

Aequanimitas

The Johns Hopkins University School of Medicine
Department of Medicine
600 North Wolfe Street
Baltimore, MD 21287-1720

Paul B. Rothman, M.D., *dean/CEO*
Myron Weisfeldt, M.D., *chairman, Department of Medicine*
Sanjay Desai, M.D., *director, Osler Medical Training Program*
Judy F. Minkove, *managing editor*
Lauren Manfuso, *writer*
Lori Kirkpatrick, *designer*

Aequanimitas is published twice a year by Johns Hopkins Medicine Marketing and Communications; Dalal Haldeman, vice president.
© 2013 The Johns Hopkins University and The Johns Hopkins Health System Corporation

Non-Profit Org
U.S. Postage
PAID
Permit No. 5415
Baltimore, MD

Biennial Reunion 2013

Scenes from the Osler housestaff dinner, June 7, 2013.



Department of Medicine Director Mike Weisfeldt presents former JHM Dean and CEO Edward Miller with the Osler latchkey.



Javid Moslehi, Nisha Gilotra, Molly Hayes and Osler Medicine Program Director Sanjay Desai.



James K. Porterfield, Anne Porterfield and Andrew J. Laster.

Aequanimitas



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

Fall 2013

My Turn

Serving as director of the Department of Medicine for the past 12 years has been an honor. It is with a sense of satisfaction that I will be leaving this position—though not retiring—by July 1, 2014.

I know that the Osler program remains the finest academic internal medicine training program in the country. It is headed by dedicated young leaders who are fully committed to its long-term mission, regardless of regulations and other pressures.

We've seen wonderful success in the Urban Health residency program. The entire program has become a champion for diversity, safety and quality. I'm also pleased with the improvements we've made in our care of East Baltimore patients with serious medical problems, ultimately resulting in fewer hospitalizations.

Our housestaff continues to have amazing success in securing fellowships in their chosen fields. Further still, the Osler Fund for Scholarship has seen excellent participation from our alumni and now has a permanent W. Leigh Thompson endowment. I know that the next director will not only continue our success, but go beyond it.

Mike Weisfeldt
Director
Department of Medicine

Recalling a Visionary and Personable Leader

What we can learn from Fred Brancati's example.



WHEN FREDERICK BRANCATI DIED LAST MAY, he left the legacy of a career spent mentoring residents and helping to shape the Johns Hopkins Division of Internal Medicine into what it is today.

Known for his humor as well as his scientific achievements, Brancati, a Queens, N.Y. native, arrived at Johns Hopkins nearly 25 years ago for a general internal medicine postdoctoral fellowship. At the same time, he pursued a master's degree in clinical epidemiology at the Johns Hopkins School of Public Health. He joined the Department of Medicine faculty in 1992, was promoted to professor in 2003 and was named division director in 2004.

During Brancati's tenure, the Division of General Internal Medicine grew to include 80 full-time faculty, 150 part-time faculty and 17 postdoctoral fellows. Meanwhile, thanks in large part to his leadership, NIH and other federal grants more than doubled, from \$12 million per year to more than \$30 million.

"He thought big, and he liked big ideas," says Stephen Sisson, who first met Brancati during his internship year and was later mentored by him as a young faculty member. "He was bold in the

things he did. He wanted the division to be the greatest in the country, and he worked hard to make it that way."

Indeed, Brancati was known for his ability to attract top young faculty, and for his talent in guiding them through the earliest stages of their careers. "Dr. Brancati could sense in a very prescient way what people were going to enjoy and what made them tick—and what was going to give them a rewarding career," says Daniel Brotman,

(Continued on page 2)



Service Versus Education

AN EVER-CHALLENGING mission in training programs—and in life for that matter—is evaluating a person's competency. The systems used until now have prioritized measurement of time over skill and have focused on process over content. With the introduction of the Next Accreditation System (NAS) this year, the Accreditation Council for Graduate Medical Education has created a real opportunity to correct this.

The NAS acknowledges the reality that all trainees do not develop at the same rate and that three years of internal medicine training does not equal competency for every internal medicine physician. So the NAS uses a milestone development paradigm against which all trainees are assessed twice a year. Milestones

reported to the ACMGE are the same for all internal medicine programs and align with the six core competencies already in place. These milestones are also the building blocks of a broader and more meaningful set of skills—the entrustable professional activities (EPAs). EPAs represent the essential professional work that defines a discipline. One example of an EPA is the ability to manage the care of patients with chronic diseases across multiple care settings.

The concept of assessing the skills of our residents across developmental milestones seems far more sensible than assuming that they have achieved certain skills simply by being in the program for a particular amount of time. Like charting developmental milestones for infants, gauging these skills also recognizes the timeframe

within which they should be attained. This structure further permits more effective and targeted support for struggling trainees. Lastly, the amount of standardized data the ACGME will collect may permit substantial opportunities for research that can lead to more evidence-based training strategies.

As with other new systems, the NAS launch will be accompanied by debate and frustration from the need for new evaluation processes, nomenclature and transition costs. However, I think this a step in precisely the right direction. The NAS has the potential to finally make competency assessments in graduate medical education meaningful. But, as with all transformations, the devil's in the details. ■

Sanjay Desai, Director
Osler Medical Training Program

Recalling a Visionary and Personable Leader *(from page 1)*

director of the Johns Hopkins hospitalist program, who first met Brancati as a resident. "He really cared about people and wanted them to choose their career trajectories rather than impose one on them. He almost knew what you wanted for your career better than you did."

