

Update on Osler Residents
 Amy DeZern, Todd Kolb, Naudia Lauder and Daniel Munoz
 Incoming Assistant Chiefs of Service

With a campus and medical school dedicated to diversity, it's only natural that the incoming assistant chiefs of service—chosen for their clinical excellence and passion for teaching—showcase a mix of gender, ethnicity and even medical subspecialty.

For the second time in the program's history, the foursome is half male (Todd Kolb and Daniel Munoz) and half female (Amy DeZern and Naudia Lauder). Lauder is African-American while Munoz is a first-generation Colombian-American. And they represent a range of medical interests: DeZern is an oncologist; Kolb specializes in pulmonary and critical care medicine; Munoz is a cardiologist and Lauder is a gastroenterologist/hepatologist.

Universally, the physicians—friendly from their own internship days—say they were humbled and honored to be asked to fill such giant shoes. "It's a really nice honor," DeZern says, "not something you take lightly."

"You hold in awe the people you learn so much from," Lauder explains. "I would never have thought I'd be one of those people, but I'm ready for the chal-



Amy DeZern, Todd Kolb, Naudia Lauder and Daniel Munoz

lenge because one of my greatest loves is teaching."

Adds Kolb, "My goals are to make sure that the interns are able to find their way and develop a sense of who they are, and that patients are happy with the care received at every level."

During a three-day retreat this spring, the ACSs and Osler Program Director Charlie Wiener will decide who will head which firm, with the stipulation that each joins a firm other than the one they were part of during residency.

Rest assured, however, that the new ACSs pledge to maintain the good-natured rivalry among the firms. "I'll probably spare Longcope but take it to the other two firms," laughs Munoz. ■

Update

Given the current economic climate, we are very grateful for your ongoing support of the Osler Fund for Scholarship. We have always valued your commitment, and during these challenging times your support takes on added importance. Unless we can give our housestaff chances to grow and develop academically, we will never know what they can achieve professionally. Your generosity provides a multifaceted education by supporting research projects and travel to scientific meetings.

If you did not receive our most recent Osler Fund for Scholarship mailing, or would like more information on making a donation, please contact Elizabeth Muscatello in the Department of Medicine, 410-516-6502 or emuscat2@jhmi.edu.

Osler Housestaff Reunion and Dinner

Please join the Department of Medicine on Friday, June 5, at the Osler Housestaff Reunion and Dinner. The day begins with Medical Grand Rounds with Hematology Director Robert Brodsky. You also won't want to miss our dinner program, which includes two extraordinary speakers: journalist Ted Koppel and Osler alum Richard Johns. For details, please contact Elizabeth Muscatello, 410-516-6502 or emuscat2@jhmi.edu.

Aequanimitas

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



My Turn

Only 2 percent of medical students plan to go into primary care, according to a survey published last year in *JAMA*. Since 1997, the number of medical school graduates entering the field has dropped 50 percent.

Unless we act swiftly, our nation will face a critical shortage of primary care physicians. That's why I have encouraged development of a new Urban Health Residency Program, which we hope to launch in 2010 or 2011. This five-year program—a joint venture of the departments of Medicine and Pediatrics—will emphasize family medicine and require students to pursue a master's degree in public health, business administration or psychiatry.

Four students each year will learn from our faculty in pediatrics, medicine, psychiatry and the Urban Health Institute, as well as the Baltimore City Health Department, and receive intense training in mental health, family conflicts/violence, substance abuse and HIV/communicable disease treatment and prevention.

My hope is to produce new community health leaders right here in Baltimore. It's the next logical step in deepening Johns Hopkins' commitment to the local underserved area.

Mike Weisfeldt, Director
 Department of Medicine

Teamed Up for Better Care

An idea Carol Johns would have loved excites residents and attendings alike.

Until recently, housestaff caring for lung disease patients at The Johns Hopkins Hospital saw a mix of pulmonary cases, gastrointestinal cases and patients admitted for miscellaneous other internal medicine issues, explains pulmonologist Michael Boyle. So, teams responsible for pulmonary, cardiology and heart/lung transplant patients (with frequent overlapping issues) would round separately and then text-page each other to compare notes or coordinate care as necessary.

Managing the treatment of these patients was challenging not only for the residents but also for the faculty, says cardiologist Stuart Russell. "Heart failure patients, for example, are typically in the hospital two to three weeks, so you could potentially have two to three housestaff teams caring for them," he says. "It was difficult to figure out who the intern was, let alone talk to them."

Now, thanks to a recent restructuring, Russell, Boyle, Osler Program Director Charlie Wiener and colleagues have created a dedicated service that brings together the care of pulmonary and cardiology patients.



Widely respected for her devotion to clinical care and teaching, Carol Johns seemed the ideal person to name the new service after.

