

# Aequanimitas



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

Fall 2012

## My Turn

For a decade now, we at Johns Hopkins have prioritized the inclusion of women across the board—from residency to faculty to leadership positions. Of course, saying something is important doesn't make it happen. You have to work for it, which we've done with vigilance.

We've seen results: Women have consistently been better represented among our residents. Last year, all four of our chief residents were women. Half of the Osler housestaff year after year are women. Meanwhile, the number of women in assistant professor positions has risen from 35 percent to 50 percent and associate professors from 20 percent to 40 percent. Our residents now have a significant number of women who are role models for success and a growing number of mentors.

Of course, there is still work to be done—a trend reflected nationwide, particularly when it comes to leadership roles. A recent article in the *Journal of General Internal Medicine* revealed that only 12 percent of department heads across the country were women. Our medical students need to see other women rising through the ranks and succeeding in order to build hope for their own careers. Rest assured, we're doing all we can to ensure that happens.

Mike Weisfeldt,  
 Director  
 Department of Medicine

## Handing Off More Handily

Today's housestaff are stepping up to meet the new challenges that come with more transitions of care than ever before.

**W**HEN NEW duty hours were announced in 2010, concern mounted across the nation among hospital staff, from residents to attending physicians to nurses, about the effect the restrictions would have not only on resident education, but also on patient care.

The new hours went into effect in 2011, and for now, the benefits versus drawbacks remain to be seen. Still, the changes are obvious, with one of the most substantial differences being the number of times a single patient might change hands from one resident to another and another. With first-year residents now limited to 16-hour shifts—rather than the previously allowed 30—it's highly likely that a patient might encounter multiple physicians during a week-long stay. The challenge, now, is making sure that with every handoff, communication remains thorough and nothing gets lost in translation or transition. To that end, transitions of care have become a prime focus in resident orientation and training.

"During orientation, there's basically a whole day devoted to how to properly hand off patients," says Thayer assistant chief of service Brian Houston. "The upside is that now they're doing so many handoffs that they're becoming more effective at it and learning how to do it well."

As part of the effort to improve



**Assistant chiefs of service Brian Houston, Molly Hayes, Nisha Gilotra and Karthik Suresh say renewed emphasis on effective communication is paying off.**

transitions of care and decrease the likelihood of something being missed, the Osler service has instated multidisciplinary rounds, during which everyone involved in patient care gathers to discuss each patient and develop comprehensive care plans. Meanwhile, senior residents typically supervise interns as they sign out patients, particularly at the beginning of the year, says Barker ACS Molly Hayes.

"We put a lot more emphasis on transfers of care now than we did in the past, which is a good thing," Hayes says. "The interns have more training about safe transfers of care and how to write effective handoff notes. The new duty hours have forced us to do more sign-outs and transfers, and by virtue of the quantity increasing, the quality has as well. I think we are much better at it now than in the past."

*(Continued on page 2)*



# Let's Talk...

**T**HE OSLER PROGRAM has experienced sweeping structural changes over the last year. These included the opening of a new clinical building that moved our medical ICU, cardiac ICU and cardiac step-down unit to a building three blocks away. In addition, the Nelson Harvey Building, in which many of you trained, was closed, and the Longcope and Janeway firms moved to the Meyer Building. At the same time, there was a 20 percent increase in medicine inpatients during the last six months.

These changes on the heels of the 2011 duty-hour changes have caused our housestaff to take care of more patients across a larger footprint, all while spending less time in the hospital. Consequently, we had an immediate appreciation for a current national priority in medicine: improved communication. We are addressing this important challenge in several ways.

First, we've added a junior resident to all of our inpatient ward teams to

enhance communication and facilitate transitions of care.

Second, beginning in July with our new academic year, we implemented multidisciplinary rounds on our firms. These rounds have changed the morning schedule for the firms significantly by dedicating 30 minutes to a conversation with all relevant stakeholders speaking together in the same room. Although there was initial concern it may increase the time required for rounds, it has been met with excitement by all involved because of the efficiencies gained with synchronous, comprehensive communication.

