

# Aequanimitas



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

Spring 2013

## My Turn

Since its beginnings more than a century ago, our residency program has consistently stood as a benchmark for physician training. With an environment that promotes bedside learning and encourages the resident to take ownership of his or her patients, we strive to instill in our physicians-in-training the confidence and knowledge required for a lifetime spent practicing medicine and then to go beyond care into creative and visionary efforts.

And, though we're determined to continue that tradition, in truth, it's becoming more of a challenge. It's no secret that decreased resident work hours play a significant role in the struggle. Meanwhile, the kinds of routine, straightforward cases that offer crucial teaching opportunities—a common heart attack, for instance—are often treated on an outpatient basis, leaving our residents to encounter only the sickest patients.

Despite these challenges, rest assured we are doing all we can to maintain the Osler tradition. Ultimately, we're determined that our residents will walk away from their experience here with the feelings of accomplishment that can only come from making an impact on patients' lives.

Mike Weisfeldt  
 Director  
 Department of Medicine

## Health for the Healers

How an innovative program aims to improve wellness among Osler housestaff by making some of life's everyday needs easier to manage.

**E**VEN 40-HOUR WORKWEEK employees may struggle to find time to drop off dry cleaning, let alone clean their kitchen. For medical residents, who often work twice the hours of most professionals, free time is a precious asset that is often spent recuperating from a 16-hour shift sustained by coffee and Cheetos.

When time is at such a premium, finding work-life balance can seem impossible. But the need to do so was driven home in March 2008, when Priya Palagummi Makadia, in her final months of residency at Johns Hopkins, died from a sudden illness at the age of 29. Although the cause of death was unknown, says her best friend, Vinitha Watson, an artist, design consultant and adviser to small businesses and nonprofits, "Priya often sacrificed her own health for the health of her patients. I am proud of the noble cause she championed; but I wish she had been able to slow down occasionally to take care of herself. When Johns Hopkins approached me about designing a humanitarian and ethics program to more deeply educate their doctors on patient care, I responded with the following question: Tremendous effort goes into how physicians approach their patients' health, but how are doctors trained to ap-



**Vinitha Watson (right), in loving memory of her friend and former Osler resident Priya Palagummi Makadia (left), has helped drive and shape our wellness initiative.**

proach their own health and well-being?"

With guidance from the Daylight Design Group, the answer to that question has become the Resident Wellness Program, whose mission is to develop creative ways of integrating wellness into medical resident programs and doctors' working environments.

For example, water coolers have now been placed in every firm office, along with reusable water bottles given to every resident. While that might not sound like a huge endeavor, access to quality water was a chief concern among surveyed residents. "There's

*(Continued on page 2)*



## A New Focus on Ambulatory Medicine Training

**T**HE U.S. HEALTH CARE system is undergoing a transformation. Policy changes prompted by the Affordable Care Act are shifting patient care to ambulatory settings, heightening the importance of evidence-based medicine and cost-effective care, and emphasizing quality of care. The Osler program has historically emphasized skill development in inpatient, acute-care medicine. To best prepare our residents for the environment in which they will practice, we must adapt our curriculum. Beginning July 2013, we will implement a new, innovative curriculum to address the unmet need to provide a formal and structured education in ambulatory medicine.

While the redesign is broad, I would like to share some of its exciting features. The most dramatic change is in the fundamental structure of the intern year, where we will separate the inpatient and outpatient experiences, permitting an immersive ambulatory experience with a tar-

geted curriculum. It will preserve the current number of months on the O separated by dedicated clinic blocks. The first two-week clinic block would be “basic training” for skills required for internal medicine training. The subsequent clinic blocks would be divided between continuity clinic and other ambulatory experiences.

The JAR and SAR years will also be redesigned. New ambulatory rotations will be mandated with an emphasis on specialties that are almost exclusively outpatient, but will include specialties with significant inpatient exposure, such as heart failure. This is deliberate and recognizes that many of these traditionally mixed-setting specialties will have dominant ambulatory components in the future.

Furthermore, we will introduce a hospitalist-directed inpatient rotation to teach principles of evidence-based medicine and high-value, cost-conscious care. These skills play a central role in mitigating health care costs and are central to delivering high-quality

care. The new curriculum is designed to build durable and practical skills using didactics, online modules and real-time clinical instruction.

Finally, we will also begin formal communication training using simulation and standardized patients to teach core patient-centered communication skills. These skills will be critical in the evolving environment of patient care settings and conditions with imposing time constraints of, and increasing needs for, real-time electronic documentation. As always, we will assess the effectiveness of the redesigned program with comprehensive measurements of trainees, faculty and patient outcomes. Part of our assessment will include the design of a novel evaluation system that more effectively captures the competency and development needs of our trainees.

