

Aequanimitas



A twice-yearly newsletter for current and former Johns Hopkins Medicine housestaff and friends

Summer 2016

Then and Now: Two Generations of Trainees Look Back

During the throes of his Osler internship, Rich Ambinder recalls falling asleep while listening to a patient's heart. It was 2 a.m. He had been on the wards for roughly 26 hours. "I heard her say, 'Doctor, doctor, are you awake?'"

It was hardly a proud moment, but an instructive one.

The 62-year-old Johns Hopkins Hospital oncologist tends to mention this anecdote whenever he and his son Alex, a third-year Osler resident, discuss their medical training experiences. The Ambinders are among a growing number of parent/child Osler trainees who can shed light on the challenges—and learning opportunities—that have accompanied their respective residencies.

"I think anyone from a generation earlier thinks there were some valuable things about continuity, seeing patients overnight and very sick patients evolve over a period of time," says Rich. "But I have no doubt that the system I grew up in had many problems."

As examples, he cites frequent 30-hour shifts, limited supervision ("No simulation lab; it was more see one, do one, teach one.") and paper records ("It could take days before the medical records office could locate a patient's history."). Rich also recalls the small number of women in the program 35 years ago.

For his part, Alex, who will complete his residency in June, says he's found the fatigue manageable. "I was actually hypomanic at first—it was so exhilarating," he says. Still, Alex struggles with the 16-hour shifts and forced handoffs. "I've had people kicking me out the door when there's a discussion about a patient that I'd like to be a part of," he says. "Yet there's something good about having boundaries."

Some positive things about the program haven't changed, agree father and son: the camaraderie and high-caliber teaching. Unlike the competitive environment in college and medi-

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cal school, says Rich, "people in the Osler residency make you feel like you're part of a team."

Like his father, Alex will specialize in hematology/oncology. He begins his fellowship in July at Johns Hopkins, where Rich trained. After completing his first year, Alex will serve as an Osler assistant chief of service (ACS). "I hope to foster the same kind of environment that made my residency more enjoyable," he says, "thanks to people who were excited about medicine and respectful of my own sort of learning but pushed me to do better."

Helen Selonick Prevas, who completed her Johns Hopkins internal medicine residency in 2012 (Janeway), cut her teeth on Osler folklore. Both of her parents are alums: Martha Selonick, Osler 1979, and Stuart Selonick, Osler 1978 and Longcope ACS. They are currently in private practice. Martha is a cardiologist; Stuart, an oncologist. He has also been teaching Osler residents outpatient medicine for the past 30 years. Helen is the oldest of their three children.

As a youngster, Helen often "hung out" on the wards with her parents. She knew from an early age that she wanted to be a doctor. Now she's about to complete her first year of a fellowship in critical care at the University of Maryland Medical Center. Reflecting on her Osler years, Helen says fatigue

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Sanjay's Section

In my experience, the distance between us and the patient's bedside has been widening. This is a result not only because of the electronic medical record but also regulatory changes, hospital operational pressures and technologic advances. In today's paradigm, why should we spend time listening with a stethoscope when we can simply order an echocardiogram?

This was the subject of our recent medical Grand Rounds. The lecture celebrated the 200th anniversary of the stethoscope, a great opportunity to explain why it's more important than ever to build outstanding clinical skills. During the rounds, Ed Kasper, a master clinician and director of clinical cardiology, took a patient history and then examined the patient so that all watching could learn.

On the large screen, we

observed what he saw as he examined the patient's neck veins. We listened to what he heard as he used a digital stethoscope to auscultate the heart. The audience discussed their impressions and made a diagnosis based on the bedside history and exam.

We then watched as Mary Corretti, medical director of the adult echocardiography lab, interpreted images from an echocardiogram that was performed live in front of the audience. She confirmed the diagnosis already made by exam of pulmonary stenosis. Importantly, it was clear that the echo alone, without the history and exam, would have overestimated the severity of the condition and led to the wrong treatment.

Instantly, the foundational nature of bedside skills and how



To demonstrate the importance of bedside skills—aided by technology—Clinical Cardiology Director Ed Kasper takes a live patient history while using a digital stethoscope in Hurd Hall.

technology can supplement—but never replace—clinical skills became apparent to all.

To build these skills into our program, last July, we launched a service dedicated to clinical expertise. Every morning, a seasoned clinician takes the team to the bedside for a 30-minute session to teach a communication or physical examination skill. Brian

Garibaldi, curriculum director of the service, showed at our Grand Rounds how this experience has objectively improved our interns' skills. We are excited to build on these efforts that continue to bring us all back to the bedside.

Sanjay Desai, Director
*Osler Medical Residency
Training Program*

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rarely overwhelmed her. "You're too busy to feel tired. There are sick, complicated patients who need your attention."

But between her second and third year, following the birth of her daughter, sleep deprivation hit hard. And her husband was in the midst of an emergency medicine residency in Delaware. Even with babysitting support, she says, maintaining a balance was tough. Thankfully, she says, Osler colleagues were kind about reworking schedules. "We're used to swapping call," she says.

