for the upcoming week. I will be continuing the individual department meetings with all of you, as requested by your leadership, and will also work with Medical & Dental Staff President Arthur West to set up Town Halls for this year, where you can bring up issues you’re discussing in your departments, or items that you believe are of interest to all physicians and Advanced Practice Practitioners.

Our APPs

Speaking of APPs, we will be celebrating all five groups—nurse practitioners (NPs), physician assistants (PAs), certified nurse midwives (CNMs), certified anesthesiology assistants (CAAs) and certified registered nurse anesthetists (CRNAs)—with a special week in the fall. In the meantime, please enjoy the article about our team on pages 8 and 9.

Thank YOU

We accomplish so much more when we work together, as One Team. I hope I can count on your help. Thank you for your continuing service to the hospital and to the communities we serve.

Ira Y. Rabin, MD, is interim chief medical officer and vice president, Medical Operations & Clinical Resource Management. He can be reached at 202-877-7509.
Gregory J. Argyros, MD, MACP, FCCP, shook countless hands and received dozens of congratulatory emails, in the weeks following the announcement of his promotion to President of MedStar Washington Hospital Center and Senior Vice President of MedStar Health. Along with those heartfelt well wishes, Dr. Argyros has also received another consistent message—“please don’t change.”

Change is inevitable when the baton of leadership is passed, particularly in light of retiring President John Sullivan’s successful eight-year stint at the helm of Washington’s largest not-for-profit hospital.

What Dr. Argyros’s colleagues and correspondents want kept in place are the accessibility and opportunities for dialogue he helped foster, during the past four years as the Hospital Center’s Chief Medical Officer.

“To me, that’s a win,” he says. “It shows we’ve established a culture where open communication and discussion are expected, utilized and valued.”

If anything, Dr. Argyros hopes the popular Town Halls and other channels for direct interaction with Hospital Center physicians and associates can be expanded, particularly since his responsibilities now extend well beyond the Medical & Dental Staff.

“Where once I might consult, say, (Chief Nurse Executive) Sue Eckert on an issue related to Nursing, I’m now ultimately responsible for it,” Dr. Argyros says. “I’m looking at these things differently, and I have no doubt that people in these areas are looking at me differently, as well.”

So far, Dr. Argyros likes what he sees—an organization with the resources, skills and professional commitment that proudly serves the entire Washington, D.C., community, with services ranging from basic health care to advanced surgical procedures.

5 Stars in 5 Years
Yet Dr. Argyros also believes that the Hospital Center can
achieve much more. He envisions a 5-Star Centers for Medicare and Medicaid Services (CMS) hospital rating within the next five years; leadership in a hotly-competitive regional health care market, including providing the best patient experience; and programs that instill and inspire consistent adherence to highest standards for quality and safety.

In his presentations to administrative and physician leaders, Dr. Argyros used the term “precipice of greatness,” to illustrate how the foundation for this ambitious agenda is already in place.

“We can take off from where we are,” he says. “If we get all of that right, we’ll be a profitable, high-reliability organization, fully focused and committed to carrying out our mission of serving patients.”

That leadership would come naturally to Dr. Argyros is hardly surprising, given the western Pennsylvania native’s undergraduate preparation at the United States Military Academy at West Point, and a 25-year career in the Army Medical Corps, which included serving as Chief of Medicine at Walter Reed Army Medical Center.

Strong Engineering Background
Although his parents were in health care—his mother was a nurse, and his father was a pharmacist—Dr. Argyros might well have pursued an engineering career, had it not been for a sophomore-year elective in human physiology that piqued his interest in medicine.

“That class changed my life,” Dr. Argyros says.

As with most other West Point cadets at the time, Dr. Argyros would go on to earn an engineering degree. Thanks to an Army health profession scholarship, he enrolled in the University of Pittsburgh’s School of Medicine. He would go on to complete both his residency in Internal Medicine and a fellowship in Pulmonary and Critical Care Medicine at Walter Reed.

Though many years have passed since making that critical career choice, Dr. Argyros says his original engineer’s instinct still serves him well.

“It helps structure a framework for addressing an issue or objective,” he explains. “It’s not inherently rigid, despite the stereotype of many technical disciplines, but it does help you stay on task.”

Quality, Safety, Patient Experience
Because the Hospital Center’s objectives revolve around quality, safety and the patient experience, Dr. Argyros sees a benefit to having a clinician in the top leadership role.