Third, and I believe most transformative, is our transition from our traditional model of inpatient care to a purely geographic model. A geographic ward where every firm cares for patients limited to their floor has many advantages that specifically address the challenges we're witnessing. It improves communication by creating proximity between all important

stakeholders, reduces inefficiencies by eliminating time wasted walking from one patient's room to another's, and creates a more equitable distribution of patients across the firms to improve workflow and education across the program. Lastly, geography increases the intimacy of the firm, as well as the relationship between the firm and its home nurses. The impact of this last change cannot be overstated.

So while we, like much of the country, are confronted with challenges related to increased breadth of space, volume of patients and fragmentation of provider care, we are excited to explore innovative changes in team processes and structure to overcome them.

Communication will always be central to providing the best patient care possible, and we believe our recent changes will help us enhance this essential skill. ■

Sanjay Desai, Director  
*Osler Medical Training Program*

### Handing Off More Handily (from page 1)

So far, says Longcope ACS Nisha Gilotra, there haven't been any major issues linked to the increased number of patient handoffs. But, she continues, "There is concern for safety and communication. Knowing the details of more patients is more difficult. It will be interesting to see if there's any change in errors or safety-related events."

While the new work hours are intended to prevent overly tired physicians from handling patient care, Houston says patients now often spend most of their stay in the hands of physicians who don't know them as well as their admitting physician. "It's always easier for a physician to continue caring

for a patient than to sign that patient over to someone else, especially if you admitted that patient" says Janeway ACS Karthik Suresh, "You know more about them than anyone else knows."

That's why, now, residents find themselves learning as much about each patient as possible. "One thing we try to inculcate is that we never want to hear the sentence 'I'm only covering, this isn't my patient,'" Houston says. "That culture may have worked when interns really were only covering. But now, patients are spending much of a 24-hour period being covered by physicians who didn't admit them."

Those circumstances, Houston

says, are not ideal and were much less prevalent under the old rules. "It's very easy to see how having a tired physician taking care of you isn't optimal," Houston continues. "But it's not as easy to see how having a physician who doesn't know you isn't optimal either. That side of the equation has become imbalanced."

With little data demonstrating that the former duty-hour requirements were unsafe, some remain concerned with the new hours. Still, says Hayes, residents on the Osler service have adapted well and are meeting these new challenges with excellence. ■

# Beyond the Dome

**J. Mario Molina:**

President and CEO of Molina Healthcare Inc.

**T**HOUGH HE HASN'T SEEN PATIENTS in a clinical capacity since 1994, J. Mario Molina is still putting his medical training to good use. As president and CEO of Molina Healthcare Inc., the former Johns Hopkins resident-turned-businessman still leans heavily on what he learned—perhaps most importantly, he says, his approach to solving problems.

“At Hopkins, I learned how to think,” Molina says. “Knowing how to approach a problem and think about it is useful whether you’re at a patient’s bedside or dealing with a large business. As physicians, we think very clearly about how we arrive at conclusions. How do you know what you know, and what’s the quality of that evidence? It’s the same in business.”

Molina’s transition into the insurance industry is rooted in family ties. His father started the business in 1980, while his son was just embarking on his medical education at the University of Southern California. After finishing his medical residency in 1987, Molina worked for the company on the side. Then, in 1991, his father asked him to join the company as medical director. “I had to make a choice,” Molina says. “And I chose to go with him.”

When his father passed away in 1996, Molina took over. Over time, the company has expanded from California to 14 states with about \$6 billion in revenue. And the landscape of medicine has changed, too. Today, just as physicians are feeling the effects of the Supreme Court’s recent decision to uphold the Affordable Care Act, so are those in the insurance industry, like Molina. But, unlike most businessmen, he has the advantage of understanding both sides.



