2018 Gold Headed Cane Award:

Congratulations to

Jayashree Krishnan, MD
Congratulations to Dr. Krishnan
I would like to congratulate Dr. Jayashree Krishnan, our 2018 Gold-Headed Cane Award winner. Dr. Krishnan has logged many years of leadership and service at the Hospital Center, and is well-respected in Pathology and Laboratory Medicine regionally, nationally, and internationally. She continues in a long line of outstanding physicians, recognized by the Medical & Dental Staff as “devoted to duty and patient care.”

Our Next CMO
Several of you have been asking about the search for a Chief Medical Officer. The search committee, set up as instructed under the bylaws of the Medical & Dental Staff, is now at work interviewing candidates. We hope to have a permanent CMO early next year.

Fight the Flu
Have you received this year’s flu vaccination? All MedStar Health associates, physicians, residents, students, volunteers, contracted staff, and vendors are required to receive the influenza (flu) vaccination by close of business Wednesday, November 28, 2018.

Eligible clinicians may also receive their vaccination at Occupational Health offices, unit rounds in high-volume patient care areas, and from peer immunizers.

The vaccine is free of cost for associates, physicians, residents, and volunteers. If you choose to be vaccinated at non-MedStar facilities or a MedStar PromptCare location, you must complete and submit official documentation to Occupational Health (letterhead, prescription form, printed receipt, etc.) from the provider administering the vaccine. Documentation must include:

- Your name
- Date of vaccination
- Name, dose and lot number of vaccine
- Name, address, and phone number of provider

A small percentage of providers may not be able to receive the flu vaccination, due to medical contra-indications and/or religious exemptions. The Influenza Vaccine Exemption Form will need to be obtained from, completed, and returned to Occupational Health by Wednesday, October 31, 2018.

Update for Clinical Documentation
MedStar Health recently implemented the new Computer-Assisted Clinical Documentation Improvement (CDI) Tool, the 3M 360 Encompass MD system, to further enhance our CDI program for inpatient services. Since implementation, there has been a significantly improved query response rate from providers. As part of this work, you may receive additional queries, but these should not significantly impact your workflow, as any additional queries will be submitted through the same process in the 3M 360 Encompass MD system. If you have any questions please contract Jessica Fields, MD, at jessica.n.fields@medstar.net.

Our APPs
Every year in October, we celebrate our Advanced Practice Providers with a week of recognition and thanks. Our 300+ APPs practice at the top of their licenses, and are a vital part of the Medical & Dental Staff.

I’d also like to thank one APP for her service: Sharon Taylor-Panek, MScN, ACNP-BC, currently director of Advanced Practice for MedStar Heart and Vascular Institute and chief NP for Cardiac Surgery, is retiring and heading to the other Washington, on the west coast, to resume her practice of gardening and golf. Sharon was an initial organizer of the APP Leadership Council, and we wish her well in her new life.

MedStar Health Quality & Safety Road Show
In the next issue of Connections, I’ll have an update for you on the presentation and discussion led by MedStar system leaders Stephen R.T. Evans; MD, Maureen P. McCausland, DNSc, RN, FAAN; David B. Mayer, MD; and Larry Smith, in partnership with Chief Nurse Executive Susan Eckert, MSN, RN, NEA-BC, CENP, and Chief Quality Officer Karen Jerome, MD, FACP.

Final Thoughts
Please remember that my office is always open to you. I want to meet those of you that I don’t yet know, I want to hear concerns and comments from all members of the Medical & Dental Staff, and I want to keep our momentum going, as we work for a CMS rating of 5 Stars in 5 Years. You can contact me at ira.y.rabin2@medstar.net, and I will get back to you as quickly as I can.

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.
You play an important role in maintaining our safe patient environment at MedStar Washington Hospital Center.

Using RL Solutions, branded by MedStar Health systemwide as the Patient Safety Event (PSE) management system, it is easy to report unsafe conditions, near misses and patient harm events that occur. The application is available through StarPort, and all associates can submit reports.

The PSE system prompts users to characterize patient safety events into 20 separate event categories, such as falls, medication errors or medical device issues. Then users input brief factual information, assess the severity of the event on a scale of A-I, and indicate what additional actions are needed.

After the PSE is submitted, the unit manager is alerted, so the incident can be reviewed and resolved. Risk Management immediately addresses every incident that has caused any kind of patient harm. Additionally, there is someone in charge of each of the 20 event categories, and that person identifies trends and problem areas. Finally, the PSE Review Committee meets twice a month, to ensure that safety issues are addressed.

In FY 2018, there were 7,801 entries. Of those, 727 resulted in some harm to the patient. However, just 18 events were deemed serious safety events.

This process has netted positive results in many areas. For example, by reviewing all of the data from the previous year, we found that 10 percent of PSE submissions were related to positive patient identification issues, most of which were occurring with specimens sent to Lab and Blood Bank. Whenever a specimen label is not precise, the Blood Bank can’t accept the specimen, and it must be redrawn. When we examined this issue in closer detail, we found that printers on some units were not aligned properly, so labels often had patient names missing a letter in the name. To resolve the problem, we replaced the faulty printers. We would not have aggregate data showing the magnitude of this problem, and might not yet have corrected it, without the PSE system reports.

