“Kissing Bugs” and Heart Disease
Connecting Cardiologists to Chagas

Federico Asch, MD, Maria Rodrigo, MD and Rachel Marcus, MD, lead the cardiologists who care for Chagas patients.
Two-Way Communication

How You Can Help With Our “Drive to Zero, Drive to Excellence”

We want to hear from you. Where are we doing well? What still needs improvement?

A few weeks ago, at the Medical & Dental Staff quarterly mini-town hall, Dr. Arthur West and I focused on our common goals:
- what can we all do to provide great care for patients?
- what can we all do to make sure MedStar Washington Hospital Center is a great place for you to practice medicine?

We want an ongoing, lively discussion with every member of the Medical & Dental Staff. We’re just past the halfway mark for fiscal year 2016. For the rest of the year, you’ll see many more efforts from physician leadership to connect with all providers. In fiscal year 2015, we had 55 mini-town halls, at section and department meetings. This fiscal year, we will complete 75 or more.

As I’ve said in many of those meetings, “I don’t know what I don’t know, and I rely on you, to let me know.” If you have to miss a mini-town hall, please email or call me and/or Dr. West. We want to help fix any barriers you believe prevent you from delivering great patient care.

We also want to hear about your colleagues. Who routinely goes above and beyond expectations to care for patients? Would you like to nominate a colleague for the Chief Medical Officer’s Award, to mark a job well done? Who’s been involved in complex care that can only be delivered at the Hospital Center?

You’ve been focused on our “Drive to Zero” for serious safety events, hospital-acquired infections and falls, and on our “Drive to Excellence” for quality measures where we seek higher scores. We’ve made good progress this fiscal year, thanks to great communication among all members of the care teams.

In the “Drive to Zero” for our efforts on changing our CLABSI rate, we are making a difference for our patients in both the ICU and non-ICU settings. We’ve lowered the CLABSI rate before, but this time, our approach was different. Building on the enthusiasm for changing the CLABSI rate, we’ve taken that provider enthusiasm and reinforced it for our patients.

In December, we had zero ICU CLABSi; for the non-ICUs, we had three. We have more work to do, but we are well on our way to cementing our processes as best practices.

What’s different this time?
- We initiated a best practices, standardized approach to central lines
- We ensured that all providers are mindful about each step in the central line process
- We began using the least-risky approach to using central lines
- Not all patients need a double lumen PICC line
- Blood is drawn peripherally when possible
- We continually assess whether a central line is medically necessary, or if it can be removed

When central lines are clinically necessary, we have a consistency of practice throughout the house of how they are used:
- Access to central lines is done three times a day in ICUs
- Access to central lines is done two times a day in non-ICU settings

In the fourth quarter of this fiscal year, many of you will be asked to take part in a physician engagement survey. We hope you will include ideas for improvement, changes that will help deliver patient care in a more effective and efficient manner, and help us cement in place those excellent processes that should remain constant.

Two-way communication is effective communication. We want to hear from you. Please make sure you contact us or physician leadership with your questions, concerns and comments. Thanks in advance for your participation.

Gregory J. Argyros, MD, MACP, FCCP, is sr. vice president, Medical Affairs & Chief Medical Officer. He can be reached at 202-877-5053 or gregory.j.argyros@medstar.net.
In January, we lost one of the physician leaders who had been critical to the development and success of MedStar Washington Hospital Center. John J. “Jack” Lynch, MD, was often called the “conscience of the hospital.”

Dr. Lynch was the first director for the hospital’s oncology program, and his vision helped create and build Washington Cancer Institute. He also developed and transitioned the hospital’s bioethics committee into the Center for Ethics.

Dr. Lynch was a touchstone for all members of the care teams: physicians, nurses, techs, ethicists, pharmacists, administrators. The words used to describe him include “role model,” “compassionate” and “wise.” If you go to the Hospital Center’s Facebook page, more than 1,600 people noted Dr. Lynch’s passing, and hundreds have commented and shared the post to their own pages, for additional expressions of gratitude from those who have known Dr. Lynch.

The many tributes are because Dr. Lynch was held in highest esteem by all those who worked with him.

“Dr. Lynch was truly a special physician. He was a patient advocate before the term was in vogue. He helped build the foundation of integrity, ethics and transparency, upon which the Hospital Center is built. I was privileged to be able to call Dr. Lynch my friend and colleague.”

Kenneth A. Samet, FACHE, President and CEO of MedStar Health

“Dr. Lynch was an outstanding, compassionate physician. He epitomized what it meant to be a caring physician. His contributions to the community, his colleagues and to MedStar Washington Hospital cannot be measured in words alone. He will be missed, but he will be remembered.”

Arthur N. West, MD, president, Medical & Dental Staff

“We are very saddened by the loss of a great oncologist who cared deeply for patients, and always showed the utmost humanity. It was his leadership that formed the foundation for Washington Cancer Institute as it is today.”