Helen also discovered that the firm system was the perfect antidote to burnout. "The same four people were on every fifth night," she recalls. "We'd all get together in one of the firm offices, eat dinner, use the computers. And when a problem arose, we'd deal with it together. We'd work on notes, ask questions. It wasn't isolating. It wasn't a grind; it was fun."

In the 1970s, during Martha's every-other-night-call era, very few female trainees—if any—had children. And, she recalls, because of the small percentage of women residents back then, she was often presumed to be a nurse. "That



Osler pride: Martha Selonick, Helen Selonick Prevas and Stuart Selonick reminisce about their training.

still happens," she says, noting that cardiology attracts more men, "but not nearly as much."

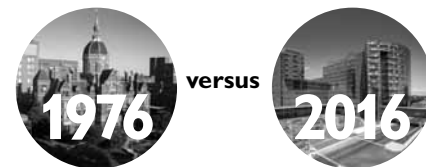
At family get-togethers, Martha says the threesome rarely disagree about the pros and cons of their Osler medical training. "I think fewer hours on call are better for everyone," she says, noting that additional layers of support in the program shouldn't affect quality of care.

To incoming Osler trainees, Martha offers this advice: "Spend time with the patients. Hear their stories. They're the best teachers. But make sure to value mentors as role models"—words she may one day

repeat to her granddaughter, should she, too, opt for a career in medicine. ■

The program's latest parent-child duo: Johns Hopkins Medicine Nephrology Division Director Paul Scheel Jr. (Osler 1990) and Paul Scheel III, who begins his training in July.

OSLER INTERNAL MEDICINE RESIDENCY TRAINING



Hours

unlimited versus 80 hours per week

Gender Representation

8 women versus 86 women
58 men versus 63 men

Patient Records

paper versus electronic medical record

Average Patient Length of Stay

12–14 days versus 2–3 days

Beyond the Dome

Craig Smith, co-founder and retired manager of Algenol Biofuels LLC; co-founder and CEO of Guilford Pharmaceuticals; and co-founding director of Johns Hopkins Medicine's Division of General Internal Medicine

Growing up in a small town near Buffalo, New York, Craig Smith was inspired by his parents, his family's physician and his love of science. Smith earned his M.D. at the University of Buffalo in 1972 and trained in internal medicine at The Johns Hopkins Hospital from 1972 to 1975. He served on the Department of Medicine faculty from 1975 to 1988. Smith's efforts would herald a new era in medical training at the school of medicine.

In the spring of 1977, while finishing his second year as an assistant chief of service in the Department of Medicine, Smith met with then-Osler director Victor McKusick to advocate for the creation of a division of internal medicine at Johns Hopkins. McKusick embraced the idea and appointed Philip Tumulty the inaugural division director and Smith its associate director.

Together, Tumulty and Smith sought to build a division of exceptional general internists on the full-time faculty who would teach, care for patients, conduct clinical research and serve as role models. Smith was instrumental in securing funding for a fellowship training program. He served as division director from 1977 to 1985.

After growing the division to the third largest in the department of medicine in research and clinical practice income, Smith stepped down in 1985, when he was appointed a Burroughs Wellcome Scholar in pharmacoepidemiology. Three years later, he left for the private sector. Following a series of executive positions at Centocor, he co-founded Guilford Pharmaceuticals in 1993. During his time at Centocor and Guilford, he led or participated in the development of several drugs, including Centoxin, ReoPro, Remicade, GLIADEL and Lusedra.

Smith retired in 2004, but two years later, he co-founded Algenol Biofuels LLC, an industrial biotech firm that creates ethanol from algae using carbon dioxide. He and his wife, Susan, live in Naples, Florida. They have two daughters and twin grandsons.

What did it take to build support for the creation of the Division of Internal Medicine, and why was it so important to you?

At that time, the pendulum had swung heavily in favor of subspecialty medicine and laboratory research as a route to academic success. A number of highly regarded clinicians had left the faculty to go to other institutions or into private practice. Though I didn't think it was justified, there was a sense that Hopkins didn't value clinical work or investigation. I was passionate about filling in the gaps and spoke to Phil Tumulty, whom I greatly admired. A white paper from Cornell, by a former Hopkins colleague (Jeremiah Baroness), made a compelling case to create a division of internal medicine that could help us grow general internal medicine and clinical investigation at Hopkins.

What were you able to accomplish during your time as division director?

We spent a lot of time building a strong faculty, growing our clinical practice, establishing the fellowship and conducting clinical research. We also came up with the idea to send fellows to the Johns Hopkins Bloomberg School of Public Health to study epidemiology and statistics. We started requiring our fellows to get master's degrees in public health. That turned out to be a very important bridge across Wolfe Street.

"If you have the wherewithal to do things that have never been done before, be prepared to pick yourself off the ground from time to time and keep going. Total commitment and persistence are key."