There are several ways to access RL Solutions and enter a PSE:

- From PowerChart, select Links, select Patient Safety Event Mgmt System
- From StarPort, select Quality & Patient Safety, select Occurrence Reporting/Patient Safety Event Mgmt, select Submit a Safety Event

Once logged into the system, you are prompted to select an event category, enter a brief factual description, and then provide any additional information that might be needed for resolution. We have also created a job aid that describes this information in more detail.

For any questions or to obtain written instructions for accessing the PSE system, please call Emily Gutchell, at 202-877-9178, or margaret.m.gutchell@medstar.net.

I would like to comment briefly on another important safety topic: hand hygiene. Poor compliance with hand hygiene is a known source of hospital-acquired infections. Hand hygiene compliance has improved over the past two years, since all associates and clinicians completed the mandatory hand hygiene SiTEL module in late 2016. The module has been updated, and its completion is again required by mid-December 2018. There is still ample room for improvement. Our highest compliance rate during one month in the past year was 73 percent, but for FY18, we achieved just 66 percent overall compliance. We also collect data by role; in FY18, physician compliance with hand hygiene was only 59 percent.

Our hand hygiene compliance goal for FY19 is 85 percent. By washing your hands every time you enter and leave a patient’s room, and before you put on gloves and after you take them off, you can help us achieve our goal and improve patient safety. For any questions about hand hygiene compliance, please contact Rachel Buckman, at 202-877-8075, or rachel.s.buckman@medstar.net.
When she received the call about the award, “I was humbled and honored,” says Jayashree Krishnan, MD, chief and medical director for Pathology & Laboratory Medicine at MedStar Washington Hospital Center.

It’s unusual for a recipient of the Medical & Dental Staff’s highest honor, the Gold-Headed Cane Award, to be a department chair. But Gold-Headed Cane Committee Chair James Jelinek, MD, called Dr. Krishnan a “doctor’s doctor.”

“In her specialty areas, she is the ‘go-to’ physician,” states Dr. Jelinek, who is also chair, Radiology. “So many times, I’ve heard other physicians comment, ‘What did Jay say about this finding?’ And when she has sent out specimens for second opinions, world-class experts always agree with her. The type of expertise that she brings to the Hospital Center deserves to be recognized and celebrated.”

Dr. Krishnan says, “One of the reasons the Gold-Headed Cane means so much is that our peers have looked at the work, and recognized the responsibility and knowledge that we have for patient care. They understand what we do, and why it’s important.”

Dr. Krishnan is proud of the work the entire Pathology team accomplishes for providers and patients. She has been at the hospital since August 1993. Her medical degree and her residency in the Department of Surgery and Burn was at the University of Madras in Chennai, India, one of the oldest and most prestigious universities in India. She completed a residency in anatomic and clinical pathology at the Bridgeport Hospital in Connecticut, now part of Yale New Haven Health, and then went to Mayo Clinic, to pursue a fellowship in hematopathology.

An additional fellowship in surgical pathology and immunology was completed through the American Cancer Society at Bridgeport Hospital. Dr. Krishnan then spent nine years in the U.S. Army Medical Corps at the former Walter Reed Military Hospital and the Armed Forces Institute of Pathology.

Above: President Gregory Argyros, MD, and Medical & Dental Staff President Arthur West, MD, flank the 2018 Gold-Headed Cane Award winner, Jayashree Krishnan, MD
Thank You to Dr. Laureno

With this year’s Gold-Headed Cane Awards, the job of chairing the committee that selects the next set of recipients passed from Robert Laureno, MD, chair, Neurology, to James Jelinek, MD, chair, Radiology. Dr. Laureno had chaired the committee for more than a decade, and some of the past award recipients wanted to thank him for his efforts.

Paul Corso, MD, 2005: Dr. Laureno has done an excellent job nurturing the Gold-Headed Cane program. He respects the concept of the honor and has contributed to the history of the program. I have been on the selection committee since I received the honor in 2005, and Bob’s chairmanship has been exemplary. He has guided the selection process with knowledge of the committee and sensitivity to the committee member’s wishes. The Gold-Headed Cane ceremony under his leadership has been dignified and enjoyable. The honorees have been given the opportunity to add to the history, and to be part of the future. Congratulations to Bob for a job well done!

Arthur St. Andre, MD, FCCM, 2010: Dr. Laureno has diligently led the committee for the selection of Gold-Headed Cane award recipients for many years. He has been a professional leader, with a note of formality most appropriate to the stature of such an award. Dr. Laureno has sought and stimulated conversation of each candidate, without imposing any of his thoughts to sway the audience. His leadership has been most appreciated.

James Jelinek, MD, 2013: The Gold-Headed Cane is the only forum that the Medical & Dental Staff has to celebrate our peers. Dr. Laureno’s impact on this award is tremendous: he found a permanent location for us to hold the annual dinner and ceremony, and he standardized the format for the evening. It’s a chance for all former Gold-Headed Cane recipients to catch up, as many of them are now retired. They can meet new physician leaders, as well as congratulate the winners they’re celebrating that night.

Kenneth Burman, MD, 2014: It is a pleasure to have Dr. Robert Laureno as a colleague. He is an excellent neurologist and consultant. In addition, he has served as the chair of the Gold-Headed Cane Committee, which honors clinical faculty, and he performed this activity in a balanced, thoughtful and considerate manner.