Sandra M. Swain, MD, FACP, medical director, Washington Cancer Institute

“There are no words to express the deep gratitude I have for Dr. Lynch, and what he meant to me. There will never be anyone like him, and the world is a bit sadder with him not in it. I will always continue working to make him proud, and smile.”

Nneka Sederstrom, PhD, MPH, FCCP, director, Center for Ethics

“Whatever I know that is important about clinical ethics I learned from Jack. He epitomized the definition of the virtuous physician, and has been a role model to so many of us. He will be sorely missed.”

Evan DeRenzo, PhD, associate director, Center for Ethics

“I am deeply saddened by this sudden event. During my residency and fellowship at the hospital, Dr. Jack was THE oncologist of Washington. I was lucky to have learned from him the wisdom and nuances of being a physician, especially about compassion and humility.”

Ziad Deeb, MD, chairman, Otolaryngology

“Dr. Lynch was instrumental in my recruitment to Washington Cancer Institute in 1993. Together with Jack and others, our cancer program experienced significant growth and development, becoming the major cancer center in the Washington region. Dr. Lynch, a ‘man for others,’ gave freely of himself, in his long history of clinical and ethics leadership at the hospital. He represented the hospital to several healthcare-related organizations in the area, and served as a volunteer on many boards, including the Catholic Charities Health Care Network. His outgoing personality, impeccable ethics, warm smile and love of his family and travels will be long remembered.”

Brian McCagh, former executive director, Washington Cancer Institute

Gifts in Dr. Lynch’s memory are being accepted at the Hospital Center Foundation, first floor, East Building.
“Kissing Bugs” sound innocuous. But these insects—

*triatominae*—cause a parasitic infection, Chagas disease, that can

damage the heart.

Chagas is widespread in Latin America, and the World Health

Organization (WHO) says it affects 8 million worldwide. It’s

relatively unknown in the U.S., says Federico Asch, MD, director of

cardiac imaging research at the MedStar Cardiovascular Research

Network. During his training and practice in Argentina, “the public

health campaigns alert everyone to the signs and symptoms. I

used to see patients with Chagas regularly.”

In the U.S., almost every Chagas patient is someone who brought

the illness with him or her from South America, but cases have

been diagnosed in Louisiana, Tennessee, California and Texas in

people who have never left the country. Several physicians at the

MedStar Heart & Vascular Institute are spreading the word about

the growing local incidence of Chagas disease.

With the largest Bolivian immigrant population in the U.S. now

residing in the D.C. area, the local medical community is

beginning to encounter patients with Chagas, says MedStar

Heart & Vascular Institute Echocardiologist Rachel Marcus, MD.

The Centers for Disease Control estimate that about 300,000 in

the U.S. have the disease, of which an

estimated 30,000 to 45,000 have Chagas

cardiomyopathy. U.S. blood banks began

screening for Chagas in 2007, because the

parasite can be transmitted through

transfusion and organ donation.

Dr. Marcus began working with Chagas in

2012, when she was debating whether to

pursue a Masters of Public Health degree.

“I had always hoped to focus on underserved

populations,” she says. When she shared her

goals with a local global health expert, he

advised her to forget the public health

degree, and instead open a Chagas clinic.

“Although there are many experts in Latin

America, it was not widely known here,”

she states.

With support from Médicins Sans Frontières

(Doctors Without Borders), which had

recognized the underserved Chagas patient

population in the U.S., Dr. Marcus co-founded

the non-profit Latin American Society for

Chagas (LASOCHA). She works with patients

who have the disease, leads efforts to inform

the medical community about Chagas, and

works on echocardiology research about how

Chagas changes the heart. She receives

queries from all over the United States about

how to diagnose and manage the disease.
Caused by the *Trypanosoma cruzi* parasite, a distant relative to the parasite that causes the sleeping sickness disease spread by tse-tse flies in Africa, Chagas is transmitted by the tiny beetle-like triatominae bug that thrives in the mud and corrugated metal housing in rural Latin America. Known as “kissing bugs,” the triatomine emerge at night from the cracks and crevices of mud walls. They bite a host (human or other mammal), and after drawing blood, the triatominae deposits the *T. cruzi* parasite as it defecates close to the bite.

Those infected with Chagas may not know they have it. The initial acute phase is different for different people, says Dr. Marcus, ranging from mild flu-like symptoms to life-threatening myocarditis or meningoencephalitis. “Usually it’s diagnosed through a blood test,” she says.

Unless treated at an early age and early stage with antiparasitics nifurtimox or benznidazole, Chagas remains in the human body for life. About 30 percent of those infected experience health effects decades later, including cardiac disease, such as cardiomyopathy, heart failure and altered heart rate or rhythm, and less commonly, gastrointestinal issues, such as megaesophagus or megacolon.