Characterizing the roles of physicians and physician executives, he says, “We need to set the example, and ensure we’re doing everything possible, so that the entire team pulls in the same direction.”

It also helps that the challenge of keeping a multi-faceted organization like the Hospital Center in sync internally, and with MedStar’s other hospitals and facilities, is familiar territory for Dr. Argyros. The final four years of his military service were devoted to complementing the realignment of the military’s health care assets in the National Capital Region, with a new, collaborative organization for medical education, training and research.

“There are a lot of parallels between that effort, and the ‘One MedStar’ initiative to regionalize many of our services,” he says.

“We can take off from where we are,” he says. “If we get all of that right, we’ll be a profitable, high-reliability organization, fully focused and committed to carrying out our mission of serving patients.”

Not all of Dr. Argyros’s efforts will be inward-focused. Through frequent meetings with community and government leaders and other stakeholders, he hopes to learn about their expectations for the Hospital Center, and what will be needed to achieve them.

“We can’t work in isolation,” he says. “Currently, we’re looked at as both a provider in times of crisis, and the safety net for people who have no other alternative for quality health care.”

He adds that while maintaining that role is essential, fulfilling the Hospital Center’s multi-faceted mission in a space-restricted environment poses yet another challenge.

“If we’re going to grow some services, I’d prefer it not be at the expense at others,” he says.

Amid what is sure to be a hectic schedule, Dr. Argyros is also fully committed to spending time with his family, which includes a new grandson. And, he expects to find time to read, and to cheer for his beloved Pittsburgh-area sports teams.

One Team: Our Way Forward
Indeed, his office may be where Dr. Argyros spends the least amount of his time. He wants his daily schedule to be much as it has been—walking the halls, meeting colleagues and co-workers individually and in groups, and, most importantly, listening.

He points again to the popular Town Halls with clinicians, and how his team fielded more than 700 issues and concerns in the first few years. Each one was studied and acted upon, with the best possible solution.

In the last year, Dr. Argyros notes proudly, the number of issues raised barely reached 20.

“It shows that we’ve made progress,” he says, “and while not every issue was easy or even solvable, we found a way to at least mitigate it, and make improvements.”

So, Dr. Argyros asks, why abandon a proven approach just because he has a new job title?

“I like to say that ‘I don’t know what I don’t know,’” he says with a laugh. “If I don’t make myself accessible, how else will I find out?”
At just 16, Paul Corso watched his first surgical procedure—his own. The precocious teenager from Charleston, West Virginia, had acute appendicitis, and asked his doctor if he could watch. The surgeon, appreciative of the young Corso’s gift for curiosity, agreed. “He gave me a spinal anesthetic and set up a mirror that was used for obstetric patients during delivery,” says Dr. Corso.

The teenager was fascinated. And while still in the hospital, he pushed medical boundaries even further, when he got out of bed long before 1960 protocols dictated, and indulged in pork chops for dinner the evening after surgery and a hearty breakfast the next morning. “My surgeon asked me what the devil I was thinking,” he remembers. “I told him I had to go to the bathroom, so I did. And they brought the food to me, so I ate it. Then he asked me how I felt, and when I said fine, he sent me home.”

Music v. Medicine

Still, medicine wasn’t a “fait accompli” for Dr. Corso. He played the saxophone and clarinet, and had his own band in high school. “I was thinking about music for my future,” he says. But his mom was head nurse at the 44-bed hospital in town. He helped her put instrument packs together, and remembers thinking, “This is kind of neat.”

When the son of the town’s general practitioner applied to George Washington University for a three year program that fed into the university’s medical school, Dr. Corso followed suit.

“When I got to school, I realized I wasn’t as prepared as the rest of the students,” he concedes. “I got a ‘C’ first semester, and it was a wake-up call.”

That was the first and last “C” he ever received. Three years later, he entered GWU Medical School, and graduated in 1969. He completed his internship and residency in general surgery, and a cardiac surgery fellowship at GWU, as well. Along the way, he met important mentors who helped shape his progressive approach to medicine—and to cardiac surgery.

Cardiac Surgery Tugs at the Heart

“I initially planned to go back to West Virginia, to practice general surgery,” he says. “But the more I saw of heart surgery, the more excited I became about the possibilities.”

