

# Aequanimitas



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

Spring 2011

## My Turn

Looking for an ideal accountable care organization, the Obama administration has considered the Cleveland Clinic, the Mayo Clinic, Geisinger Medical Center—none of which are comprehensive programs of health care delivery in complex urban settings. From my perspective, Johns Hopkins is the medical system the country ought to study, as highlighted in a recent *New England Journal of Medicine* editorial by cardiology fellow and former Osler house officer Scott Berkowitz and Dean/CEO Edward Miller.

We're working with primary care physicians at many community sites including East Baltimore Medical Center (EBMC), where we have significantly improved health care services, supported programs in reducing substance abuse in the community, and fewer patients are now hospitalized for complications of substance abuse. Fewer neighborhood residents now present to the ED needing admission, and model programs in Medicine at Bayview offer superb, lower-cost management of acute medical needs and excellent geriatric care. And our clinics for chronic conditions like diabetes and chronic obstructive pulmonary disease provide expert care at relatively low cost.

Overall, with our housestaff and fellows, we're providing great care to major populations at reasonable cost.

Mike Weisfeldt, Director  
 Department of Medicine

## Two pilot programs try out the new duty hours

How trial runs are smoothing the transition to compliance while preserving what makes the Osler residency special.

**W**hen the Accreditation Council for Graduate Medical Education last September issued new standards reducing work hours for interns, the Osler Medical Training Program's faculty and housestaff addressed this like any other challenge: with careful planning and outcomes research.

Outgoing director Charlie Wiener and incoming director Sanjay Desai held several "summit" meetings with faculty, administrators, the assistant chiefs of service and housestaff to discuss the changes and solicit ideas for novel training models to meet them.

The new rules, which take effect July 1, reduce maximum duty periods for first-year residents from 30 hours to 16 hours and establish several changes regarding supervision of residents and transitions of patient care.

Two housestaff proposals, nicknamed for the popular television series *Knight Rider* and *Hawaii Five-O*, emerged as the leading contenders.

In typical Hopkins fash-



Assistant Chiefs of Service Kia Afshar, Michael Grunwald, Colleen Harrington and Rakhi Naik have been helping test novel approaches to the challenge.

ion, program leaders opted to test them both before this summer to evaluate which would work best.

"We were mandated to make changes, but we figured that trying this out for the first time July 1 with new interns was probably not the best idea," says Kia Afshar, assistant chief of service (ACS) for the Thayer firm.

Currently, each ward team comprises an ACS, two third-year residents and four interns. In the new models, teams will be augmented with an additional intern and a new junior resident.

In Hawaii Five-O, interns

work a five-day rotation, spending every fifth day overnight. In *Knight Rider*, the five interns alternate spending six days in a row covering nights, then switch to daytime duty for the remaining three weeks of the rotation.

Because the pilots required a greater number of people on each team, Afshar, second-year resident Rebecca Dezube, and Janeway ACS Michael Grunwald spent countless hours with a white board figuring out who they could pull from other rotations to fill in, without collapsing an already complicated system,

(Continued on page 3)



## Sanjay's Section

# Complying in letter and spirit, but gathering evidence along the way

**A** new regulatory environment will begin July 1 when the latest ACGME changes go into effect. While we have some trepidation about how these changes will impact graduate medical education, we are diligently preparing for them.

There are two fundamental changes. First, interns' continuous duty will be restricted to a maximum of 16 hours—a reduction by almost half from the current limit of 30 hours. Second, supervision by a more senior physician must be immediately available at all times, which is widely interpreted as in-house supervision by a resident with no other obligations. While the intent of these changes seems well-placed, the lack of supporting evidence, rapid rollout and suspicion that they are a "first step" make their impact on internal medicine training uncertain at best.

Adherence requires a transformation in the Osler Program. Our goal is to comply with the new rules both in let-

ter and in spirit and maintain the core features of our program that we feel make it excellent. We started the process in late fall with a discussion of the core values of the Osler Program. Housestaff and faculty then developed multiple new training models that would preserve these values. After Thanksgiving, we held a "summit" that was met with great enthusiasm by all stakeholders, including housestaff, ACSS, faculty, nurses and administration. Two models were chosen for further development by independent working groups of housestaff. These models, Knight Rider and Hawaii Five-O, began as pilots in February.

Our primary goal is to find the best model for the Osler Program. In addition, given our concerns with the speed and content of current and emerging regulations, and in the spirit of our academic tradition, we have made our pilots part of a study to assess the effects of the new rules in comparison with current conditions. We randomized the

Firms to either standard conditions or a new model, and using a cross-over design, we will measure outcomes across the following categories: patient safety, satisfaction, operations, education and sleep. One of the most exciting assessments is sleep. All interns are wearing actigraphs (watches with accelerometers) that measure how much sleep they get during the rotation. One premise of the ACGME changes is that interns will get more sleep, and it should then follow that they will be less fatigued and make fewer errors. This premise has not been tested, and we will assess if, in fact, 16 hours translates to more sleep.

