

Aequanimitas



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

My Turn

While the number of patients admitted to the Osler Firms through the Emergency Department has increased over the past 18 months, we have observed a heartening decrease in the proportion of patients without insurance.

With high-quality physicians and caregivers staffing Hopkins clinics at East Baltimore Medical Center, I believe patients are receiving better, more consistent, more proactive outpatient care. And more systems are in place throughout Hopkins to get uninsured patients covered or provide first-rate outpatient care even for those without insurance. In addition, the most run-down housing to our north has been razed, making way for new communities, and residents to our south are more likely employed and insured.

Despite these changes, more patients even with insurance seem to have difficulty accessing primary care in the community and are more frequently turning to our Firms' inpatient and outpatient care.

We are also letting patients know that in our teaching clinics, a dedicated Osler housestaff member will be their primary care physician. Patients have a very positive response.

Mike Weisfeldt, Director
Department of Medicine

Maintaining the Hospital's Inner Balance

How an Osler alum and Hopkins 'lifer' rose up the ranks to take on one of the most demanding jobs in academic medicine.

Not just anyone would relish the idea of becoming vice president for medical affairs at

The Johns Hopkins Hospital, a role described as a veritable tightrope balancing the needs of the hospital and medical staff.

But internist Redonda Miller, who assumed the position last July, can't stop gushing.

"It's such a fun job," she says. "I love my job."

Miller now oversees medical staff affairs, patient safety, hospital epidemiology and infection control, medical records and the pharmacy, among other departments.

Just a few months into the job, she worked to meet new Joint Commission standards requiring that physicians perform quality peer review. In October, she helped put in place professional practice evaluations, in which physician committees in each department review data on individual physicians' performance in measures including patients' hospital length of stay, mortality and readmission rates, and unsigned verbal orders or clinic notes. Departmental



Redonda Miller, center, credits her residency training for moving her along the path to leadership.

recommendations regarding continuation of privileges are then passed through the credentials committee to the medical board. Miller and her colleagues are now fine-tuning that process.

She also plans to improve physician education and communication. "We don't do a good job of communicating to our physicians the things they need to know," she says. And she aims to keep Hopkins No. 1—a challenge in an era of increasingly strict oversight, payer and consumer demand

for quality, and ongoing health care reforms.

Miller succeeds Beryl Rosenstein, who held the position for 15 years—nearly twice as long as the combined service of his predecessors. He is still on faculty and continues to mentor Miller.

One of the biggest challenges is dealing with regulators such as the Joint Commission, Rosenstein says, and getting buy-in from the medical staff. "Physicians, especially at Johns Hopkins, don't like

(Continued on page 2)

Individual in Every Sense of the Word

I would like to dedicate this issue of *Aequanimitas* to Dr. Barton Childs, who passed away in February (nytimes.com/2010/03/09/health/09childs.html) at the age of 93 after spending virtually his entire academic career at Hopkins.

Why Barton Childs? Barton was not a member of the Department of Medicine, but many of you know him as a visionary leader in Pediatrics and Genetics. He was instrumental along with Victor McKusick in making Hopkins the leading institution in the world in clinical genetics. However, he also was one of the first “modern” physicians to envision that the future of medicine would require physicians and students to understand human variability and individuality. He came to this conclusion long before it was a popular belief and decades before we had the tools to understand the scientific basis of individuality. He felt that medical education based on the “classic” case distracts from the real view of master clinicians



and scientists who understand that each patient has a unique story and circumstances that determine health or illness. His seminal work, *Genetic Medicine: A Logic of Disease*, was the philosophical foundation for the new Hopkins medical school curriculum called Genes to Society (*Academic Medicine* 2010;85:498-506).

Some have said that the emphasis on individuality and variability in medicine is contrary to “Oslerian” medicine. However, I would refer those people to another of Osler’s prescient comments in the *Boston Medical and Surgical Jour-*

nal (1903), where he wrote, “Variability is the law of life, and as no two faces are the same, so no two bodies are alike, and no two individuals react alike and behave alike under the abnormal conditions which we know as disease.”

On the Osler service, our housestaff come to appreciate the individuality of health and disease. They understand that each patient’s health is a balance between their unique genetic/physiologic composition and the complex environment in which they live. I firmly believe that in the coming decades, future Osler housestaff will have the tools at hand to realize Barton Child’s dream that physicians will be able to answer their patients’ questions: Why me? Why this disease? Why now?

He was a visionary man, an inspirational role model and a wonderful physician.

Charles Wiener, Director
Osler Medical Training Program

Maintaining the Hospitals Inner Balance (from page 1)

to be told what to do,” he says, with the institution’s decentralized structure providing departments with a lot of power. “They’re super smart, and they all have very good ideas, but sometimes you just need to get a consensus.

“Redonda should do well,” he adds. “She has excellent negotiation and communication skills. She’s a practicing physician who practically grew up in the Hopkins system, so she knows the cast of characters.”