But in those days, people were dying from heart surgery. Dr. Corso thought there must be a better way, and while still in medical school he met a man who shared his view. “I was a fourth year student when I met Dr. Floyd Loop, who was chief resident at the time. He was a pioneering heart surgeon who
went on to become president of Cleveland Clinic, and we stayed in contact for years,” Dr. Corso says. “We both believed that we needed to prove or disprove surgical approaches, and develop standardized protocols based on outcomes.”

He found another like-minded colleague in Jorge Garcia, MD, and joined his practice, which served the then Washington Hospital Center. “Jorge had been at Cleveland Clinic, and he brought that culture to the Hospital Center. We had the same idea about fine-tuning protocols for use across the board. In those early days, if you had five cardiac surgeons working at the same hospital, each would use their own techniques and outcomes would vary. We wanted to create standardization.”

**Building on a Novel Notion**

Standardization underlies everything that followed in Dr. Corso’s career—the growth of the practice, the shift of cardiac surgery from division to department, the notion of a regional institute and the morphing of a virtual Washington Heart Institute into the real MedStar Heart & Vascular Institute.

All along the way, Dr. Corso has led the process, as chief of the division, chair of the department, a member of the board of MedStar’s predecessor Medlantic, a member of the MedStar Health board and member of the management board of the Heart & Vascular Institute, which he served as chairman.

Private practitioners became fulltime members of the staff, because of his effort. “This stimulated the hiring of our major interventionalists, and formalizing our cardiovascular research network, as well,” he says.

“We now have an organized system of care throughout MedStar Heart & Vascular Institute. We have upgraded our data collection and analysis, so we can proactively improve clinically and financially, and improve our reputation medically with our patients and families. Our journey is not over, but we must be doing something right, because we became the first Alliance member with The Miller Family Heart & Vascular Institute at Cleveland Clinic. This collaboration has been very fruitful,” Dr. Corso adds.

During forty years as a leader in cardiovascular surgery Dr. Corso says, “We have seen an evolution—perhaps a revolution—in practice. Research has fueled this process, and will continue to do so in the future. Today, cardiologists, cardiac surgeons and vascular surgeons work together, to form a strong core for clinical care and research. Now it’s all about making sure quality remains high, and continues to improve.”

Dr. Corso feels confident that with his successor, Vinod Thourani, MD, the Institute is in good hands. As for his future: A weeks-long trip to Montana and Colorado with Karen, his wife of 50 years. Then, he says, he is offering up his much-valued knowledge, in some type of work that he hasn’t yet clearly defined.

“I think surgeons and ballplayers should leave the field before they are asked,” says Dr. Corso. There is no doubt that after decades of exemplary service, Dr. Paul Corso is going out a winner.
From Advanced Practice Clinicians to Advanced Practice Providers

When Sharon Taylor-Panek, MScN, ACNP-BC, came to MedStar Washington Hospital Center in 1999, she joined the hospital’s first group of nurse practitioners, started by cardiac surgeons Jorge Garcia, MD and Paul Corso, MD in the late 1980s. Today, Taylor-Panek is director of Advanced Practice Providers, MedStar Heart & Vascular Institute, and chief practitioner, Cardiac Surgery, where she supervises a staff of 29 nurse practitioners in cardiac surgery and indirect supervision over an additional 22 APPs.

Her career trajectory showcases the rise in numbers and stature of Advanced Practice Clinicians (APCs), now called Advanced Practice Providers (APPs). The name change to APP illustrates the growing role of nurse practitioners, physician assistants, nurse midwives and nurse anesthetists/certified anesthesiologist assistants on the clinical team.

“This signifies a recognition within health care, recognizing the difference between those with advanced practice degrees and those who can diagnose, formulate a treatment plan, initiate orders and provide the direct patient care,” says Maria Leber, PA, director of Advanced Practice Providers, Surgery, and chief APP, Orthopaedic Surgery. “In the world of nursing, you can have an advanced degree, such as an MSN, to practice specialized nursing, also known as a clinical specialist. But a nurse practitioner is a health care provider who can practice independently and function as the primary provider in an outpatient setting.”

The name change also signifies a shift in focus. “There has been a big shift in the paradigm,” says Loral Patchen, PhD, CNM, vice chair, Innovation and Community Programs, Ob/Gyn, and director, Ob/Gyn Practice. “There’s a focus on wellness overall, with an emphasis on prevention. APPs are experts in ‘normal,’ and can relieve physicians of many aspects of routine patient care.”