**Aequanimitas: Working on the business end of medicine must give you a different view of the health care law than some of your fellow Osler alumni. How do you see this law affecting the future of medicine?**

**Molina:** The first thing that’s going to happen is that the government will play a greater role in paying for health care, and, as a result, the government will have more influence in how that care is delivered. That means it will become more involved in the practice of medicine. It’s going to force organizations to take more financial responsibility for health care.

**Aequanimitas: How so?**

**Molina:** Right now, doctors and hospitals are paid to provide a service. In the future, though, they’re going to have to take on a risk. They’ll be given a certain amount of money and be responsible for the patient’s outcome. Quality will become more important and there will be a greater emphasis on safety.

**Aequanimitas: How will hospitals, like Hopkins, and health plans—like your company—work together under the new law?**

**Molina:** Well, one of the differences between how insurers see patients and how hospitals see patients is that the health plan sees the whole patient and all the problems that patient has. The health delivery system often sees the patient in parts. For instance, to an endocrinologist, one patient is a person with diabetes, but a nephrologist might look at the same person and

see a patient with renal failure.

Health plans have a wealth of information about patients, which, if shared with the delivery system, can improve care. The current system of care tends to be very fragmented and needs to be drawn together and focused on keeping that patient healthy. Some of the most important aspects may be social or financial and take place outside the hospital.

**Aequanimitas: When that’s the case, what does it mean for places like Hopkins?**

**Molina:** You’re going to see an increased shift from hospital-based care to community-based care. Organizations like Hopkins will have to be involved in the community. It will be about keeping people healthy and keeping them out of the hospital from the beginning.

**Aequanimitas: That sounds like something Hopkins has been working at for some time, particularly with an increasing shift toward multidisciplinary care. Is that a trend nationwide?**

**Molina:** Definitely. More places are trying to bring multiple disciplines together to bear on patient health. Hopkins has done some great work, including with its treatment of sickle cell disease. That’s a great example of keeping health in the community and patients out of the hospital. It’s those kinds of innovative, nontraditional approaches that organizations are going to have to take on. We can’t keep doing things the same way and expect a better result. ■

# Your New Virtual Home

**A**side from the cachet of working at The Johns Hopkins Hospital, there are countless benefits of being a resident in the Osler Medicine Training Program. Chief among them are the valuable and meaningful bonds you make, not only with your fellow residents but with other Osler alumni.

Yet with alumni scattered across the nation, the opportunities for networking are difficult to build and sustain. And so an idea was hatched. Sanjay Desai, director of the residency program, approached Pavan Cheruvu about building a website where current residents, former housestaff and program faculty could connect online. He eagerly complied, excited about helping to strengthen ties—old and new—to the Osler program.

Launched in August, the site

has already registered about 1,000 housestaff and faculty. There's likely something for everyone: Find out about important events and updates, connect with colleagues, read back issues of this newsletter. And don't miss "Sanjay's Tweets." ■

Check it all out at [www.OslerAlumni.com](http://www.OslerAlumni.com).



"Oslerites can use the site to reconnect with former colleagues and keep track of upcoming gatherings here at the hospital."

—Pavan Cheruvu, who drew from his computer science background to build the new site

## Giving for the Next Generation

The Osler Medical Housestaff Training Program remains the premier program of its type in the world. Your contribution to the Osler Fund for Scholarship makes it possible for current residents to enhance their training even more. Even the most modest donation can provide an opportunity that otherwise might not be within reach, such as helping a resident launch a research project or attend a national medical meeting. Please consider supporting the program today.

For more information on how you can contribute, please email Donna Bolin in the Department of Medicine at 410-550-9893 or [dbolin1@jhmi.edu](mailto:dbolin1@jhmi.edu).

## Save the Date

### Osler Housestaff Reunion and Dinner

Please join the Department of Medicine on Friday, June 7, 2013, at the Osler Housestaff Reunion and Dinner. The dinner will take place in the West Reading Room at the Welch Medical Library and will feature former Johns Hopkins Medicine Dean and CEO Edward D. Miller as the keynote speaker. Details: Donna Bolin, [dbolin1@jhmi.edu](mailto:dbolin1@jhmi.edu)

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