Miller has spent 21 years at Hopkins since arriving for medical school in the fall of 1988. She completed her internship and residency with the Osler service, then served as chief resident. She joined the faculty in 1997.

As a practicing physician, she says, she found certain things frustrating, like

the amount of paperwork required of physicians for every outpatient visit, so she enrolled in an evening MBA program at Hopkins. Upon graduating in 2004, she expressed to Medicine Chair Mike Weisfeldt her passion about improving care delivery. Around the same time, the department’s vicechair for clinical operations, nephrologist Paul Scheel, was being promoted to division chief. When Weisfeldt said he would allow that only if Scheel gave up the operations job, Scheel immediately recommended Miller as his successor.

During the next five years, Miller helped make the computerized provider order entry systems more user-friendly and helped change the practice pattern for anticoagulation and diabetes management, Weisfeldt says. Miller also has

been commended for heading several multidisciplinary teams that dramatically improved a number of hospital core measures, including ones that track pneumonia and post-hospitalization congestive heart failure measures among patients.

“She has just been explosively effective in seeing problems and getting people together to form a solution without driving an agenda,” says Weisfeldt, who also lauds Miller’s business sense, excitement and creativity in problem-solving.

Miller credits the Osler program with influencing her ambition: “I think the Osler residency really trains its graduates not only to care for patients but also to give 100 percent and pursue leadership roles—in whatever career path they choose.” ■

These students matched to begin the Osler medical training program in July 2010:

Haitham Ahmed
Dartmouth Medical School

Annuika Antar
Vanderbilt University School of Medicine

James Balvich
Vanderbilt University School of Medicine

Alexander Billieux
Johns Hopkins University School of Medicine

Jennifer Brudno
Emory University School of Medicine

Mirnela Byku
Saint Louis University School of Medicine

Laura Cappelli
Johns Hopkins University School of Medicine

Souvik Chatterjee
University of North Carolina at Chapel Hill School of Medicine

Bennett Clark
Stanford University School of Medicine

William Dalton
Emory University School of Medicine

Mohamed Elshazly
Weill Cornell Medical College in Qatar

Matthew Finn
Louisiana State University School of Medicine in New Orleans

Finbar Foley
Johns Hopkins University School of Medicine

Sumitha Ganji
Tulane University School of Medicine

Alison Grazioli
UMDNJ-Robert Wood Johnson Medical School-Piscataway

Evan Grove
Albert Einstein College of Medicine of Yeshiva University

Andrew Hughes
Johns Hopkins University School of Medicine

Edward Lin
Johns Hopkins University School of Medicine

Satish Misra
Johns Hopkins University School of Medicine

Carmelle Norice
Columbia University College of Physicians and Surgeons

Arvind Pandey
Tulane University School of Medicine

Kaustubha Patil
Johns Hopkins University School of Medicine

Nitya Prabhakar
University of Michigan Medical School

Srivatsan Raghavan
Johns Hopkins University School of Medicine

Rod Rahimi
Mayo Medical School

Rekha Rapaka
University of Pittsburgh School of Medicine

Sudip Saha
Johns Hopkins University School of Medicine

Marcos Schechter
Universidade Federal Do Rio de Janeiro

Aaron Schueneman
Vanderbilt University School of Medicine

Eugenie Shieh
Johns Hopkins University School of Medicine

Tomeka Suber
Johns Hopkins University School of Medicine

David Tian
New York Medical College

Susan Tuddenham
David Geffen School of Medicine at UCLA

Juan Varela
Medical University of South Carolina College of Medicine

Christine Vigeland
University of Texas Southwestern Medical Center at Dallas Southwestern Medical School

Michael Vranian
Virginia Commonwealth University School of Medicine

Sophie Wells
Columbia University College of Physicians and Surgeons

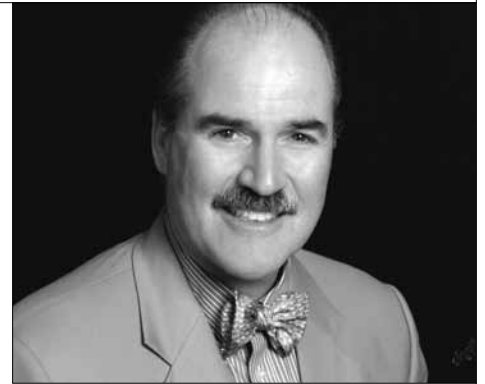
Beyond the Dome

Capt. Peter Kilmarx: Osler alum and Chief of the Epidemiology Branch of the Division of HIV/AIDS Prevention at the Centers for Disease Control and Prevention

Peter Kilmarx became interested in public health as a Peace Corps volunteer in the 1980s, when he helped build fish ponds in a remote village in Zaire—and experienced malaria and other infectious diseases firsthand in an area miles from the nearest doctor.