The emerging role of APPs dovetails nicely with a growing shortage of physicians. A 2018 study by the Association of American Medical Colleges (AAMC) predicts that the United States will face a shortage of between 42,600 and 121,300 physicians by 2030. “With the finances of health care, we can’t afford to have highly trained specialists taking care of ‘normal.’ We need physicians to apply those rare skills they spent a long time acquiring,” Patchen continues. This is particularly true in procedurally driven services, such as cardiac catheterization and electrophysiology, Taylor-Panek notes. “The APPs work with the surgeons and proceduralists to provide medical management of their patients. In addition, we work closely with all members of the health care team, to ensure the needs and expectations of the patient and families are met.”

APPs also supplement the care provided by hospitalists and hospital residents. “Currently, there is a movement toward hospitalists managing inpatient care. APPs supplement that care. Also, resident hours have been cut back. APPs fill in the gaps,” Taylor-Panek says.

More than 300 APPs are on the hospital’s medical staff. They work in a variety of inpatient and outpatient settings, managing care for hospitalized patients and tending to patients receiving care in the ambulatory practice sites.

A growing number of APPs are under contract, employed through the Medical & Dental staff. This allows for more flexibility in hiring and compensation, Taylor-Panek explains. This also reflects the regionalization of services in hospitals, surgery centers and labs.

Increasingly, APPs are functioning at the top of their license capabilities. These capabilities are described below.

Nurse Practitioners (NPs) can examine patients, diagnose illnesses, provide treatment and prescribe medications. In fact, nurse practitioners have what’s referred to as “full practice authority” in 20 states, including the District of Columbia, meaning that they do not have to work under the supervision of a physician.

Nurse practitioners have an RN/BSN, followed by a two-year Master’s program and certification exam. Their classes focus on disease prevention and health maintenance, and many train to work in a particular specialty. Most graduate programs require candidates to have more than five years experience in the medical field before applying to an NP graduate program.

“In MedStar Health & Vascular Institute, nurse practitioners have a very collaborative relationship with attending physicians and the nursing staff,” Taylor-Panek says. “We are the person in the middle, making sure everything is going in the right direction. Along with hospitalists, we are the front
line. We coordinate care among all the team members, and we are the glue that holds everything together.”

**Physician Assistants (PA-Cs)** perform similar duties, treating illnesses, prescribing medications and working closely with physicians in a variety of settings. However, they follow a different route to get there. The health care background for PA candidates can be quite diverse before they apply for a two-plus year, graduate level training program, ranging from respiratory therapist to paramedic to certified athletic trainer. They have the option of specializing in clinical practice after completing a general medicine-focused graduate program, such as surgical sub-specialties, emergency medicine or primary care. In the District, PA practice requires a practice delegation with a supervising physician.

Orthopaedic Surgery has three PAs and three NPs, who are interchangeable in terms of the care they provide, Leber says. They work in inpatient and outpatient settings, and provide a valuable second set of hands in the operating room. “Our APPs allow for improved healthcare access, and assist physicians with high patient volumes. It also provides continuity for patients. Some surgeons have office hours only one day a week, but there is an APP in the office five days a week, who can provide that access. That’s when we can build relationships with patients.”

**Certified Nurse Midwives (CNMs)** provide health care and wellness services to women, including family planning, routine gynecologic services and prenatal care. They have an RN degree, and then complete a two-year Master’s degree and certification exam. Some states grant nurse midwives broad autonomy, while others require some degree of supervision or direction from a physician. In D.C., nurse midwives practice independently.

At the Hospital Center, nine midwives are organized as an independent practice. “About 500 hundred patients a year come to us for midwifery care,” Patchen says. “We provide prenatal care, manage uncomplicated deliveries and then provide follow-up care. If a patient needs a C-section or other complex care, an obstetrician is available.”

Patchen finds that there is a growing respect for the care midwives—and other APPs—provide. “They are experts in normal,” she says, “There is a focus on wellness throughout health care, and midwives reflect that attitude. We have an additional focus on the normal process of pregnancy and delivery, managing discomfort, educating about nutrition and recognizing the full spectrum of how normal presents.”

**Certified Registered Nurse Anesthetists and Certified Anesthesiologist Assistants (CRNAs/CAAs)** administer anesthesia in a variety of settings and deliver care for numerous operations or procedures, provide pain management, assist with stabilization services and oversee patient recovery. These services may be used through all phases of surgery, and also for diagnostic, obstetrical and therapeutic procedures.