Our goal is always to stay ahead of the curve to ensure that Osler residents are always prepared for the future. ■

Sanjay Desai, Director  
*Osler Medical Training Program*

### Health for the Healers (*from page 1*)

a running joke that the reason residents never use the bathroom is because they're always dehydrated," says junior resident and wellness committee member Michelle Sharp.

Likewise, finding time to eat was a concern. Although residents receive money for meals during their shifts, between caring for patients and long cafeteria lines, they often lack the time to use it. As a solution, the group came up with “Fuel the Firm,” an idea to ensure that each firm office includes a pantry stocked with easy, nutritious meals and snacks. “We want to see how it affects

our residents' sense of well-being and quality of life,” says senior resident Alex Billioux, a committee member tasked with tackling the food issue. “We also think it might change people's habits when they return home. When you're hungry and tired, it's a perfect set-up to eat carbs and fat-laden foods.”

But quality of life is about more than food. Many residents also noted too little time to exercise or to do household chores. Though employees can join the Cooley Center gym on the hospital campus, most residents lack the time to walk there or even the

money to join, says Sharp, who took on the exercise portion of the initiative. Sharp worked with staff in the Department of Physical Medicine and Rehabilitation, who agreed to let residents use the physical therapy gym located in the Meyer building for free. The residency program is also working to make on-campus dry cleaning services more available, and the committee is speaking with local house-cleaning agencies in hopes of securing discounted rates.

“Behind all of this,” Billioux says, “is a belief that the happier you are, the better you'll relate to patients.” ■

# Beyond the Dome

**Patrick Sosnay:**

Course Director—Genes to Society Curriculum,  
Perdana University

**O**F THE MYRIAD REASONS why Patrick Sosnay decided to uproot his life and move to Malaysia, one ranked higher than the rest: Charlie Wiener. Sosnay's longtime mentor and Osler housestaff director, Wiener had moved there in 2011 after being named dean and CEO of Perdana University School of Medicine. And Sosnay, who completed his residency in 2003 and served as assistant chief of service from 2004 to 2005 under Wiener's leadership, still considered him a friend. So when Sosnay was offered the chance to join Perdana's faculty shortly after Wiener's arrival there, he was thrilled. Now, as course director of the school's Genes to Society curriculum—modeled after the curriculum Wiener started at Hopkins—Sosnay is nearing the end of his time in Malaysia. The university, he says, is striving to create an American-style medical school as part of a long-term national goal of building a better health care system.



## How did Hopkins initially become invested in Perdana University?

**Sosnay:** In Malaysia, the medical schools are similar to those in Britain, where students begin after high school. But as the country becomes more developed, they're looking to raise the quality of their health care. And, because they wanted to start an M.D. program akin to what you see in the United States, they contacted Johns Hopkins International, and ultimately we took our curriculum there. Now we have the first graduate-entry medical school in Malaysia, and the hope is to build a Hopkins-like university medical system there.

## But, of course, Hopkins has been in existence for more than 100 years. That can't be easy to replicate from the beginning.

**Sosnay:** I think we're facing a lot of the same obstacles that Johns Hopkins faced when it first began. Johns Hopkins University, for instance, was the first graduate-level entry program, and we're trying to do the same thing. It's a challenging task. We're trying to do what Hopkins does with a

staff of thousands, with only a dozen or so people. But that's the fun of it.

## What does that mean for the individual faculty member?

**Sosnay:** For me, it means I'm teaching a lot of things outside of my comfort zone. I don't have any clinical responsibilities, but I'm teaching a bit in all of the classes—anatomy, for instance, and genetics. Everyone is asked to do a lot.

## Why did Malaysia prefer a U.S.-style medical school over others?

**Sosnay:** I think there's a belief that older medical students might be more mature and, thus, might make better doctors. Also, from a national point of view, Malaysia wants to build a system at Hopkins' academic level, where you have researchers and clinical teachers in an academic setting. Having a medical school faculty committed to education and advancement is as much what they're after as anything else. From our point of view, we want to create a successful medical school that can stand on its own.

## Support the Osler Fund for Scholarship

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, and even the most modest donation can provide an opportunity that otherwise might not be within reach.

For information on how you can contribute, please email

Donna Bolin in the Department of Medicine at [dbolin1@jhmi.edu](mailto:dbolin1@jhmi.edu).