Our goal, again, is to find the best model for the Osler Program—one that is compliant with the ACGME and preserves our core values. At the same time, we hope to inform this pivotal and charged discussion that so far has raced along with little information.

Sanjay Desai, Director  
*Osler Medical Training Program*

## Class Notes

*These students matched to begin the Osler medical training program in July 2011:*

**Tolulope Adebisi Adesiyun**  
*Harvard Medical School*

**Kevin Michael Alexander**  
*University of Pennsylvania School of Medicine*

**Mohammed Ahmad Al-Hijji**  
*Weill Cornell Medical College in Qatar*

**Robert Wilder Bradsher III**  
*University of Arkansas for Medical Sciences College of Medicine*

**Isida Byku**  
*Dartmouth Medical School*

**Jennifer Xiaojin Cai**  
*Johns Hopkins University School of Medicine*

**Ashley Anderson Campbell**  
*Johns Hopkins University School of Medicine*

**Pavan Kumar Cheruvu**  
*Harvard Medical School*

**Matthew Tyler Crim**  
*Johns Hopkins University School of Medicine*

**Swathi Eluri**  
*Johns Hopkins University School of Medicine*

**Kunjai Gandhi**  
*University of Florida College of Medicine*

**Alida Maria Gertz**  
*Case Western Reserve University School of Medicine*

**Terence Edward Hill**  
*University of North Carolina at Chapel Hill School of Medicine*

**Bharati Kalasapudi**  
*Warren Alpert Medical School of Brown University*

**Kathryn Kline**  
*University of Pittsburgh School of Medicine*

**Ajar Kochar**  
*Warren Alpert Medical School of Brown University*

**Lara Kovell**  
*Johns Hopkins University School of Medicine*

**Tomas Kazimieras Kuprys**  
*Loyola University of Chicago Stritch School of Medicine*

**David Kuten**  
*Baylor College of Medicine*

**David Liu**  
*Johns Hopkins University School of Medicine*

**Gigi Liu**  
*Stanford University School of Medicine*

**Raoul James Manalac**  
*Johns Hopkins University School of Medicine*

**Simon C. Mathews**  
*Johns Hopkins University School of Medicine*

**Blaithin Antoinette McMahon**  
*University College Dublin*

**Christopher Joseph Melani**  
*Drexel University College of Medicine*

**Robert Anthony Moran**  
*University College Dublin*

**Dana C. Mueller**  
*University of Virginia School of Medicine*

**Zachary Nayak**  
*University of Illinois College of Medicine*

**Yuval Adrash Dinesh Patel**  
*Johns Hopkins University School of Medicine*

**Bhavana Pathak**  
*Boston University School of Medicine*

**Rekha Rapaka**  
*University of Pittsburgh*

**Jocelyn Ronda**  
*Yale School of Medicine*

**Elizabeth Sara Rosenblatt**  
*Johns Hopkins University School of Medicine*

**Jonathan Rubin Kuzniecky**  
*Universidad de Panama*

**Sarina Sahetya**  
*University of Louisville School of Medicine*

**Daniel Martin Schreeder**  
*University of Alabama School of Medicine*

**Michelle Sharp**  
*Louisiana State University School of Medicine in New Orleans*

**Katie Shaw**  
*Vanderbilt University School of Medicine*

**Andrew Charles Storm**  
*Jefferson Medical College of Thomas Jefferson University*

**Natalie Spicyn**  
*Yale School of Medicine*

**Kristopher Joel Swiger**  
*University of North Carolina at Chapel Hill School of Medicine*

**Mark Tenforde**  
*Case Western Reserve University School of Medicine*

**Allison Leigh Tsao**  
*Johns Hopkins University School of Medicine*

**Jonathan Allen Webster**  
*Stanford University School of Medicine*

**Erin M. Wilfong**  
*Duke University School of Medicine*

**Joseph Li-Han Yang**  
*Wayne State University School of Medicine*

**Raymond Kenneth Young**  
*Howard University College of Medicine*

# Beyond the Dome

**Brett Zbar:** Osler alum and partner of Aisling Capital, New York



**B**efore Brett Zbar graduated from Harvard Medical School in 1998, he had a job offer as an associate with the consulting giant McKinsey & Co. in New York. But he wanted the experience of a medical internship at a top categorical program. At the same time, his mother-in-law had been diagnosed with a brain tumor and lived in Washington, D.C., so he wanted to be nearby. Fortuitously, Charles Wiener and David Hellmann welcomed him to Johns Hopkins, where he says he had an excellent year despite the hardships of training and his mother-in-law's death.

Today Zbar applies principles learned during that time in his job at a life-sciences-dedicated private equity firm, investing in companies developing new drugs and medical devices. Zbar says he frequently encounters other physicians in his work, but "whenever I meet someone who trained at Hopkins, there is an immediate understanding of our experience. It's not just an ordinary internship."