There are two paths to get to these designations. CRNAs complete a Bachelor of Science in Nursing degree and have at least one year of critical care experience, followed by a graduate level training program and completion of a certification exam. CAAs complete a Bachelor of Science degree with a pre-med curriculum, followed by a graduate-level training program and completion of a certification exam. At the Hospital Center, CRNAs and CAAs are used interchangeably.

Rudy Hamad, CAA, MS, is director of Advanced Practice Providers, Anesthesiology, where there are more than 60 CRNAs/CAAs on the medical staff.

“We are valued members of the anesthesiology care team,” he says. “We practice an anesthesiology care team model, in which up to four CRNAs/CAAs are supervised by one anesthesiologist.” The CRNA/CAA manages the patient during surgery, based on an anesthetic plan discussed with an anesthesiologist prior to the case. The anesthesiologist is always available, should a question or problem arise.

In today’s increasingly complex health care environment, Advanced Practice Providers are clearly here to stay. “The anticipation is that in 2022, there will be more fulltime APPs in the hospital, which will give more of our patients access to continuing care, and the best patient experience,” Leber concludes.
Mithun Devraj, MBBS, has always enjoyed problem solving. In fact, that passion for unlocking complex equations and explaining the unexplained is what led the chief resident of Internal Medicine to his specialty.

“As an internist, you see a wide range of patients with a diverse set of diseases,” Dr. Devraj says. “It’s my job to put certain information together, discard the rest and figure out the diagnosis.” This, says Dr. Devraj, is especially true in patients who come to him with an acute problem amid many other ailments or complaints. “Channeling your thoughts, in those cases, can be very challenging—and that’s the best part.”

Dr. Devraj comes from a family of doctors, and received his medical training from Kasturba Medical College in India. Before beginning his resident training at MedStar Washington Hospital Center, Dr. Devraj spent several months completing field rotations in New York City, to gain clinical experience in the United States.

Dr. Devraj received his residency match while he was out of cellphone range. He had a good excuse: he was hiking the base camp of Mount Everest.

“It was a fairly last minute decision, but I’d always wanted to try it out,” he says, noting he only had about three weeks to prepare. The experience left Dr. Devraj with a taste for climbing. “That was when I decided to explore that hobby,” he says, of high altitude climbing. “And of course, you can’t beat the scenery.”

Dr. Devraj completed his first technical climb in the United States during his second year of residency, scaling Mount Baker, near Seattle. “That’s what got me hooked,” he says. Now, he’s trying to get his wife—who is completing her first year of a Rheumatology fellowship and is a graduate of the MedStar Internal Medicine residency—interested as well. “She hates the cold though, so high alpine climbing is a bit of a challenge,” he says.

The need for problem-solving abounds in technical climbing, as with internal medicine, and that similarity is not lost on Dr. Devraj. “I’ve been lucky enough to have guides in both arenas,” he says. “In both, there is a level of figuring out the best route and planning, and in general, being patient.”

Asked if being an internist helped him learn how best to approach climbing, Dr. Devraj says it was the other way around. “Climbing has helped me become a better resident; being patient and going through tough times is a valuable skill set. It’s not easily learned, and has helped me be a better physician.”

Dr. Devraj says he hopes to bring all of those lessons to bear during this forthcoming chief year, which feels as much about building his life skills as his medical skills. For the internist, the ability to hone his own practices as a teacher was a huge draw to the position as chief. Whether from his past professional experiences or his time assessing the best way up a mountain, it seems certain he’ll have plenty to teach his fellow residents.
Matthew L. Pierce, MD
Otolaryngology

Settling into a new role can often mean navigating the unfamiliar, but for Matthew Pierce, MD, it felt more like a homecoming.

That’s because prior to completing a specialty fellowship in head and neck oncologic surgery and microvascular reconstruction at Yale University, Dr. Pierce completed his internship and residency at MedStar Georgetown University Hospital, with rotations at MedStar Washington Hospital Center.

“To come home to a place where I’m familiar was a very opportune scenario,” says Dr. Pierce. “It’s refreshing when you’re starting a new career, to have people you know and trust.” The otolaryngologist also notes that his familiarity with the patient population and hospital operations of MedStar allowed him to hit the ground running as a new attending physician.

The focus of Dr. Pierce’s fellowship was robotic and laser surgeries for the removal of malignant and benign tumors of the head and neck—a focus that he’s happy to bring to MedStar.