Despite more than 40 years of study, understanding exactly how heart disease evolves decades after infection with Chagas isn’t clear, says Dr. Marcus. For MedStar Heart & Vascular Institute Heart Failure physician Maria Rodrigo, MD, the Chagas patients she treats present with more challenges. “When compared to patients with other etiologies of heart failure, Chagas patients seem to have higher mortality and a higher rate of arrhythmia.”

**The Challenge**

Once Chagas has been in the system for years, effective therapy is limited.

“We had been crossing fingers that the study released this fall would show a benefit to treating adults with the benznidazole, but there was no reduction in risk of heart disease progression,” Dr. Marcus says. For the majority of people with Chagas disease, we don’t yet know if treatment will be helpful, because good quality clinical trials in the patient population are scarce; it is a neglected disease of poverty.”

Dr. Marcus traveled to Bolivia in 2014 as the echocardiologist in a study on Chagas, and presented at the American Society of Echocardiography last June. “I started with, ‘You’re not going to believe this is here,’” she says. She hopes to return to Bolivia this year, as part of a study that will try to image the earliest stages, and then the evolution of Chagas-related heart disease.

People with Chagas are migrating worldwide from Latin America. For example, WHO estimates Chagas affects 80,000 to 120,000 Latin American immigrants in Europe. There are increasing cases in Japan and other parts of Asia. Some studies also suggest the *T. cruzi* parasite is shifting further north, as animal populations migrate in response to climate changes.

For now, the Heart & Vascular Institute team continues to educate local colleagues. Dr. Asch is leading an effort to connect experts around the globe with American cardiologists, “to disseminate knowledge that’s not yet widely known in North American cardiology practice.”

Dr. Rodrigo’s patients testified before the FDA about the need for medications and rapid blood tests for Chagas in the U.S. Dr. Marcus conducts grand rounds in internal medicine as well as for cardiology residents, to increase physician familiarity with the disease.

Any cardiac patient with arrhythmia, conduction abnormality—particularly right bundle branch block (RBBB) with left anterior fascicular block (LAFB) or left ventricular dysfunction should be screened for Chagas.

Dr. Marcus is happy to discuss any questions concerning diagnosis or treatment of possible Chagas patients. She can be reached at rachel.marcus@medstar.net.

Rachel Marcus, MD, co-founded a non-profit organization to study, diagnose and manage the disease.
The Next Generation: For these three surgical residents, medicine is a family affair

Becoming a physician is a remarkable achievement, but there’s a special sense of pride for anyone who has other doctors in the family—be they parents, grandparents or siblings. These relations can complement that much-needed emotional support with sound advice, guidance and, sometimes, inspiration to persevere that comes only from having experienced the rigors of medical training themselves.

The three residents who share their stories below are typical of the many MedStar Washington Hospital Center residents who have followed in their respective family’s footsteps, and dedicated a significant portion of their lives to learning the healing arts. Perhaps in a few decades, they’ll be the family members that yet another generation of physicians point to, as having inspired their own career choices, renewing the cycle once again.

Joseph Greene, MD

Fourth-year surgical resident Joseph Greene MD, received a double-dose of career inspiration as a youngster in Rockville, Md., with two physician parents—Barry Greene, MD, a laparoscopic and bariatric surgeon, and Madalene Greene, MD, a rheumatologist.

Not surprisingly, medicine was usually Topic A during the family’s dinner table conversations.

“It didn’t seem unusual that they were discussing how a certain patient presented, or trading ideas on a diagnosis,” Dr. Greene says. “But it wasn’t until I got to college that I decided to become a surgeon myself.”

As he began his training, Dr. Greene took advantage of every opportunity to learn from his father, including assisting with surgeries during medical missions to Africa and Latin America. But the biggest influence may well have been observing the elder Dr. Greene’s patient interactions, as the future physician often did as a 10-year old, while accompanying his dad on weekend morning rounds.

“He was very humble, and always treated them with respect,” Dr. Greene recalls. “He would sit at the end of bed, talk about how surgery went and sometimes, deliver difficult news. I find myself now doing the same thing with my patients. And I realize that I got all of that from my dad.”

The influence of his mother was no less important, Dr. Greene adds.

“While surgeons are ‘doers,’ Mom always inspired me to think and analyze critical situations,” he says. “She, too, taught me a lot about showing compassion with patients. They’re in pain, and she’s doing her best to be empathetic and understand what that pain means to the patient.”

Medicine still dominates the talk around the dinner table—especially now that Dr. Greene’s sister, Ilana, has enrolled at New York Medical College. “She’s lucky—or maybe not—having three family members to coach her,” Dr. Greene says with a laugh. And from time to time, he’ll call on his parents for help with a clinical question, or advice on handling a certain condition.

But what’s particularly satisfying is when they call him.

“The Hospital Center is very much an acute care facility, so I’m closer to some of the newer technology than Dad is,” Dr. Greene explains. “Every so often, he’ll ask for my input for his ICU patients. When someone whose technique I’ve always admire is asking me about what to do, that really feels good.”
Lauren Nosanov, MD

Medicine is sort of a second career for second-year surgical resident Lauren Nosanov, MD, having first trained to become an art theater director.