Stephen Peterson, MD, 2015: For many years, Dr. Laureno has volunteered to shepherd our hospital’s highest award for a member of our Medical & Dental Staff. He invigorated this tradition, which otherwise might have disappeared, and this annual event has become a memorable ceremony. We all owe Dr. Laureno our heartfelt gratitude.
In the nation’s capital, with its legacy military presence, it’s routine to encounter veterans applying their Armed Forces skills and training to civilian pursuits.

That’s particularly true at MedStar Washington Hospital Center, where several physicians served in the military. Topping the list, both organizationally and organizationally, is President Gregory J. Argyros, MD, who spent 25 years in the Army Medical Corps.

Some of these physicians come from families with a tradition of military service. Others take advantage of programs such as the Health Professions Scholarship Program, which provides financial assistance for medical training, in exchange for a military service commitment.

In addition to valuable technical training and experience, the Armed Forces offers these physicians another equally valuable benefit—unique opportunities to develop and hone leadership skills that would benefit not only their organization, but the men and women in uniform whom they served.

When the time came to transition to civilian life, these military physicians found the Hospital Center an attractive destination not just for their medical expertise, but also for applying the valuable lessons of leadership.

“Regardless of the setting, providing effective care requires established teams,” says Rocco Armonda, MD, director of Neuroendovascular Surgery, who, except for a one-year deployment to Iraq, spent his Army career in the D.C. area, at Walter Reed Army Medical Center and Bethesda Naval Hospital.

Upon leaving the military, Armonda wanted to bring his skills to an environment that had a large referral of patients with acute care.

“Being a Level 1 trauma center, the Hospital Center was ideal,” he says. “Here, our teams create an environment that provides good care to seriously ill patients, then build on it with our specialized surgical and treatment services.”

James S. Jelinek, MD, FACR, likewise found the similarity of environments appealing, when he left his post as Walter Reed’s chief of MRI in the early 1990s, to join Radiology department. Along with being able to continue handling challenging, often severe cases, the hectic pace of the Hospital Center “suits me well,” says Dr. Jelinek, who now serves as chair of the department.

“Coming here was a natural fit for me,” he adds.

Melissa Fries, MD, chair of Obstetrics and Gynecology, credits the Air Force medical programs for providing leadership opportunities at younger age. She was appointed Ob/Gyn program director at the Air Force Medical Genetics Center in Biloxi, Miss., five years after her fellowship.
“At many civilian hospitals, that role that would have been filled by a ranking physician,” says Dr. Fries, who retired as a full colonel and chair of Bethesda Naval Hospital’s Ob/Gyn program before coming to the Hospital Center.

Along with learning personnel discipline and management, problem solving and managing with limited resources, Dr. Fries says the military instilled a sense of core values that are critical to leadership.

“In the Air Force, it’s service before self, excellence and integrity in all you do,” she says. “Those are my personal values as well, and also what we do at MedStar. I may be asked to take on things that are challenging, but our mission of providing quality care comes first.”

William Bond, MD, former vice chair of Otolaryngology and currently a Medical Board member, adds that the military also cultivates the concept of treating everyone with mutual respect, “from admiral to sailor.”

Dr. Bond, whose 28-year Navy career on active and reserve duty included deployments with Operation Desert Storm to assignments to the Navy Surgeon General’s office in the Pentagon, says that it’s incumbent for those in leadership positions to also look out for the people they work alongside.

“If there’s a problem, you help them with it,” he says, “whether it is a system function, pay or personal issue. The military is a big family, and we all depended on each other, just as we do here at the Hospital Center.”

Of course, military service isn’t a prerequisite for being a leader. Some have a natural talent for the role, while others gain it through experience, education, or even trial and error. Everyone has the potential for leadership, and someone always steps up to the role when the situation demands it.

But true leaders, says Dr. Armonda, are those who lead by example.

“Never ask of others what you don’t demand of yourself,” he states. “Neurosurgery demands the very best from us mentally, emotionally, technically and ethically, regardless of the time of day, level of exhaustion or personal mood. The Army taught me how to do this on a consistent basis, regardless of the external and internal stressors, and to be humble, gracious and resilient. As the West Point Cadet Prayer states, ‘Make us to choose the harder right rather than the easier wrong, never be content with a half truth when the whole can be won.’”

That includes taking responsibility, regardless of the outcome. Dr. Jelinek recalls the difficulties that arose when leaders’ decision-making abilities were paralyzed by self-doubt.

“They made the worst mistakes, because they feared being wrong,” he says. “The best leaders listen, then make a decision. They know they may not please everyone, but they commit themselves to what they feel is the best course of action.”

Dr. Bond also encourages leaders to be constant learners, particularly in an environment as dynamic as medicine.

“You need to understand what the problems are, or could arise, and get additional expertise as needed to handle them,” he says. “And if there are skills you feel your subordinates need to complete their tasks, then you, too, you should learn those skills.”

That includes regularly getting into the proverbial “trenches” of operations, to see how things happen.

“You may spot problems that need to be addressed, but you’re more likely to see people doing good work that should be recognized,” Dr. Armonda says. “After all, success belongs to everyone, and leaders should be generous in sharing it.”

Communicating that commitment, as well as the team’s mission and goals, is no less important.