Kilmarx completed his internship and residency in internal medicine and a fellowship in infectious diseases at Hopkins in the early 1990s, then joined the Centers for Disease Control and Prevention's Epidemic Intelligence Service, conducting research in areas like sex behaviors and health care-seeking after HIV diagnosis, and the emergence of antibiotic-resistant gonorrhea. His career has taken him to Thailand and several African countries. Kilmarx also is a captain in the U.S. Public Health Service.

Kilmarx now heads the epidemiology branch of the CDC's Division of HIV/AIDS Prevention, overseeing more than 300 employees worldwide. He says his Osler training helps him keep cool under pressure.



Aequanimitas: What was your experience with the Osler service?

Kilmarx: It was challenging. It was stressful. It was hard. Being an intern, I had a lot of responsibility; it got better and more manageable as time went on. Being with good people and good doctors was really the strength of it. The hours spent in small groups going to the bedside provided incredible training, with great camaraderie. There also was this concept that *you* need to figure this out and take responsibility and manage this. I find in my field that is still a trait that makes someone stand out.

Aequanimitas: Any anecdotes in particular?

Kilmarx: I remember in the spring of my intern year being called to the ER late on a Friday afternoon for a patient who had left another hospital in the area and come to Hopkins. He clearly had a fungal endocarditis and large emboli in his leg and brain, and he was being sent to a regular medicine floor. I remember arguing with the ER and having to take action.

I called the cardiac surgeon and neurosurgeon and they said they'd come down after the cardiologist and neurologist saw him. I

said, "I *know* you're going to have to work on him tonight, so why not see him now instead of going home first and having to come back." It was an extraordinary experience getting him to echocardiography and other tests. They did work on him all night, and they saved him. It was only the Osler training and the aequanimitas of getting it done that made that happen.

Aequanimitas: What qualities learned during your training have stayed with you?

Kilmarx: The aequanimitas of being unperturbed by crises and able to prioritize and stay logical, to focus on what's really critical in the midst of criticisms or hysteria, is a trait that people say I have. I definitely credit the Osler housestaff experience for that.

There was a saying when I was a resident: "Trust no one." *You* are responsible to have a patient completely covered, and if Radiology said they would do something, that you remind them to do it or follow up. It was a tremendous personal responsibility. Even now, managing research projects, if someone says, "Well, the data management team didn't do such and so," I say, "It doesn't matter—it's *your* job to follow through." ■

Update on Osler Residents
Tuan Tran, Third-Year Resident

Tuan Tran has been intrigued by the widely held view that malaria infections fail to induce durable immunological memory responses. People who live in malaria-endemic areas can eventually acquire clinical immunity to the disease after years of persistent exposure, but quickly lose this protection should they move away from the endemic region.

Tran, a third-year resident with an immunology background, set out to investigate the little-known role of white blood cells called basophils in Africans exposed to malaria. He pitched his project to Hopkins' Center for Global Health and the National Institutes of Health. Mentor Nirbhay Kumar, formerly with the School of Public Health, offered lab space, but Tran still needed supplies. Charlie Wiener directed him to the Osler Fund. With about \$2,000 in support, Tran purchased antibodies and other necessities to set up his experiments.

"Having my own source of funding was nice, because I could order my own supplies and feel independent," says Tran, who begins an infectious disease fellowship at NIH in July. "Without the money, I would not have been able to do the necessary experiments to set up the basophil activation protocols."

With additional funding from the



Tuan Tran

Center for Global Health and NIH, Tran traveled to Bamako, Mali, for a month last spring, where he worked through an NIH protocol studying immunology among healthy volunteers in the village of Kambila. Researchers there drew blood from study participants, then took samples back to the lab while Tran and others performed tedious experiments often lasting until midnight or later.

While Tran hoped to compare samples from those with and without malaria, a severe drought significantly lowered disease rates. Even though he found only five infected donors instead of the expected 10, the experience leading a research team and advising local medical students, he says, "was well worth it." ■

Aequanimitas Archives

Whether you are looking for an old article or want to review our latest issue, the Osler Housestaff newsletter, *Aequanimitas*, is now online. Go to www.hopkinsmedicine.org/Medicine/hstrainingprogram/newsletters.html

Call for E-mail Addresses

Help us stay in contact with you and keep you informed about the Osler Housestaff Training Program. Please take a moment now to e-mail your preferred mailing and e-mail address to Elizabeth Muscatello at emuscat2@jhmi.edu.

Make a Gift Online

Giving to the Osler Fund for Scholarship is easy, fast and secure. Simply log on to www.hopkinsmedicine.org/Medicine/hstrainingprogram/philanthropy.html and complete the required fields.

Your donations to the Osler Fund are carefully used to fund research projects and support housestaff lectures and travel to scientific meetings and other collegial activities that are at the core of the Osler program. Your support is greatly appreciated and will have a profound effect on maintaining the tradition of excellence in the Osler Medical Housestaff Training Program.

For more information on the Osler Fund or to make a gift, please contact Elizabeth Muscatello, 410-516-6502 or emuscat2@jhmi.edu.

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