“That came from having a mother who was an artist,” Dr. Nosanov explains, adding that her father, Long Island, N.Y., anesthesiologist David Berger, MD, “probably wanted to spare me all the trials of medical school that he’d been through.”

That changed when Dr. Nosanov decided to become a surgeon.

“It sort of changed our relationship,” she says. “He had never talked much about his work at home. And everything he did was in the OR, so we never saw him do his job. But once I was in medical school, there were suddenly all these things we could discuss. It was an immediate mutual understanding of life as a physician—the studies, the long hours and not always being able to come home for holidays.”

Dr. Nosanov says that her father was a little disappointed when she chose “the other side of the curtain” for her medical career, but remained supportive, especially when she had two children while in medical school.

“A lot of people questioned me doing that, but he didn’t, because I was born while he was a resident at Brigham and Women’s Hospital,” she explains. “Mom would tell us that he was on call and not coming home, and that was fine. We really didn’t think about it, or see it as a problem.”

While Dr. Nosanov admits to missing her young children during long shifts at the Hospital Center, she’s confident they’ll grow up with the same emotional resiliency and understanding her parents imbued in her.

“They understand that Mom is doing what she loves,” she says.

Anushi Patel, MD

First-year surgical resident Anushi Patel, MD, likewise chose a different path in medicine from that of her father, Longwood, Fla., allergy and immunology practitioner Rajesh K. Patel, MD. The younger Dr. Patel opted for the hands-on work of interventional radiology, which involves a number of advanced procedures.

Dad is hardly disappointed, she says.

“He trained to be a radiologist in India, but found that the U.S. programs were too competitive when he wanted to move over, so he switched to a different specialty,” Dr. Patel explains. “Fortunately, he loves the field he ended up in, but we joke that I’m fulfilling something that he’d always wanted to do. Although he’s just happy I chose something I enjoy and want to do.”

Like her colleagues, Dr. Patel was constantly exposed to medicine while growing up. “I was always interested in it,” she says, “and he was always happy to explain things and have me visit his office.”

That support continued throughout medical school, especially when Dr. Patel heard friends complain about their parents not always understanding the demands on their time.

“He knew how hard it was, because he’d done it himself,” she says. “When it came to exams, he was helpful with advising me on how much I’d have to study, things to look out for and areas that he’d found particularly difficult.”

Dr. Patel adds that having a father in private practice also provided an invaluable introduction to the need for interpersonal and business skills—particularly networking and salesmanship—that aren’t typically taught in medical school.

“I think that lack of training explains why a lot of physicians don’t go into private practice these days,” she says. “My dad did everything to build his practice himself. And from that, I learned how to be more business-savvy.”

Other residents with one or both parents who are physicians:

Amar Bhat, MD                             Shaunak Kulkarni, MD
Mithun Devraj, MD                           Molly Laschinger, MD
Dean Flanders, MD                           Alex Shuster, MD
Ghassan Ilaiwy, MD                          Michael Ullman, MD
Karthik Kashyap, MD                         Akshat Vyas, MD
Prathik Kolluru, MD
Love and Marriage...and Work
Physicians Married to Physicians

Mary Kay Grady, MD, and George Chang, MD, had a long courtship: 14 years, to be exact.

“We always knew we would get married,” Dr. Grady says. “But we saw a lot of friends who didn’t understand the challenges involved in getting through medical training. I didn’t want to get married until I was finished.”

Dr. Grady, an anesthesiologist, and Dr. Chang, a urologist, form one of a vibrant group of physicians at MedStar Washington Hospital Center who are married to each other.

For Dermatologist Cyndee DeKlotz, MD, and Otolaryngologist Tim DeKlotz, MD, one of those challenges involved finding a place to continue their training after medical school. Both found fellowships on opposite sides of the country, and briefly considered spending a year apart. But that plan didn’t get very far. “We’re one of those crazy couples that love being with each other,” she says. So they moved to San Diego for her fellowship, and a year later came back east for his fellowship in Pittsburgh.

Mary Fairbanks, MD, and Terry Fairbanks, MD, interviewed at 18 different hospitals when going through the couple match. He is an emergency room physician and associate director of MedStar SiTEL, and she specializes in Ob/Gyn. They met in medical school in Virginia, but when it came time to choose a residency program, Rochester, New York, was the only place they both liked. Their daughter was born during residency, and their son, three years later.

Flexible Families
Raising children when both parents have demanding jobs can be quite a challenge. One of the advantages Washington offered for the Fairbanks family was help from one grandmother.

Dr. Grady’s parents also live in the area. “I bought a house a half mile away from my parents, before George could even see it,” says Dr. Grady. She knew they would need the assistance. “Surgeons are always late. Whenever George gives me a time, I multiply it by three.”