Craig Smith accepts an Osler Latchkey Society Award from Sanjay Desai in 2015.

What made you decide to switch to a career in the biotech world?

I was always interested in business and clinical research, and I wanted to take on new challenges and advance treatments, especially in biotechnology.

What lessons do you bring to the biotech world from your years at Johns Hopkins?

First, my time at Hopkins helped me become a person who enjoyed building and organizing groups with a purpose. Starting a division in academic medicine is different from starting a company, but both require the ability to recruit first-rate talent and build successful programs. I came to love clinical research and the opportunities created by the explosion at the applied level in medicine and physiology through biotechnology. I have used those skills to figure out how to apply them in a practical and potentially sound business way. I've taken on sepsis, neurodegenerative disease and brain tumors, to name a few of the windmills I've charged, and I have enjoyed real success in doing so. But I've also learned that failure in the world of drug development is the rule, not the exception.

What advice would you give Osler residents as they map out their futures?

Doing what I've done is not for everyone. I loved every minute of my time at Hopkins and feel academic medicine is a highly rewarding and fulfilling career. What I did was risky and scary at times, yet extraordinarily rewarding in many ways. If you have the wherewithal to do things that have never been done before, be prepared to pick yourself off the ground from time to time and keep going. Total commitment and persistence are key. ■

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Where in the World Is Your Osler Tie or Scarf?



Osler Program Director Emeritus **Charles Wiener**, third from the left, proudly displays his Osler tie at the Shenzhen People's Hospital, in Shenzhen, China, at a reception and dinner with party leaders.

Where can you and your Osler tie or scarf be found? To be featured in this newsletter, snap a picture and send it with a caption and your class year to cfrank23@jhmi.edu.

Support the Osler Fund for Scholarship

By investing in the future of our young doctors, we continue the legacy of William Osler to prepare and inspire the next generation of leaders. Your contribution makes it possible for current residents to enhance their training and provide educational opportunities that might not otherwise be possible. If you are interested in supporting our housestaff, contact Carly Frank at 410-550-4098 or cfrank23@jhmi.edu. To make a gift online, please visit our website at bit.ly/oslerfundforscholarship.

Class Notes

These students matched to begin Osler medical training in July:

Hussein Abbas <i>American University of Beirut</i>	Rupert Hung <i>The Johns Hopkins University</i>	Rohan Shah <i>Duke</i>	PRELIMINARY
Kelly Arps <i>Emory</i>	Catherine Ireland <i>University of Tennessee</i>	Kevin Shenderov <i>The Johns Hopkins University</i>	Monica Buckley <i>University of Virginia</i>
Christopher Cole <i>Washington University</i>	Rebecca Jeun <i>Baylor</i>	Calvin Sheng <i>Vanderbilt</i>	Mo Chen <i>University of Texas, SW</i>
Michael Daniel <i>The Johns Hopkins University</i>	Erin Josserand <i>University of Texas, Houston</i>	John Smith <i>Boston University</i>	Qihua Fan <i>Duke</i>
Arsalan Derakhshan <i>University of Georgia</i>	Sonya Krishnan <i>George Washington</i>	Jared Spitz <i>Northwestern</i>	Julie Stein <i>George Washington</i>
Travis D'Souza <i>Michigan State University</i>	Balint Laczay <i>Northwestern</i>	Brian Ting <i>Taiwan University</i>	URBAN HEALTH
Katherine Falloon <i>Duke</i>	Karolina Maciag <i>Harvard</i>	Rachit Vakil <i>Rutgers</i>	Francisco Alvarez <i>Columbia</i>
Christopher Fan <i>Duke</i>	Nitin Malik <i>University of Virginia</i>	Joanna Wang <i>The Johns Hopkins University</i>	Jesse McDermit <i>New York University</i>
William Garneau <i>University of North Carolina</i>	Kathryn Meyer <i>Indiana</i>	Beatriz Wills <i>University of the Andes</i>	Nicky Mehtani <i>The Johns Hopkins University</i>
Egal Gorse <i>University of Wisconsin</i>	Alexander Moffett <i>University of Chicago</i>	Jennifer Yeh <i>The Johns Hopkins University</i>	Jordan Nahs-Vigon <i>University of California, San Francisco</i>
Arune Gulati <i>University of Pennsylvania</i>	Erica Orsini <i>George Washington</i>	Jonathan Yeh <i>The Johns Hopkins University</i>	MEDPEDS
Christopher Haas <i>Drexel</i>	Trisha Pasricha <i>Vanderbilt</i>	Hisham Yousif <i>Harvard</i>	Brittany Badesch <i>Colorado University</i>
Donald Herdt <i>University of Louisville</i>	Bennett Peterson <i>University of Maryland</i>	Radoslav Zinoviev <i>Yale</i>	Cooper Lloyd <i>Vanderbilt</i>
	Paul Scheel, III <i>Washington University</i>		Jessica Ratner <i>University of Pennsylvania</i>
			Harita Shah <i>The Johns Hopkins University</i>