Named in memory of internationally known lung disease expert and longtime Hopkins faculty member and leader Carol Johns, the new service, which started at the end of January, covers patients from the heart failure and heart transplant programs, pulmonary hypertension and lung transplant programs, and the general pulmonary service.

By rotating through this service for a month at a time, a group of two residents and four interns receives much more intense training in the management of end-stage heart and lung disease. The rotation includes formal,

half-hour work rounds for housestaff with the attendings and cystic fibrosis nurses to coordinate care of inpatients and outpatients, plan discharges and review overnight admissions. And three afternoons a week, the students hear lectures on topics related to the case mix they are seeing on the units.

"The feedback so far has been wonderful," Boyle says. "Now it feels much more like everyone is working together. The housestaff has more responsibility, and they're excited by the educational opportunity. It's a great teaching service, and not just the

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Longcope: You can't go home again... but, you can go to Nelson 4

In 1986, during the ascent of the U.S. AIDS epidemic, John Bartlett and Robert Heyssel developed a plan for one of the first inpatient units dedicated to the comprehensive multidisciplinary care of patients with HIV/AIDS. That ward opened on July 1, 1988, on Osler 8. It was a notable achievement at many levels. Hopkins was one of the first major medical centers to publicly acknowledge the special needs of patients with AIDS, and our Division of Infectious Diseases in collaboration with the School of Public Health was at the forefront of clinical research understanding the epidemiology and treatment of HIV infected patients.

A few years later, the Osler 8 service was renamed the Polk Service in honor of pioneering AIDS clinical investigator B. Frank Polk, who died of a brain tumor in 1988. Many Osler house officers fondly remember their experience on Osler 8, including the dedicated nursing staff, the wonderful sense of a unified mission throughout the floor typified by Jo Leslie, and of course, John Bartlett as Santa delivering wonderful gifts to all the patients on Christmas Day. The Polk service continues to provide outstanding care for patients with HIV/AIDS and it is an integral component of the Osler



housestaff experience.

However, there was one "victim" in this story: The Longcope Firm, long-time residents of Osler 8, were moved off that floor with the creation of the Polk Service and relocated to the office on the 4th floor between Osler and Halsted. The other casualty of that change (as well as the institution of monitors) was the regional localization of patients with Firms. Firms were often rounding on up to five to six different wards. Many of us felt that patient care, efficiency and collegiality with nursing were compromised by the scattering of patients.

For the past two years, in conjunction with Nursing leadership (Karen Davis and Joann Ioannou), we've been working hard to restore Firm regionalization. Last January, with the installation of monitors on Nelson 4, we were able to finally realize the goal

of every Firm having a home floor. Now, Barker is based on Halsted 8, Janeway on Nelson 3, Longcope on Nelson 4, and Thayer on Osler 4. Already we have seen improved satisfaction from housestaff and nursing, and we anticipate similar improvements in patient satisfaction and care efficiency measures.

Many Osler housestaff from before the late 80s recall fondly the close relationships they were able to develop with patients and nurses because everyone spent most of their time on one floor. With the faster pace and greater complexity of patient care combined with more fragmented work patterns, we will not fully restore those halcyon days; however, with each Firm back to having a home floor caring for the majority of patients, I'm excited that we are restoring a vital component of the collegial work environment that we treasure at The Johns Hopkins Hospital.

No, Longcope will not go back to Osler 8, but we look forward to them enjoying their new home on Nelson 4—at least until the new hospital opens and we're forced to write another chapter.

Charles Wiener, Director
Osler Medical Training Program

Teamed Up for Better Care (from page 1)

housestaff providing a support service."

Russell agrees. Having the same four interns on duty every day, he says, contributes not only to better patient care but to more ways for housestaff to learn.

Previously, says pulmonary chief Landon King, the educational component had been "much more ad hoc, but with the reorganization, we've made a concerted effort to formalize teaching times and expedite the components of their day."

Adds pulmonologist Sonye Danoff, "We've always had a service to admit pulmonary patients, but this service is explicitly intended to provide close

educational contact between the faculty and housestaff. It embodies the ideal of what medical centers ought to do—pairing interns and residents with senior physicians expert in the care of unusual diseases. Education takes place not only at the bedside but also by sitting down together and discussing cases.

"People talk about the art of medicine being lost. This is the way good medicine is taught—through role modeling."

Fittingly, at Danoff's suggestion, the service was named for Johns, who died in 2000 of melanoma. Johns, a Hopkins faculty member for nearly 50 years, founded the hospital's Sarcoid

Clinic, served as assistant dean and director of continuing medical education from 1981 to 1993, and advocated for women's careers in medicine.

Johns' qualities represented "all of the things we hold in great value," says Danoff, including "her intellect, thoughtfulness, collegiality and willingness to go beyond what was necessary to help patients and colleagues. This service would be close to her heart."