The unpredictable hours Dr. Tim DeKlotz spends in surgery makes planning family time difficult. Before they became parents, it was easier to take off for a hike, or to hit the beach for relaxation. Now, events revolve around their 18-month-old daughter. As he notes, “We go out to eat much less often.” When they are home in the evenings, they try to make that family time. The tradeoff is that after their daughter goes to bed, both of the physicians are up much later, dealing with work issues. “It’s an adventure, like any other marriage,” says Dr. Cyndee DeKlotz. “But it has been a good one.”

Holidays can pose particular problems, because someone is usually working. Dr. Terry Fairbanks reports their kids have gotten used to celebrating Thanksgiving on Friday, and Christmas on December 26.

Physician Partner Advantages
Despite the challenges, all three married couples agree on the advantages in having a partner who is also a physician. The Drs. DeKlotz became friends when they were put together in a small group at the beginning of medical school, and spent many hours studying together. To this day, even as each has branched off into subspecialties, they can bounce ideas and questions off each other.

Dr. Terry Fairbanks says the biggest advantage in being married to another physician is simply that they understand each other’s lives. It is a sentiment that all three couples echo.
Dr. Grady notes that pursuing a career as a physician requires a degree of self-centeredness. But if both partners understand that, and give each other the space and support they need, it can work out very well.

Friends warned Dr. Cyndee DeKlotz that it was a horrible idea to marry another doctor, but she appreciates the fact that they can both understand the stresses that each encounters. In the end, emotional support and understanding are the biggest advantages of sharing a life with another physician.

Such understanding was evident when Dr. Tim DeKlotz finished his fellowship in Pittsburgh. They had planned to travel for awhile, before beginning their post-fellowship jobs. But their daughter was born around that time, and travel plans were scrapped. Unfortunately, the lease on their Pittsburgh apartment was up, and they could not move into their home in D.C. for another month.

The DeKlotz family left the hospital, newborn daughter in tow, still wearing their hospital ID bands, and checked into a hotel. During the next several weeks, they moved to four different hotels and friends’ houses, before settling into their own home. “Not exactly what we had planned,” says Dr. Tim DeKlotz. “But we made it.”

**Time Away from Work**

De-stressing outside of work is vital for all three couples. Dr. Fairbanks says he and his wife were in great shape before their kids were born, and they are trying to get back to that, now that their children are in their teens. They began running together, and have planned trips around running in half-marathons.

Dr. Grady spends her free time taking care of a houseful of pets and going to dance classes with her daughter, while Dr. Chang enjoys golfing and fishing with their son.

For the DeKlotz family, a trip to the pumpkin patch at Halloween provided the kind of stress-free family time they needed.

Dr. Chang ran into another particular advantage in being married to another physician, when their daughter was in first grade. Her class was inviting parents to come to school, to talk about their professions. Dr. Grady was able to speak to the children about anesthesiology. As Dr. Chang notes, he couldn’t really talk to them about urology. Even when she was a few years older, his daughter once asked him how he could talk to his patients and not laugh.

Dr. Fairbanks’ daughter may have the ultimate perspective on two-physician families. When she was just three years old, she was sitting in the back seat of their car while he drove, and a friend of the family sat up front. The friend asked about her father’s job.

“Your dad’s a doctor?” he asked. “Yes. All parents are doctors,” was her reply.

**Additional Hospital Center physicians married to MedStar physicians include:**

Peter Fitzgibbons, MD, Orthopaedic Surgery, and MedStar Georgetown University Hospital Surgeon Shimaee Fitzgibbons, MD

Misaki Kiguchi, MD, Vascular Surgery, MedStar Heart and Vascular Institute, and MedStar Georgetown University Hospital Transplant Surgeon Peter Abrams, MD

John Brebbia, MD, FACS, MBA, advanced laparoscopic and bariatric surgery at the Hospital Center and MedStar Montgomery Medical Center, and Nasrin Ansari, MD, breast surgery at MedStar Montgomery.

Ana Barac, MD, PhD, FACC, Cardiology, MedStar Heart & Vascular Institute and director, Cardio-Oncology, and Federico Asch, MD, FACC, FASE, Cardiology, MedStar Heart & Vascular Institute; associate director, Cardiovascular Core Lab, and director, Cardiac Imaging Research for MedStar Health Research Institute and MedStar Cardiac Research Network.

Nicole Proscia, MD, Radiology, and Scott Dziedzic, MD, Radiology

**There are also married and engaged couples in the Hospital Center residency program:**

Anil Jonnalagadda, MD (PGY3), and Manu Narukonda, MD (PGY1)

Sandeep Vangala, MD (PGY2), and Prathyusha Pagadala, MD (PGY1)

Anjani Pillarisetty, MD (PGY2), and Mithun Devraj, MD (PGY1)

Muhammad Mohyuddin, MD (PGY2), and Amina Majeed, MD (PGY2)
**Preparation is Standard Practice for Hospital Center’s Ob/Gyn Residency**

Are Ob/Gyn residents being adequately prepared to pursue advanced training in their chosen subspecialties? A recent survey published in *Obstetrics & Gynecology* suggests they may not be.