Also, please note that the Department of Medicine Osler Housestaff Reunion Dinner being held on Friday, June 7, will now be held in the Welch Medical Library, West Reading Room. Seating is limited. For reservation information, please contact Stephanie Cohen at 410-550-9892 or by email at [schoen58@jhmi.edu](mailto:schoen58@jhmi.edu).

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## On the Wards: Update on Osler Residents

### Bolstered With Evidence

Sometimes the advice physicians give is based more in knowledge handed down than in scientific evidence. “Johns Hopkins has always been really good at teaching residents to become clinicians,” says Kris Swiger, a junior assistant resident on the Barker firm. “It’s the best program out there at throwing you in and letting you take call and learn how to keep patients alive. But it’s a bit weaker when it comes to teaching us how to engage in evidence-based medicine.”

To help remedy that situation, Swiger and his fellow residents Rob Bradsher and Raoul Manalac have dedicated much of the last year to promoting evidence-based medicine among their peers, especially when it comes to tracking down and interpreting research papers. They’ve been particularly supported in these efforts by colleagues Alex Billioux, Adel El-Boueiz, Gigi Liu and Rod Rahimi. “In an ideal world,” Swiger says, “every time you have a question,

you’d ask if it’s been studied and look for the best possible answers.”

With support from the Osler Fund, Bradsher, Manalac and Swiger also traveled to McMaster University in Ontario, Canada, where evidence-based medicine plays a critical role in the internal medicine curriculum. “The whole reason for going there was to see how they do

it and whether we can implement that here,” Swiger says. “We were pretty inspired. Now we’re hoping to potentially send residents before they begin their ACS year so they can learn how to teach evidence-based medicine to all of the Osler housestaff.”

Meanwhile, residents have also been posing questions during rounds and researching the answers given by chief residents and attending physicians. “We often assume what we’re learning is ironclad,” says Bradsher. “But that’s not always the case.” ■



From left, Kris Swiger, Rob Bradsher and Raoul Manalac at Osler’s home

## Class Notes

These students matched to begin the Osler medical training program in July 2013

Vineet Agrawal  
*University of Pittsburgh*

Greg Allen  
*Stanford*

Katherine Allen  
*Vanderbilt*

Diana Amariei  
*Boston University*

Alexander Ambinder  
*Emory*

Mohammed Aslam  
*University of Texas,  
San Antonio*

Jillian Baron  
*Johns Hopkins*

Adham Bear  
*Baylor*

Michael Brener  
*Johns Hopkins*

Jessica Briggs  
*Johns Hopkins*

Linda Chen  
*Duke*

Eric Christenson  
*Drexel*

Jeremy Epstein  
*University of Virginia*

Kamil Faridi  
*Duke*

Adam Grimaldi  
*University of Connecticut*

Daniel Hindman  
*University of South  
Carolina*

Theodore James  
*University of South  
Carolina*

Sarah Johnson  
*University of Pennsylvania*

Stephen Juraschek  
*Johns Hopkins*

Ghulam Abbas Kharal  
*Islamic International  
Medical College*

Michael Keller  
*University of Miami*

Katherine Kunkel  
*University of Pennsylvania*

Yuenting Kwong  
*Johns Hopkins*

Ryan Lang  
*Vanderbilt*

Brian Lee  
*Boston University*

Steven Menez  
*Johns Hopkins*

John Miller  
*Virginia Commonwealth*

Nicole Minkove  
*University of Maryland*

Idoreyin Montague  
*Meharry University*

Kristina Montemayor  
*University of Texas,  
Medical Branch*

Benjamin Nacev  
*Johns Hopkins*

Candice Nalley  
*University of Louisville*

Julie Ng  
*Johns Hopkins*

Ashwini Niranjan  
*Johns Hopkins*

Tessa Novick  
*University of Texas,  
Southwestern*

Erin Parry  
*Johns Hopkins*

Lindsey Phillips  
*University of North  
Carolina*

Sarah Puryear  
*Johns Hopkins*

Hussein Rahim  
*University of Medicine &  
Dentistry of New Jersey*

Anirudh Ramesh  
*Johns Hopkins*

Sandesh Rao  
*Johns Hopkins*

Nishant Shah  
*Wake Forest*

Samantha Shapiro  
*Baylor*

Richa Sharma  
*Duke*

Elias Sotirchos  
*University of Athens*

Jessica Tao  
*Harvard*

Christopher Terndrup  
*Tulane*

Joban Vaishnav  
*Saint Louis University*

Brett Wanamaker  
*Johns Hopkins*

Eunice Yang  
*Johns Hopkins*

Sandra Zaeh  
*Emory*

John Zampella  
*Johns Hopkins*