“A leader has respect of his or her group, when they know they can turn to you for personal understanding of what they go through,” agrees Dr. Fries. “You’ve been there, you’ve done that. But you can only build those relationships by engaging with the group at all levels. It defines to them who you are as a physician, and as a human being.”

Editor’s note: if you know of other former military physicians, please email marge.kumaki@medstar.net or call 202-877-8530 with that person’s name, branch of the military and rank.

Former Military Physicians Now at MedStar Washington Hospital Center Include:

Ronald Anderson, MD, U.S. Army, Major; Ophthalmology

Gregory Argyros, MD, U.S. Army, Colonel; hospital president

Rocco Armonda, MD, U.S. Army, Colonel; director, Neuroendovascular Surgery

William Bond, MD, U.S. Navy, CAPTAIN; former vice chair, Otolaryngology

Kenneth Burman, MD, U.S. Army, Colonel, section director, Endocrinology

Brian Cuneo, MD, U.S. Army, Colonel; section director, Pulmonary Medicine

Lou Dainty, MD, U.S. Army, Colonel; section director, Gynecologic Oncology

Erie Felger, MD, U.S. Navy, Lt. Commander; Endocrine Surgery

Melissa Fries, MD, U.S. Air Force, Colonel; chair, Ob/Gyn

Christopher Gallagher, MD, U.S. Army, Colonel; medical director, Cancer Services

James Jelinek, MD, U.S. Army, Major; chair, Radiology

Jayashree Krishnan, MD, U.S. Navy, Lt. Colonel; chair, Pathology

Anantha Mallia, MD, U.S. Army, Major; Critical Care Medicine

Jack Moore Jr., MD, U.S. Army, Colonel; section director, Nephrology

Cameron Ritchie, MD, U.S. Army, Colonel, chair, Psychiatry

Andrew Shorr, MD, U.S. Army, Lt. Colonel; medical director, ICU

Daniel Stoltzfus, MD, U.S. Army, Major; section director, Critical Care Medicine

Allen Taylor, MD, U.S. Army, Colonel; chair, Cardiology

Glenn Wortmann, MD, U.S. Army, Colonel; section director, Infectious Diseases

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3D Printing: The Future of Visualized Medicine Teaches Residents, Benefits Patients

Medicine can be an exact science at times, and a 3D printer in the Department of Oral & Maxillofacial Surgery at MedStar Washington Hospital Center is allowing surgeons to achieve precision and accuracy before performing surgery.

“Utilizing 3D printing allows us to perform virtual surgery by making models for a wide variety of oral, facial and dental cases,” says Ravi Agarwal, DDS, a board-certified oral and maxillofacial surgeon, and residency program director for the department at the Hospital Center. “This includes printing surgical guides for use with dental implants and anatomic models for facial deformities, and facial reconstruction due to trauma or other pathologies.”

The benefits of 3D printing include decreased operating room times and increased longevity of dental or facial implants, Dr. Agarwal explains. It also can reduce the need for additional operative procedures.

“Three dimensional printing allows us to go into surgery with a 3D view of what the patient’s anatomy looks like, says Dr. Agarwal. “This reduces the chances of having to go back to the operating room to do more at a later time. We can be extremely precise the first time.”

The technology works by using data from a CT scan, then segmenting the bone data to make a 3D file, which can be printed. Surgical guides can be designed for certain cases, based on the procedure, and depending on the complexity of the case, it can take two to three hours of computer work, and then an additional three to six hours of printing time.

“There is very little error,” says Albana Simoni, DDS, a second year resident in the department. “With 3D printing, you can not only account for the anatomy, but you can pinpoint the depth, width and angulation needed for either implants or reconstruction. When we have a patient-specific guide, there is no guess work.”

Dr. Agarwal also notes that 3D printing helps patients understand exactly what will be done in the operating room. He says he will often sit down with patients, and show them printed models to increase understanding. This helps reduce anxiety and increases patient comprehension.

One case, recalls Dr. Agarwal, involved a patient that had been treated with radiation as a child, which restricted growth of his jaw. In planning his reconstructive surgery, Dr. Agarwal printed models unique to the patient’s anatomy. “Once I was able to look at these models in my hand, I could make modifications,” he explains. “I was able to have custom plates made specific to this patient, resulting in a better outcome.”

To date, Dr. Agarwal says he has made guides or models for approximately 150 cases. The 3D printer, located in the Oral & Maxillofacial Surgery office, also offers opportunities for residents to learn about the technology.

Dr. Simoni says this was her first exposure to 3D printing. “It would be so much more inconvenient without it and likely delay patient care,” she says. “We have a lot of flexibility with this process.”

While Dr. Simoni notes there was a learning curve in using the technology, she says she can definitely see herself using it in the future, once her residency is completed.

“That’s why this is good for our residents,” Dr. Agarwal says. “They will take this knowledge and training wherever they go, and even advance its uses in the future.”

Other areas of the hospital that utilize 3D printing include MedStar Heart & Vascular Institute. Ron Waksman, MD, director of Cardiovascular Research, says, “3D printing helps cardiologists better understand the anatomy of the heart, especially in complex cases, and can help communicate to patients about their disease and how therapy will work. In complex cases, cardiologists can look at the anatomy of the heart in detail from different angles, touch it, and discuss the anatomical positions of the vessels, and select the right devices and strategy for treatment.”