The survey of more than 200 directors of American Board of Obstetrics and Gynecology-accredited fellowship programs found that “incoming gynecologic oncology fellows had a lower proportion of appropriate interactions with faculty and support staff compared with other subspecialties.” What’s more, half of the incoming fellows were perceived as being “unable to perform 30 minutes of a major procedure with their attending outside the room.”

**“The Hospital Center’s attending physicians set high expectations, and they motivate you to achieve them.”**

John Buek, MD, program director for MedStar Washington Hospital Center’s Ob/Gyn residency program, is not surprised by the findings.

“You have only four years to train people in a lot of procedures, plus help them build their administrative, research, and decision-making skills,” he says. “It’s a challenge for any program to provide a fully comprehensive experience.”

Cheryl Iglesia, MD, director of Female Pelvic Medicine and Reconstructive Surgery, believes the Hospital Center’s Ob/Gyn residency program is among those that do provide a comprehensive experience. The key, she says, is the volume and variety of surgeries that residents experience.

“We also have a diversity of trainers who are specialists in various surgical procedures, and who have themselves trained in different places,” Dr. Iglesia says. “That gives our residents a wider range of perspectives and approaches.”

Karl Jallad, MD, a 2014 Hospital Center Ob/Gyn graduate, is now a fellow at Cleveland Clinic. He says his residency provided good exposure to vaginal surgery, which many residents don’t see, as well as minimally invasive and laparoscopic procedures.

“We were also able to maintain a high volume of abdominal surgeries, again, more than what other residents tend to have,” Dr. Jallad says. “We also benefitted from seeing operations across multiple hospitals, as well as academic and private practice environments.”

All that, plus the other responsibilities that come with an Ob/Gyn residency added up to what Charelle Carter, MD, characterizes as a “rigorous” experience, but one that was worth it.

“They were very tough with us in OR, which is a good thing,” explains Dr. Carter, a 2015 Hospital Center residency graduate, now a fellow at Magee-Women’s Hospital of the University of Pittsburgh Medical Center. “Even if you’re nervous, you can still operate and function appropriately. Now as a fellow, the things I thought about as a resident are second-nature. I can focus on learning new things.”

As for the “diminished resident autonomy” cited by many of the survey’s respondents, Dr. Jallad reports that he and his fellow residents were afforded an ideal balance of self-direction and oversight.
“It was almost like we were fellows ourselves,” he says. “Our supervision was such that we were never left alone, but we were able to learn. That helped us learn how to be leaders.”

Not surprisingly, Dr. Jallad and Dr. Carter say their fellowship supervisors have repeatedly complemented their degree of preparation, particularly when it comes to surgical procedures. “I think we also benefited from the exposure to various types of cases,” Dr. Carter adds. “Dr. Iglesia and the other attending physicians were always trying to get us involved.”

To be sure, part of the success of the Hospital Center’s residency program comes from its own selection process. “We look for people who are highly motivated,” Dr. Iglesia says. “That’s something you can’t teach.”

Still, Dr. Buek expects the survey to influence what is already a nationwide re-evaluation of Ob/Gyn residency training. “It could well be an interesting paradigm shift in how we structure surgical experiences,” he says.

For now, the Hospital Center’s program appears to be fulfilling its goals—preparing Ob/Gyn residents for the next phase of their careers in patient care. “Even if I had gone directly into private practice, I’d feel comfortable doing the surgeries,” Dr. Carter says. “The Hospital Center’s attending physicians set high expectations, and they motivate you to achieve them.”

Dr. Jallad agrees. “I wouldn’t change anything.”

“We have a diversity of trainers who are specialists in various surgical procedures, and who have themselves trained in different places.”
Upcoming CME Conferences

The 12th Annual Georgetown Meeting on Gastrointestinal Endoscopy and Pancreatobiliary Surgery
March 12, 2016 | The Ritz-Carlton | Washington, D.C.
Course Directors: John E. Carroll, MD; Nadim Haddad, MD; and Lynt B. Johnson, MD
This one-day symposium will address state of the art management and care of difficult and complicated disorders, such as pancreatobiliary, esophageal and other gastrointestinal diseases. The optimum method to diagnose and treat these problems requires a multimodality approach. Perspectives from radiology, endoscopy, interventional radiology, pathology, surgery, medical oncology, radiation medicine, genetic assessment and counseling of “high-risk” patients will be presented.
For more information and to register, please visit: cme.medstarwashington.org/GIDISEASE

