Aequanimitas

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On the Wards

An Affinity for Cultures

As an infectious disease specialist in training, Sue Tuddenham dreamed of working overseas. She felt particularly drawn to Asia, in part because of her mother's Chinese heritage. "But they also have pretty interesting problems with infectious diseases, including HIV, in China," she says. "I wanted to learn more about these as well."

Fortunately for Tuddenham, the Osler Fund for Scholarship supports housestaff in their scholastic and research pursuits. And so, in her final year of residency, Tuddenham was able travel to Beijing, where she spent time working on the wards and with ID faculty at Peking Union Medical College, one of the first medical schools established in China.

Now in her first year of an infectious disease fellowship at The Johns Hopkins Hospital, Tuddenham



Sue Tuddenham, center, with Chinese mentors in Beijing.

hopes her experiences in China will help mold her future as a researcher. "It's easy to be naive about the challenges of working in another country or another culture," says Tuddenham. "The Osler Fund gave me a chance to learn firsthand what it's like to participate in projects internationally, including all the rewards and challenges."

Class Notes

These students matched to begin the Osler Medical Housestaff Training Program in July 2014:

Oluyemi Abiodun Case Western

Daniel Ambinder University of Maryland

Hamideh Asghari University of Florida

Alejandra Ellison-Barnes Harvard Weston Bettner

Samuel Brusca New York University

University

Karly Burke

Aaron Bush University of Miami

Thomas Chen
University of Illinois
August Dietrich

August Dietrich
New York
University
David Furfaro

Harvard

Amit Goyal

UC San Diego

Travis Gratton

University of Kansas Elizabeth University n Pittsburgh

Michael Mark Leick

Richa Gupta Johns Hopkins

Rahul Loungani University of Sout Carolina Dylan Lovin

Markman

Marcus

Johns Hopkins

Donald Miles

James Miller

Afaf Osman

Weill Cornel

Victoria Powell

Qatar

Angela Mayorga

Johns Hopkins

Andrea Jonas
Johns Hopkins

Kyle Mahoney
Johns Hopkins

Swetha Kambhampati Stanford

Karola Jering

Thomas Johnson

Benjamin Kelemen Johns Hopkins Samuel Kim

Robert Klapheke

Louisville

Kristopher
Klem

Alan Kwan Washington University

David Lawrence
Case Western
Elizabeth Lee

cth Lee Commonwe ity of Mukund Ramkumar Texas

Nikhilesh Ray-Mazumder Johns Hopkins

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Baltimore, MD

Christine Sailer Johns Hopkins

Roger Samuels Johns Hopkins

Matthew Schimmel SUNY Buffalo

Andrea Schneider Johns Hopkins

Jeremy Snyder St. Louis University Ruth Tamrat Johns Hopkins

Anne van Beuningen Johns Hopkins

Jason Willis Weill Cornell Wendy Ying Johns Hopkins

Johns Hopk Ricky Yu UCLA

> Jacquelyn Zimmerman University of Alabama

Reza Zozoni Georgetown JOHNS HOPKINS

Aequanimitas

A twice-yearly newsletter for current and former Johns Hopkins Medicine housestaff and friends Spring 2014

First Crop of Urban Health Residents Graduate

Some aspects of practicing medicine defy traditional training. Students might learn how to treat heart disease or asthma, for example, but how do they help patients when those conditions are exacerbated by the community in which they live?



Urban health residents Dana Mueller, Mark Tenforde and Katy Kline spend time with patients in community settings to get a better sense of their needs and how they access care.

n few places does the connection between environment and health prove more vivid than in urban communities, where unsanitary housing can trigger asthma, or a lack of safe parks and sidewalks can keep children and adults trapped indoors in neighborhoods that already lack access to healthful foods. Meanwhile, even where potentially useful programs exist, low literacy and lack of awareness often keep patients from taking advantage of them. Such disparities ring notoriously true in East Baltimore, where residents are more likely to develop heart disease, diabetes, asthma, emphysema, mental illness and a host of other conditions.

Four years ago, Department of Medicine Director Myron Weisfeldt decided it was time for his department to make a greater impact on the health of the surrounding community. The result was the Urban Health Residency, a four-year program launched in July 2010. "Dr. Weisfeldt pulled together key people from primary care across Johns

Hopkins who are all interested in urban health, as well as underserved, low-literacy populations in East Baltimore," says Rosalyn Stewart, associate director of the Med-Peds Urban Health Residency Program. "They ultimately decided the best way to accomplish this was through the residency program."