In Neurosurgery, for many years, surgeons have used an outside company to print bone flaps, to replace parts of the skull that are sometimes removed. Rocco Armonda, MD, director, Neuroendovascular Surgery, says, “The use of 3D modeling for complex aneurysms, AVMs, and cranial base reconstruction has greatly advanced the science. Additionally, having the ability to produce our own 3D implants would be a major cost savings over the long term. I think MedStar should have this capacity available.”

Dr. Agarwal agrees: one of his goals is to further expand utilization of three dimensional printing, so that other surgical colleagues could benefit from its uses. “It would be great to see MedStar’s first 3D printing lab created for multi-specialties,” he says. “And the beauty of this technology,” he adds, “is that in the future 3D printing may be used for things we haven’t even thought of yet. There are so many possibilities.”
Oral & Maxillofacial Surgery resident Albana Simoni, DDS, and Chief Resident Ryan Patel, DDS, learn the intricacies of 3D printing from Residency Program Director Ravi Agarwal, DDS.
New Physician Leaders Bring

Vesna Petronic-Rosic, MD, MSci, MBA
Chair, Dermatology

Vesna Petronic-Rosic, MD, isn’t one to shy away from setting a high bar for success. Recently named professor and chair of the MedStar Georgetown University Hospital/ MedStar Washington Hospital Center Department of Dermatology, Dr. Rosic says her goal is to create a state-of-the-art academic and clinical program that ranks among national leaders in this discipline.

Dr. Rosic readily admits that’s a rather lofty objective. “But,” she insists, “it’s the only way to think when in pursuit of excellence.”

A native of Serbia, Dr. Rosic graduated from the University of Belgrade School of Medicine, and completed dermatovenereology residency at the University Clinical Center of Serbia. Among the many aspects that attracted her to the field, she says, is that a patient’s condition is usually readily apparent.

“There is no such thing as a simple case,” she says, adding that her generally positive attitude is helpful in building relationships with patients. “It allows us to treat the condition together.” Yet dermatology’s relatively brief interactions also means Dr. Rosic got to see more patients.

“It’s very dynamic, which allows you to gain experience with many various conditions,” she says.

Continuing Education

After returning to the University of Belgrade to complete a Master’s degree in dermatovenereology, Dr. Rosic received the International Society of Dermatopathology’s prestigious Scholarship Award, which provides overseas recipients an opportunity to train at a U.S. dermatopathology program. The timing proved fortuitous, as it allowed Dr. Rosic and her family to escape Serbia’s lingering strife from the Yugoslav wars of the 1990s.

At Thomas Jefferson University in Philadelphia, Dr. Rosic completed a dermatopathology fellowship, followed by a dermatology and cutaneous biology residency. A second dermatopathology fellowship brought Dr. Rosic to the University of Chicago, where she would go on to spend 15 years in the school’s Dermatology Section, most recently serving as section chief.

In addition to her clinical and administrative work, Dr. Rosic is deputy editor of the journal SKINmed: Dermatology for the Clinician, and serves on the editorial board of Clinics in Dermatology, the official journal of the International Academy of Cosmetic Dermatology. These roles help her stay on top of dermatology’s current and developing trends.

“This is an exciting time for dermatology, as many new therapies have emerged in recent years,” Dr. Rosic says. For example, a number of new medications have been approved for the treatment of plaque psoriasis and melanoma, one of the deadliest skin diseases.

Dr. Rosic’s own research, which she plans to continue with Hospital Center fellows and residents, has focused on melanoma and non-melanoma tumors, and autoimmune diseases.

Back to the Classroom

Not all of Dr. Rosic’s educational pursuits are related to medicine. Earlier this year, she earned a Masters of Business Administration degree from the University of Chicago’s Booth School of Business, and was named one of this year’s Best and Brightest Executive MBA students in the world, by “Poets & Quants for Executives.”

The decision to return to the classroom as a student, Dr. Rosic explains, was driven mainly by intellectual curiosity, though business issues are becoming more prevalent in medicine. “We see more financial and business decisions becoming very prominent in our work,” she says, “so I decided it’d be good to know more about them.”

With 300 classmates representing varied backgrounds and professions, “there was always someone new to meet, share ideas with and learn from.”

Learning also figures prominently in Dr. Rosic’s home life, where her innate curiosity has turned into a knack for reviving broken appliances, such as irons, hair dryers and even an antique wooden clock mechanism.

Dr. Rosic’s more conventional pursuits include traveling, movies—especially science fiction and fantasy—and the performing arts. A certified group exercise instructor, she enjoys spending time at the gym, in various classes that combine aerobic exercise, martial arts and dance.

Her husband, Nenad, is a retired physician who now coaches youth soccer. Her son, Andrej, works as an engineer for Booz Allen Hamilton in Tysons Corner, while daughter, Ana, is in law school at UCLA.
Elspeth Cameron Ritchie, MD, MPH
Chair, Psychiatry

Cameron Ritchie, MD, MPH, new chair of MedStar Washington Hospital Center’s Department of Psychiatry, is living proof that despite novelist Thomas Wolfe’s admonition, one really can go home again. Many times, in fact.