Update on Pediatric Solid Organ Transplantation 2016
March 18, 2016 | Georgetown University Hotel & Conference Center | Washington, D.C.
Course Directors: Thomas M. Fishbein, MD and Stuart S. Kaufman, MD
This one-day educational symposium hosted by the MedStar Georgetown Transplant Institute will address pediatric liver and intestinal disease with special emphasis on management of tumors including transplantation.
For more information and to register, please visit: cme.medstarwashington.org/PEDIATRICTRANSPLANT

14th International Congress on Targeted Anticancer Therapies
March 21-23, 2016 | Omni Shoreham Hotel | Washington, D.C.
Course Director: Giuseppe Giaccone, MD, PhD
The 14th Annual TAT Congress (TAT 2016) is the leading annual phase 1 meeting on promising new drugs and molecular and immunological targets for cancer therapy in early-phase clinical development. TAT Congress is a medium-sized meeting encompassing three days of plenary sessions, poster viewing sessions, special symposia, international faculty and excellent networking opportunities.
For more information, please visit: tatcongress.org

Advances in Liver Diseases and Transplantation 2016
April 9, 2016 | Bethesda North Marriott Hotel & Conference Center | Bethesda, MD
Course Directors: Thomas M. Faust, MD; Thomas W. Fishbein, MD; and Rohit S. Satoskar, MD
This one-day educational symposium hosted by the MedStar Georgetown Transplant Institute will educate the audience on advances in liver diseases and liver transplantation. This will include: the diagnosis and management of acute and chronic liver diseases, approach to and management of complications of chronic liver disease, and the diagnosis and management of viral hepatitis, liver-related malignancies, and liver transplantation.
For more information and to register, please visit: cme.medstarwashington.org/LIVER

WEEKLY ACTIVITIES
Numerous continuing medical education opportunities, including Regularly Scheduled Series, take place each week at MedStar Washington Hospital Center.
For a complete list of CME activities, please visit: CME.MedStarWashington.org

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During the recent American Academy of Ophthalmology meeting, Jay Lustbader, MD, chair, Ophthalmology, and Michael Summerfield, MD, residency program director, participated in the Run for Vision. This 5K run benefits the Eye Bank Association of America.
As Chief Resident of Ophthalmology at MedStar Washington Hospital Center, Will Grover, MD, sees—not surprisingly—a lot of cataract patients. But there’s one in particular that he keeps at the forefront of his memory: an older man, whose cataracts had left him homebound, unable to see anything more than fuzzy shapes.

“It’s a really scary world to be in,” Dr. Grover says. “Someone might touch your shoulder, and you didn’t realize they were there. It can be really terrifying.”

The idea of surgery terrified the man, but Dr. Grover helped convince him to take the plunge. The man went from being basically blind to having 20/20 vision in both eyes.

“The change in his life was incredible, as was his gratitude for that surgery,” Dr. Grover recalls. “He would come in for extra visits just to see me. He told me, ‘I got to throw a football with my grandson for the first time ever. You can’t imagine what it feels like to do that.’”

The experience crystallizes what, for Dr. Grover, propelled him toward ophthalmology: an overriding interest in the patient’s quality of life.

That interest was forged, in part, by the experience of growing up as the son of an ICU doctor. “When people are on the brink of death, the patient’s quality of life can get lost in the shuffle. I know how important it is to save a life, but I wanted to focus more on making patients’ lives better.”

Dr. Grover considered palliative care and psychiatry, but he was also drawn toward surgery, which made ophthalmology the perfect fit for him.

Ophthalmology also had one more important attribute to recommend itself: the people he met in the field were all so nice.

“I got some important advice when deciding on a specialty: choose the specialty that has the people you most relate to. I was impressed that all the ophthalmologists I met were nice and happy,” Dr. Grover says. “I felt at home with the values of ophthalmology.”

As one of the chief residents of the department this year, Dr. Grover says he has focused on trying to help the program run as smoothly and efficiently as possible—with an emphasis on transparency and fostering trust among the residents.

“It’s been a priority to make sure residents feel like they have a voice.”

He has also focused on fostering a happy workplace. “That’s not difficult in our program,” says Dr. Grover. “We have a laid-back, friendly program, so it’s not hard to pass on that legacy.”

Dr. Grover is awaiting word on a cornea fellowship to follow his residency. He eventually hopes to move southeast, closer to grandparents. He and his wife have two daughters, ages 3 and 1.

Between a chief residency and parenting two small children, leisure time is hard to find. But what little time he has, Dr. Grover usually spends it with a guitar in hand, strumming alongside his wife, who plays the fiddle. Before residency, he typically played old-time or bluegrass music.

These days, his audience isn’t quite as sophisticated: “Mostly, my older daughter demands songs from Disney’s Frozen,” he says.
Katherine M. Raspovic, DPM, AACFAS
Podiatric Surgery

It never occurred to Katherine Raspovic, DPM, to pursue anything other than medicine, since both of her parents are cardiac nurses. But she calls "stumbling on her specialty" a happy coincidence. Initially drawn by the biomechanics of the foot, she discovered that podiatric surgery offered a variety of surgical and non-surgical care, all within one specialized field.