## **Aequanimitas: How did your Osler training impact your career?**

**Zbar:** Even though it was only one year, it probably shaped my career more than any other year. There was an incredible ethos of "do it, do it now, write it down,"—a good lifelong lesson. It was extremely collegial; it was always clear that every intern was on the same team. And we learned to always do what's best for the patient. In work I'm doing now, I do feel like I'm applying my exposure to medicine, problem-solving skills and patient orientation that was solidified at Hopkins. At McKinsey I did what was best for my client, and now we do what's best for the investors in our fund. Half of our team has a medical background, and we share the enthusiasm for helping make meaningful new therapies available to patients.

## **Aequanimitas: Any special memories from your time here?**

**Zbar:** There are so many. I remember one 16-year-old girl who came in with chest pain and had a mediastinal mass. She was admitted and had to have three different invasive procedures to get a diagnosis. Her family became distrustful, and the ACS sat with the patient's father and had a long conversation about what we were doing. She was diagnosed with Hodgkin's lymphoma, but I remember the caring and time put into talking with her family. It showed that communication was at least as important as any test we could do.

I remember performing 3 a.m. Tzanck smears, but I also remember lighter moments, like prank-paging

colleagues to the ED and going downtown to pick up a bail bonds lanyard for Charlie Wiener to use for his Hopkins I.D. I think he wore it until he left.

## **Aequanimitas: What is your advice to current interns and residents?**

**Zbar:** Enjoy it, no matter how hard it may get. It's a really unique opportunity to focus on patient care and learning. Everything else you need to learn eventually, like billing, is taken care of for you.

I'm incredibly grateful to have had the experience. When people hear I was at Hopkins they say, wow, that must have been hard. But that's not the memory I have. I remember the learning and collegiality in a wonderful year.

## **New Pilot Programs** (from page 1)

which Afshar likened to playing "human Sudoku." Many housestaff made significant changes to their schedules to accommodate the pilots.

Communicating the changes took another enormous effort, including meeting with nurses, case managers, the ED, faculty and shift coordinators. Desai spent hours developing binders for housestaff, shift coordinators and nurses containing a page for each day of the month detailing which housestaff members were doing what tasks, and all pager numbers.

During February, Thayer piloted Knight Rider, while Barker piloted Ha-

waii Five-O. The other firms served as controls. The housestaff collected satisfaction surveys from students, housestaff, faculty, nurses and patients. In March they returned to their regular schedule, and in April, Thayer and Barker each will try the other pilot.

Afshar says the Knight Rider program gave him more interns but helping everyone learn a new system was difficult: "One thing we realized is 'Thank god we're trying it now.'"

Rakhi Naik, ACS for Barker, says of Hawaii Five-O: "The biggest advantage was that there were so many interns on

rounds in the morning. But the downside is that interns were not around all day to see what happened." Naik worked hard to make sure her interns and fellows could best organize their day and still go home on time.

Colleen Harrington, Longcope's ACS, says she has been reassuring people that Hopkins' unique ACS role, rounds, and having interns be the first to work up patients will be preserved.

Adds Desai, "We did not want to compromise on any of the qualities we think make the Osler program an excellent training environment." ■

## Charlie's Farewell



Before Charlie Wiener left in January for Kuala Lumpur to help Hopkins launch Malaysia's first graduate school of medicine, of which he will be the founding dean/CEO, dozens of well-wishers gathered to send him off in style.



Wiener (left) with Department of Medicine Director Mike Weisfeldt and new Osler Medicine Program Director Sanjay Desai



Wiener (center), flanked by the 2009–2010 assistant chiefs of service: Todd Kolb, Amy DeZern, Naudia Lauder and Daniel Munoz

Photography: Zuhair Kareem

## The Osler Fund

### How can I help keep the Osler tradition alive?

The Osler Medical Housestaff Training Program transformed American medical training and remains the premier program of its type in the world—making investments in our housestaff program priceless. Unless we can provide housestaff members the opportunity to grow and develop academically, we will never know what they can achieve in their professional pursuits. Please consider supporting the program to ensure continuity of excellence in medical training.

If you did not receive our most recent Osler Fund for Scholarship mailing or would like more information on how you can contribute, please contact Elizabeth Muscatello in the Department of Medicine, 410-516-6502 or [emuscat2@jhmi.edu](mailto:emuscat2@jhmi.edu).

### Osler Housestaff Reunion and Dinner

Please join the Department of Medicine on Friday, June 10, at the Osler Housestaff Reunion and Dinner. The dinner program will take place at the Welch Medical Library in the restored portrait room and will feature former Department Director John D. "Jack" Stobo as the dinner speaker. Details: Elizabeth Muscatello, 410-516-6502 or [emuscat2@jhmi.edu](mailto:emuscat2@jhmi.edu).

# Aequanimitas

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