Only 53 at the time of his death, following a long struggle with amyotrophic lateral sclerosis (ALS), Brancati won numerous awards from medical students, graduate students and postdoctoral students at Johns Hopkins. Last year, he was named a Distinguished Service Professor of Medicine by the Johns Hopkins University board of trustees, an honor bestowed on very few senior faculty members to recognize their exemplary service to the institution.

A noted expert on epidemiology and the prevention of type 2 diabetes, Bran-

cati was known for his humor, his love of all things New York and his devotion to his wife, Johns Hopkins pancreatic researcher Elizabeth Jaffee, and to their 16-year-old twin daughters.

"Besides being a great scientist, he was very witty, and that helped people remember him and his ability to connect with them," says Jeanne Clark, who became interim director of the division when Brancati stepped down this year.

Brancati mentored many women and minorities over the years, she says, and was honored with a Johns Hopkins University Diversity Award. "He supported everyone," she says.

He was also passionate about Johns Hopkins, its history and medicine as a means of improving the world, Sisson says. "He loved this place." ■

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. If you are interested in supporting our housestaff, contact Donna Bolin at 410-550-9893 or by email at dbolin1@jhmi.edu.

Beyond the Dome

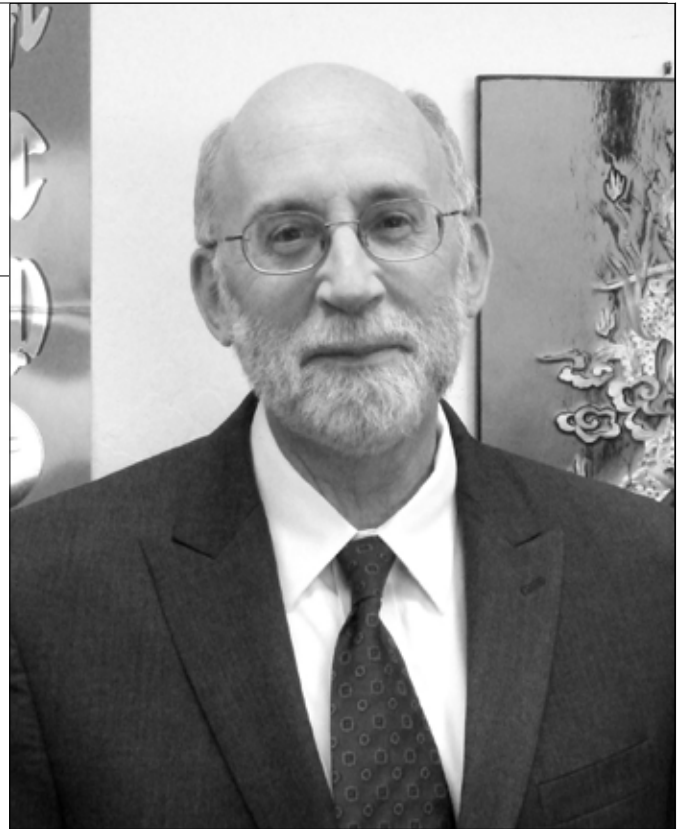
Stephen McPhee:

Endowed Chair of Medicine, University of California
San Francisco

ALTHOUGH HE SPENT THE MAJORITY OF HIS MEDICAL career on the West Coast, Stephen McPhee is very much a product of his Johns Hopkins education.

A 1976 graduate of the school of medicine, McPhee was accepted into the Osler medical residency program, where he became an assistant chief of service. Along the way, McPhee says he was inspired by the constant quest for excellence he witnessed daily among his colleagues—as well as by the history of the institution and its role in redefining medical training and practice. Eventually, McPhee moved on to the University of California San Francisco, taking his Johns Hopkins training and ideals with him.

When he retired this year, after spending his entire 31-year career at UCSF, McPhee's work was recognized with an endowed chair—one of only two in that school's internal medicine program—with funds raised by his colleagues, friends and family.



How did you react when you learned that a chair had been endowed in your name?

McPhee: Well, I'm not sure I deserved it, but it was such a nice way to say goodbye to an institution where I'd worked for over 30 years. And, though I'm happy to have my name on it, I also see it as more of an honorific to the generalists who work in a very specialty-oriented place. Primary care physicians are sometimes underappreciated. They're the conductors of the symphony of complicated patients, who may need a variety of specialists, from rheumatologists to cardiologists and so on. Often, when a patient receives excellent specialty care, an endowed chair is established, but not often for the primary care doctor who diagnosed the tumor.

What led you to spend your entire career at UCSF?

McPhee: These days most people move around in academics, but I moved to UCSF at the beginning of my career and found a great platform from which to work. I was able to

do a lot of things that I'm not sure other institutions would have allowed. I think we had wonderful faculty and a very compatible, easygoing group. We did a lot of new, exciting and pioneering things, including starting a residency for primary care doctors. I was the residency director at the beginning of that, actually.

How did your Johns Hopkins education inform your work at UCSF?

McPhee: Among many things, Hopkins gets credit for the idea that you could do something like establish an internal medicine residency, with high standards for the caliber of residents chosen, who were interested in general internal medicine, not just specialties. Virtually everyone I graduated residency with at Hopkins went into specialties. To go into general internal medicine was unheard of. When I went to work at UCSF, I think I had that same quest for excellence. ■



Meet the New Assistant Chiefs of Service

From left, Steven Hsu, Gobind Anand, Rebecca Dezube and James Cooper.