“I also loved that I knew exactly what I’d be getting into, right away,” Dr. Raspovic says of life after residency. “You know when you get out exactly what you’re going to be doing. The flip side is, if you don’t like it, you’re stuck!” she laughs.

Fortunately for MedStar Washington Hospital Center, Dr. Raspovic likes it. After completing her podiatric surgical residency at the University of Pittsburgh Medical Center (UPMC), she stayed at UPMC for a one-year orthopaedic foot and ankle surgery fellowship, and graduated in 2013. She joined MedStar in 2013, excited for the opportunity to, in large part, help train future podiatric surgeons through the MedStar Washington Hospital Center Podiatric Surgery residency program.

Now, after nearly two years in a hybrid role within MedStar Georgetown University Hospital’s department of Plastic Surgery and the Hospital Center’s Podiatric Surgery department, she is full-time at the Hospital Center. She medically and surgically treats conditions of the foot and ankle, including bunions, hammertoes, flat feet, sports-related injuries, wound care and diabetic limb salvage.

“I love it,” says Dr. Raspovic of the transition. “I get to focus on being at the Hospital Center every day. It’s so nice to work with podiatric residents, and truly be an integral part of their training.”

“It’s fun to watch them progress,” Dr. Raspovic says. “I now have third-year residents that I worked with as first years. I remember them from the first day, when they didn’t know how to work their pagers,” she laughs. “But watching them progress to third year and seeing them in the operating room—it’s a little like being a parent, and watching them grow up. It’s very rewarding.”

In addition to her work at the Hospital Center, Dr. Raspovic was recently named chair of the American Diabetes Association Foot Care Group. In this two-year leadership role, Dr. Raspovic will steer the content of research discussions and foot care conversations that occur at the ADA’s annual scientific sessions.

“It’s been an incredible opportunity to meet so many people in the field, and help organize a program that focuses on critical topics in our field, like amputation prevention and our role in limb salvage,” she said.

The ADA’s 76th annual Scientific Sessions—of which Dr. Raspovic will oversee Foot Care programming—will take place in New Orleans in June.

When Dr. Raspovic has some downtime, she visits her parents in Cleveland, where her mother works on a post-operative surgical unit at The Cleveland Clinic, and her father works at Metro Health Medical Center. Her younger brother also followed her parents into the medical field, and is now a resident in Internal Medicine.

“It was nice to finally be able to ‘talk shop’ with them, after years of never understanding what they were talking about when I was a kid,” Dr. Raspovic laughs, noting that in addition to her parents and brother, several other close family members are nurses and doctors. “Family get-togethers are always entertaining, to say the least!”
From the Desk of...

Timothy Shope, MD, FACS

Director, Center for Advanced Laparoscopic & Bariatric Surgery

With our expertise, experience, advanced surgical approaches and multi-specialty support, MedStar Washington Hospital Center offers bariatric surgery for obese patients with complicated medical conditions. While many hospitals currently perform these procedures, we are particularly well-equipped to offer the best results.

Bariatric surgery is indicated for patients with a BMI of 40 or higher, or for patients with a BMI of 25-40 who have severe medical problems. We have operated on patients with BMIs in the 70s and 80s, and patients with serious comorbidities.

First, we have the expertise. Besides myself, my surgical team includes Tung Tran, MD; Alexandra Zubowicz, MD and John Brebbia, MD. We are one of the few bariatric programs to have our own gastroenterologist, Timothy Koch, MD. We offer educational sessions for prospective patients, followed by a thorough evaluation by a surgeon. If a patient qualifies for surgery, he or she then undergoes both a nutritional and psychological consult.

Second, we have the experience. Last year, our surgeons completed more than 300 bariatric surgeries, and expect that number to grow by 20 percent this year. To accommodate this growing caseload, we are moving from POB North to POB South to a new suite with almost double the capacity.

Third, we offer our patients the most advanced procedures. In addition to conventional gastric bypass and lap band surgeries, today we most often perform sleeve gastrectomies, creating a long, narrow tube that reduces the amount of food the stomach can hold. This procedure offers excellent results with fewer side effects—no dumping syndrome, no malabsorption and a lower risk of vitamin and mineral abnormalities.

On the horizon are new devices that make bariatric surgery a possibility for more patients. The FDA recently approved the vBloc® device, an implantable vagal nerve stimulator that causes patients to feel full continuously. Intragastric balloons are also under investigation. Placed endoscopically, the balloons are inflated to make a patient feel full, and can remain in place for up to six months.

Finally, we have the tertiary support. Because the Hospital Center offers every kind of specialty care for patients with such comorbidities as diabetes, heart disease, renal disease and other conditions associated with obesity, we offer comprehensive care for the most complicated patients. For any questions, please contact me at 202-877-7257 or timothy.r.shope@medstar.net.