“I’m excited to build on the program that we have here,” he says of those treatment techniques. While at Yale, Dr. Pierce exclusively treated head-and-neck cancer patients. “I was able to hone the skills I learned in residency, and gain experience and further knowledge there.”

Dr. Pierce says that, in particular, one technique he’s excited to grow at the Hospital Center is the ability to remove select types of tumors through the mouth, without large incisions or surgeries. Laser and robotic technologies also allow for faster recovery and shorter hospital stays. In addition to these techniques, Dr. Pierce also specializes in reconstruction of large defects after removal of head and neck cancer, to restore form and function after a major surgery, which can be a life-changing improvement for a patient.

Dr. Pierce, who was administrative chief during his time as a resident at the Hospital Center, notes the difference a year or two can make, when it comes to working with the current crop of Otolaryngology residents.

“Being away for a year not only helped expand my surgical skills, but also my teaching skills,” he states. But he also acknowledges the humility required when teaching those close to his own training level. “I’m still in a learning process as well; I still learn from them.” And with his own historical context comes an increased level of empathy: “I definitely remember times that I didn’t know what to do, in a certain situation as a resident.”

Dr. Pierce may have sought out a return to the familiar for his latest professional role, but in his personal time, he relishes seeking out new and unfamiliar places. “I love to travel, and try to visit at least one new country every year,” he says. His most recent trips include Argentina and South Africa.

As for his next adventure, it will likely be a honeymoon. Dr. Pierce will marry in 2019, and is in the thick of wedding and honeymoon planning. Where to? As of now, the couple is leaning toward South Africa or Italy—both spots to which he has already traveled.

“Every place I go,” says Dr. Pierce of his list of great experiences, “I find that I want to return at some point.” Luckily for MedStar, that list includes the Hospital Center.
Among our newest procedures are tumors—all by way of tiny incisions.

...and deliver cancer treatment directly to break up clots inside arteries and veins, assumed its rightful place at the forefront of conditions, offering outstanding results and faster recoveries.

Using image guided technologies, such as CT, MRI, fluoroscopy, ultrasound and x-ray, our minimally invasive techniques provide central venous access, drain fluids, obtain percutaneous biopsies, break up clots inside arteries and veins, treat varicose veins, block off bleeding blood vessels, relieve spinal compression and deliver cancer treatment directly to tumors—all by way of tiny incisions. Among our newest procedures are percutaneous ablation of liver, kidney and lung tumors, prostate artery embolization to treat hypertrophy, radioembolization of liver tumors and embolization to manage endo-leaks after aortic aneurysm repairs.

Here at MedStar Washington Hospital Center, we have been on the leading edge for new applications in interventional radiology. We have five fellowship-trained interventional radiologists, supported by two physician assistants and two nurse practitioners. We work closely with other specialists, and each day, we perform about 25 procedures, and are available 24/7 for emergencies.

Our department houses three peripheral and two neuroradiology interventional suites, and a new clinic with two exam rooms. We are set to install a top-of-the-line Philips AZURION™ angiosuite, with three-dimensional image fusion capability and a dedicated 64-slice CT scanner.

Education and research are cornerstones of our program. We offer a combined interventional radiology fellowship with MedStar Georgetown University Hospital, and each year, we train four fellows and are set to train residents in the newly-established interventional radiology residency. We also convene educational conferences for fellows, nurses and technicians, and regularly participate in multispecialty conferences and tumor boards.

We participate in multi-center research trials of new devices and treatment options. Our team takes leadership roles in national organizations, and frequently speak at international symposia. Going forward, we will continue bringing patients the newest interventional radiology procedures that offer optimal outcomes.

Please contact us at 202-877-6495 for more information.

In the last 20 years, interventional radiology has truly come into its own. With improved imaging technologies and the growing emphasis on minimally invasive approaches to care, it has assumed its rightful place at the forefront of diagnosis and treatment for a variety of conditions, offering outstanding results and faster recoveries.

Using image guided technologies, such as CT, MRI, fluoroscopy, ultrasound and x-ray, our minimally invasive techniques provide central venous access, drain fluids, obtain percutaneous biopsies, break up clots inside arteries and veins, treat varicose veins, block off bleeding blood vessels, relieve spinal compression and deliver cancer treatment directly to tumors—all by way of tiny incisions. Among our newest procedures are percutaneous ablation of liver, kidney and lung tumors, prostate artery embolization to treat hypertrophy, radioembolization of liver tumors and embolization to manage endo-leaks after aortic aneurysm repairs.

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