A Washington, D.C., native who completed her undergraduate studies at Harvard/Radcliffe College, Dr. Ritchie funded her medical education with an Army scholarship that required service in the military. It would prove to be a professionally enriching career path, which also allowed Dr. Ritchie to stay in her beloved hometown for her medical training. After receiving her medical degree from George Washington University School of Medicine, she performed her internship, residency and fellowship in forensic psychiatry at the former Walter Reed Army Medical Center.

Overseas Duties
While Dr. Ritchie’s duties would take her to South Korea, Somalia and other Army outposts around the world, she returned to Walter Reed for separate stints, managing inpatient, outpatient, community and forensic psychiatric services. Following the 9/11 attacks, Dr. Ritchie expanded the scope of her expertise, via a Master of Public Health degree from the Uniformed Services University of the Health Sciences, where she also completed a fellowship in Disaster Psychiatry.

Dr. Ritchie went on to hold a variety of key leadership roles, including program director for Mental Health Policy and Women’s Health Issues in the Office of the U.S. Secretary of Defense, and Psychiatric Consultant to the Army’s Surgeon General. “I loved the experience, as I had the opportunity to work on high-level psychiatric issues and policy decisions,” Dr. Ritchie says.

Expertise for Media
Her career also provided valuable insights into myriad mental health issues affecting military personnel, leading to hundreds of publications on forensic and disaster psychiatry, suicide, ethics, military combat psychiatry and women’s health issues. Dr. Ritchie’s unique expertise and perspective made her a highly sought-after expert for broadcast and print media stories, and an internationally-recognized forensic psychiatry consultant.

Retiring from the Army as a full colonel in 2010, Dr. Ritchie spent four years as Chief Medical Officer of the District of Columbia’s Department of Behavioral Health. She then oversaw the U.S. Department of Veterans Affairs’ community-based outpatient clients in the District, before accepting her new position at the Hospital Center this past June.

“Growing up in Washington, the Hospital Center has always been a part of my family’s life,” she says of her new position. “Now, I’m excited to have an opportunity to help expand its psychiatric services to serve the region’s diverse patient population.”

Outpatient Services Key
One area Dr. Ritchie hopes to focus on is providing outpatient services for patients with pre-existing mental health issues, as well as those who are finding it difficult to cope with injury, illness or treatment regimens.

“And because we serve the inner city,” she adds, “many of these patients are dealing with homelessness and other challenges, on top of physical and mental health conditions.”

Dr. Ritchie will also apply her experience in public health and the management of disaster-related mental health issues, to enhance the Hospital Center’s emergency planning and response operations.

“The Hospital Center has a key role to play in any type of disaster that may affect Washington,” she says. “We need to ensure that we can rapidly and fully support both the physical and mental health needs of our patients, regardless of the event’s scope and severity.”

Complementary Treatment
On top of her busy administrative duties, Dr. Ritchie plans to treat individual patients, and continue her multifaceted research pursuits. She’s closely watching the evolution of new interventions in psychiatric treatment, including complementing conventional medications with yoga, acupuncture and exercise, as well as neuromodulation, in which the brain is stimulated with electrical or magnetic currents, to combat illnesses such as treatment-resistant depression.

Dr. Ritchie’s new position with the Hospital Center also keeps her close to the water, where she can often be found enjoying her two sailboats, a bluenose sloop and a sunfish with a mojito sail. She also has two kayaks that are blue and green, “and match the sailboats.” Dr. Ritchie also enjoys gardening, listening to NPR and treating her staff to delicious home-baked treats.
MEDSTAR CONFERENCE HIGHLIGHT

**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

Many patient visits to primary care providers are for complaints related to the ear, nose, and throat. With the ever evolving guidelines for managing common ENT disorders, it can be difficult to keep abreast of these changes. This one-day course will improve primary care practitioners’ comfort in treating ear, nose, and throat conditions, by covering the latest management strategies, technologies, and techniques for treating these conditions. It will help attendees identify indications to refer patients to specialists, and become familiar with treatment options in ENT that are available so that physicians can educate patients prior to treatment.

For more information and to register, visit [CE.MedStarHealth.org/ENT](http://CE.MedStarHealth.org/ENT)

UPCOMING CPE EVENTS

**The 13th Annual Georgetown Meeting on Gastrointestinal Endoscopy & Pancreatoiliary Surgery**

October 20, 2018  |  The Ritz-Carlton  |  Washington, D.C.

**Course Directors:** John E. Carroll, MD  |  Reena Jha, MD  |  **Course Co-Directors:** Thomas M. Fishbein, MD  |  Nadim G. Haddad, MD

**Thyroid Update: New Concepts in the Diagnosis and Treatments of Thyroid Disease**

December 7, 2018  |  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, 2018  |  The Wink Hotel  |  Washington, D.C.

**Course Directors:** Deepa S. Subramaniam, MD, MSc  |  Giuseppe Giaccone, MD, PhD

**Kidney and Bladder Cancers: Updates on Clinical Management 2019**

March 23, 2019  |  Bethesda North Marriott Hotel & Conference Center  |  Bethesda, Md.

**Course Co-Directors:** Michael B. Atkins, MD  |  Keith J. Kowalczyk, MD  |  George K. Philips, MBBS, MD, MPH  |  Lambros Stamatakis, MD

**MedStar Genomic Medicine: Pharmacogenomics 2019**

March 23, 2019  |  Bethesda Marriott  |  Bethesda, Md.