Adds King, "It's a deserved and appropriate way of remembering a person who made enormous contributions within the institution and was an inspiration to many people." ■

Class Notes

These students were matched to the Osler medical training program:

Gobind Anand
University of Texas Southwestern Medical School at Dallas

Eunpi Cho
Johns Hopkins University School of Medicine

Jonathan Chrispin
Vanderbilt University School of Medicine

James Cooper
University of California San Diego School of Medicine

Rebecca Dezube
Vanderbilt University School of Medicine

Adel El Boueiz
Universite Libanaise, Beirut

Romanus Faigle
Philippis-Universitat Marburg, Germany

Sravanya Gavini
Johns Hopkins University School of Medicine

Kevin Gibbs
George Washington University School of Medicine

Christian Gocke
University of Texas Southwestern Medical School at Dallas

Keiko Greenberg
University of Virginia School of Medicine

Timothy Harris
Johns Hopkins University School of Medicine

Ashley Helgeson
Medical University of South Carolina College of Medicine

David Heller
University of California San Francisco School of Medicine

Lynn Howie
University of North Carolina School of Medicine

Steven Hsu
Johns Hopkins University School of Medicine

Richard Johnson
Emory University School of Medicine

Clare Kelleher
Ohio State University College of Medicine

Rina Khatri
Case Western Reserve University School of Medicine

Matthew Konerman
Johns Hopkins University School of Medicine

Rupa Krishnaswamy
State University of New York at Buffalo School of Medicine

Anna Litvak
Baylor College of Medicine

Kara Loubser
Tulane University School of Medicine

Camille Minder
Duke University School of Medicine

Payam Mohassel
Johns Hopkins University School of Medicine

Matthew Nayor
New York University School of Medicine

Phuong-Khanh Nguyen-Trong
University of Texas Southwestern Medical School at Dallas

Timothy Niessen
Johns Hopkins University School of Medicine

Heather Parsons
Drexel University College of Medicine

Harsh Patel
University of Miami School of Medicine

Emily Pfeil
Johns Hopkins University School of Medicine

Julie Rosenthal
Drexel University College of Medicine

Michael Silverman
Tufts University School of Medicine

Davis Sim
University of Virginia School of Medicine

Jennifer Naylor
Albert Einstein College of Medicine/Yeshiva University

Brian Thomas
University of Minnesota Medical School

Monica Tincopa
Johns Hopkins University School of Medicine

Geoffrey Tison
Johns Hopkins University School of Medicine

Rasi Wickramasinghe
Johns Hopkins University School of Medicine

Beyond the Dome

Sonye Danoff: Osler alum; co-director, Johns Hopkins Interstitial Lung Disease Program; Associate Director, Johns Hopkins Myositis Center

Sonye Danoff credits several mentors with influencing her view of medicine during many years of training at Johns Hopkins, including pulmonologists David Pearse, Peter Terry and Carol Johns, and internist David Levine. Danoff earned her medical degree and Ph.D. in neuroscience from Hopkins in 1993, completed her internship and residency in internal medicine, became a pulmonary fellow in 1996 and joined the faculty in 2000. Now she's proud to be a mentor herself as part of a new service for heart and lung patients that's named in memory of Johns, a beloved teacher.



Aequanimitas: What did being an Osler resident mean to you?

Danoff: I think that the essence of the Osler housestaff training program is to value excellence in both patient care and humanism. Those qualities continue to form the physician that I am.

Clearly, there's such a wealth of experience in common disease and rare disease that it ultimately influenced what I have chosen to do. In addition to the excellent training from senior faculty, there is a group of remarkable house officers who teach you almost as much and who become the people you know you can depend on as you move on to your faculty years.

Aequanimitas: Has anything changed since you were a resident?

Danoff: This has been a period of dramatic change at many levels, including the institution of the 80-hour work week. We used to spend every other night in the MICU, and every third night on service. It's both a good thing and a bad thing—we recognize that housestaff need to care for themselves in addition to their patients, but the challenge is to maintain the care of a very sick patient population while sticking to the letter of the law.

The house officers have shown remarkable resilience to work cooperatively to

make this happen. Previously, there was much more individualized patient care, so one resident was assigned to a patient from the minute they left the ER to the minute they were discharged. This has evolved to much more team-based care.

Aequanimitas: Do you have a particular memory that stands out from your residency?

Danoff: One of the greatest was taking care of a patient of Dr. John Mann, an attending who I deeply respected. The patient was a young man with HIV who presented as if he was infected with fevers and hypotension. Despite our doing everything reasonable to treat the infection, he seemed to be dying in front of us.

I remember thinking that if the patient is not responding appropriately, perhaps it is because we had come to the wrong conclusion. He turned out to have adrenalitis. We put him on prednisone for adrenal insufficiency and he improved dramatically. This patient highlighted for me the idea that you constantly have to re-evaluate your assumptions.

By rethinking our conclusions, we saved this patient's life. It brought home to me that having the humility to recognize that we are not infrequently incorrect makes a real difference in the care of patients. ■