**Course Co-Directors:** Sandra M. Swain, MD  |  D. Max Smith, PharmD  |  James C. Welsh, MD, MBA

**Diabetic Limb Salvage 2019**

April 4-6, 2019  |  JW Marriott Washington  |  Washington, D.C.

**Conference Chairmen:** Christopher E. Attinger, MD  |  John S. Steinberg, DPM

**Course Co-Directors:** Cameron M. Akbari, MD, MBA  |  Karen F. Kim Evans, MD  |  Paul J. Kim, DPM, MS  |  David H. Song, MD

**Play with Aces and Always Win: Pelvic Surgery at its Best**

April 5-6, 2019  |  Washington Marriott at Metro Center  |  Washington, D.C.

**Course Director:** Vadim V. Morozov, MD  |  **Course Co-Director:** James K. Robinson, MD, MS

**Comprehensive Stroke Symposium**

May 3-4, 2019  |  Bethesda North Marriott Hotel & Conference Center  |  Bethesda, Md.

**Course Co-Directors:** Richard T. Benson, MD, PhD  |  Rocco A. Armonda, MD

**Inflammatory Bowel Diseases and Other Inflammatory Pathologies of the GI Tract 2019**

May 4, 2019  |  The Ritz-Carlton, Tyson’s Corner  |  McLean, VA

**Course Directors:** Mark C. Mattar, MD  |  Nidhi Malhotra, MD

**11th Annual Abdominal Wall Reconstruction**

June 6-8, 2019  |  Grand Hyatt Washington  |  Washington, D.C.

**Conference Chairman:** Parag Bhanot, MD  
**Course Co-Directors:** Karen Kim Evans, MD  |  William H. Hope, MD  |  Jeffrey E. Janis, MD

For more information regarding MedStar Health conferences, please visit [CE.MedStarHealth.org](http://CE.MedStarHealth.org)

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Endocrine Society
Highest Accolade to Dr. Burman

Kenneth Burman, MD, Endocrinology, was one of 13 physicians named as a winner of the 2019 Laureate Awards, the Society’s highest honor. Dr. Burman will receive the “Outstanding Educator Award” at the Society’s 101st Annual Meeting & Expo in March.

His award recognized Dr. Burman’s exceptional achievement as an educator in the MedStar system. Dr. Burman has trained more than 140 endocrinologists, and has instilled a passion for endocrinology, research and medicine in his students. He also serves as Professor of Medicine at Georgetown University and the Uniformed Services University of Health Sciences in Bethesda, Md. Dr. Burman was Deputy Editor of The Journal of Clinical Endocrinology & Metabolism, and he served as President of the American Thyroid Association.

Medical Society of the District of Columbia Award

Daniel Perlin, MD, Anesthesiology, received the “Dr. Charles H. Epps, III Community Service Award” at the Medical Society of the District of Columbia’s annual meeting in October. Dr. Perlin, a past president of MSDC, was recognized for outstanding public service to the community. He served many years as chair of MSDC’s Physician Health Committee, and has worked to address both the opioid crisis and physician wellness.

Sepsis Summit

A day-long sepsis summit included several providers who provided information on how patients can survive sepsis, how sepsis resuscitation is done in the Emergency Department, how patients are managed in the ICU and in the post-acute care setting, and how Vitamin C, Thiamine and Corticosteroids affect septic shock patients.

Andrew Shorr, MD, MPH, MBA, FACP, FCCP, Pulmonary Critical Care, gave an evidence based update on sepsis.
As an undergraduate at the University of Maryland College Park, Jonathan Watson had a front row seat to the world of emergency medicine.

That’s because while an undergraduate, Dr. Watson—who is now a Chief Resident for Emergency Medicine at MedStar Washington Hospital Center—served as a scribe at a local hospital’s emergency department, usually perched just beside the attending physician.

“I’d listen to them do histories and dictate physical exams, and I’d write the notes,” recalls Dr. Watson. “It allowed me to work with a lot of different physicians, and see so much of what the emergency room had to offer.”

That shadowing opportunity brought with it the typical highs and lows of an emergency department. Dr. Watson experienced the loss of a patient for the first time, but he also saw procedures, such as fixing a dislocated shoulder, that provided instant relief for the patient. And the physicians treated him like the future medical student he was—taking the time to explain charts and procedures. The experience confirmed for Dr. Watson that Emergency Medicine was the specialty for him. It also forged a keen desire to help teach others.

Dr. Watson’s interest in medicine has deep roots in his own personal history. His older sister was born extremely premature—and while the complications surrounding her first year of life resulted in permanent blindness, she survived.

“She was saved by medicine,” Dr. Watson says. That had a huge impact on the future doctor. “I wanted to be one of those people who had the knowledge to save somebody else.”

A few months into his chief year, Dr. Watson credits his outgoing chiefs with the smooth transition into the role, and creating months of opportunities to understudy before stepping into a lead role.

Beyond the chief year, Dr. Watson hopes to complete an emergency ultrasound fellowship, which he believes will empower him to diagnose life-threatening issues in a fraction of the time, right at the patient’s bedside. “It’s exciting, because it enables you to make clinical decisions right on the spot, without having to wait to send the patient to radiology or order a series of ultrasounds.”

For the one-time emergency room scribe, there is another upside to the fellowship: being able to pass on some of that learning to emergency residents. As with his year as chief, Dr. Watson says, “a fellowship is not just about improving my own skills, but also about helping teach the younger residents how to do bedside ultrasounds.”

Dr. Watson’s wife is also a doctor, completing her ophthalmology residency at another local hospital. The couple met in medical school at The University of Maryland.

When Dr. Watson gets a chance to break away from the emergency department, you can usually find that he’s traded a stethoscope for drumsticks. He’s been playing drums since he was five years old, and has several touring bands on his musical curriculum vitae. But Dr. Watson is an apartment dweller, so for the sake of his wife and neighbors, his drums are still relegated to his parents’ basement. Luckily, they live in nearby Maryland.

Dr. Watson dreams of getting an electronic drum kit—which disseminates the sound through headphones. But they’re a bit pricey for a resident’s salary. “I think I’ll have to wait for my attending salary,” he jokes.
Puja G. Khaitan, MD, FACS
Thoracic Surgery

Puja Khaitan, MD, was working as an assistant professor at Houston Methodist Hospital, when she heard about an unexpected opportunity at MedStar Health. Dr. Khaitan had reached out to a surgeon at MedStar Georgetown University Hospital regarding any opportunities in the Washington, D.C. area, and was put in contact with Dr. Thomas Watson, Regional Chief of Surgery for MedStar Health, and a former mentor to Dr. Khaitan during her earlier research days at MD Anderson Cancer Center.

Dr. Watson told Dr. Khaitan about MedStar Washington Hospital Center’s plans for a new esophageal surgical department—one that would be created from the ground up—and asked her if it was something she’d like to be a part of. In fact, Dr. Khaitan had been envisioning of having such an opportunity since her earliest days as a physician.

“When you go through residency and fellowship, you realize the good and the bad parts of a program,” Dr. Khaitan says. “I always told myself: ‘If I were ever to build a practice, I’d want to do this or would not want to do that.’ So when Dr. Watson told me there was an opportunity with a new department I could build with my own vision, I couldn’t resist.”

After her visit to the Hospital Center and her meetings with leadership, she quickly realized it was where she wanted to be. After a brief discussion about the future of thoracic surgery at MedStar, the deal was sealed for Dr. Khaitan. “It’s a great place to be, both for my patients and for myself in terms of career development,” says Dr. Khaitan. “The department is very open to novel ideas, techniques and strategies to address complex cases.”

One part of that vision involved establishing an onsite gastrointestinal lab, which would enable the surgical team to have the equipment to perform a pulmonary or GI procedure right at the clinic. Dr. Khaitan is about one year into her tenure as the director of Esophageal Surgery, and those labs are under construction. Dr. Khaitan expects them to be completed in about another year or so.

“Starting a program here and setting up the lab,” Dr. Khaitan says, has also fostered a better relationship between her department and others. “For example, interventional pulmonology has communicated their ideas so we can all work as a team and share work space and clinics in a multi-disciplinary fashion.”

The thoracic surgeon says she is also excited for opportunities to collaborate with Georgetown University Medical Center, on methodologies for early diagnosis of thoracic pathologies, such as lung and esophageal cancer. “From a research standpoint, we want to offer patients treatments through clinical trials that are offered at other major treatment centers.”
As the area’s leading referral center for complex oral surgery, our staff uses advanced diagnostic and treatment technologies to offer patients the best possible outcomes. Consider these recent cases that showcase our 3D planning and ability to create patient-specific guides and screws for precise reconstructions:

A middle-aged man presented with a multiple-year history of progressive left-sided facial swelling and difficulty chewing. A biopsy confirmed the diagnosis of an ameloblastoma, a benign but aggressive jaw tumor that required en-bloc resection of the entire left jaw. We decided to use a free fibula flap to reconstruct almost half of his mandible. Using CT imaging and virtual surgical planning, we were able to create jigs and guides to precisely cut the bones in the exact dimensions, to obtain the correct anatomic shape. In collaboration with head and neck surgeons, we removed the tumor and reconstructed his jaw, leaving him tumor free, with improved facial form and the ability to chew.

In another case, a year after a severe fracture of his mandibular joint, a 26-year-old man developed malocclusion and facial pain that made it difficult for him to chew. His treatment required the removal of the defective joint and its replacement with a prosthetic one. With a CT scan and virtual planning with a company that specializes in mandibular joint construction, we designed a custom-made joint that fit the exact dimensions of his lower jaw and skull.

In still another case, a young woman had significant facial asymmetry. We electronically submitted a CT scan of her facial skeleton and an intra-oral digital scan of her dentition, to a software company that specializes in virtual treatment planning for corrective jaw surgery. A conference call with an engineer simulated all the surgical movements required, with the entire facial skeleton on display in 3D. The company constructed special guides that helped us position the various bones during surgery.

These are a few of the cases that demonstrate our expertise. With two full-time and one half-time surgeon on staff, we work closely with colleagues in other specialties, to offer truly customized solutions to complex conditions that affect the face and jaw. Our outstanding residency program and active research interests earn us additional recognition for excellence. Please contact us with any questions, at 202-877-7332.