The Med-Peds Urban Health Residency accepts four residents per year, for a total of 16 residents at any given time. They spend two years training in pediatrics and two years training in internal medicine, typically switching between the departments every three months. To cement their leadership credentials after the four-year residency, Johns Hopkins HealthCare offers tuition support for these doctors to obtain a master's degree in public health, business administration or a similar advanced degree in their area

of interest while working part-time as primary care physicians. "The first year of the program was so well-received," Stewart says, "that one year later we created a three-year internal medicine urban health primary care track within the Osler Medical Residency."

Now, the first classes are graduating. "The program has expanded my opportunity to learn from our most vulnerable patients in their own communities, as opposed to just in the hospital," says Dana Mueller, one of this year's graduating track residents. "We see the different ways our patients access care, whether through mobile vans, Healthcare for the Homeless or in shelters. All of these things improve our education and our ability to address these patients' needs."

(Continued on page 3)

Sanjay's Section



Sanjay Desai, Director Osler Medical Training Program

A Passion for Excellence

UNE 30TH MARKS THE END OF an era for the Osler Medical Training Program: Dr. Myron Weisfeldt will step down as chair of the Department of Medicine after leading us since

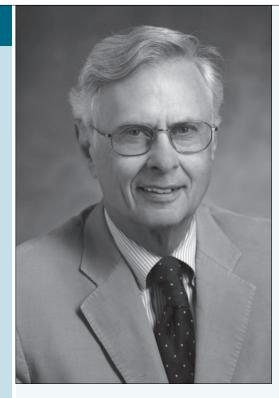
He leaves behind a deep and personal imprint on our program. His passion for excellence in clinical medicine, scholarship and leadership has shaped each of us. He has a remarkable ability to inspire us to believe we can be better every day.

I still remember sitting across his desk as a junior resident, being challenged on how I wanted to make a difference in this world.

Dr. Weisfeldt always leads by example, from his personal development of our housestaff, focus on the health of our community and commitment to diversity.

We will deeply miss Dr. Weisfeldt and have tremendous gratitude and respect for the gifts he has given us.

Sincerely, The Osler Housestaff past, present and future



Beyond the Dome

Myron Weisfeldt: Retiring chair of the Department of Medicine

prestigious departments of medicine, Mike Weisfeldt is turning over the reins to a new leader. Weisfeldt came to Johns Hopkins as a medical student in 1965. Following residencies and fellowships at Massachusetts General Hospital, The Presbyterian Hospital of New York City and the National Institutes of Health, he returned to Johns Hopkins in 1975, where he led the Division of Cardiology. In 1991, he became chairman of the Department of Medicine at Columbia University

fter 13 years leading one

of the nation's most

College of Physicians and Surgeons. Johns Hopkins in 2001 to serve as Department of Medicine of Medicine and physician-inchief.



What brought you to Johns Hopkins as a medical student? What made you come back? Weisfeldt: As an undergraduate at

Northwestern University, I wanted to get myself through medical school quickly. Hopkins was the only institution on the East Coast that had any program for shortening the period of undergraduate education. I applied and got in. That program ended about 10 years later, but it served my purposes very well. During the summers and a year at the NIH during medical school, I did research on cardiovascular problems and became convinced that I wanted to become a cardiac surgeon or cardiologist.

When I finished my training at Mass General, I was looking for research opportunities. A donor wanted to establish the first basic science lab in cardiology at Hopkins, and I was recruited to head that lab and joined the faculty here. By then, I had three daughters, and we moved to Mount Washington, which was as integrated a neighborhood as we could find in Baltimore.

Much of your time as director has focused on improving diversity. Why has this been so important issue to you?

Weisfeldt: As a medical student. it distressed me that the newborn nursery, blood bank and surgical services were all segregated by race. As a boy from the Midwest, I'd never seen racial segregation. It had a disconcerting effect on me. I'm Jewish, and at that time, there

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had been no Jewish professors at the medical school; most of the Jewish

physicians practiced nearby at Sinai Hospital. That, along with the segregation in the neighborhoods around Baltimore, was something I've never forgotten.

When I returned to become director of medicine, it struck me that only about 1 to 2 percent of our faculty members and trainees were minorities. And yet most of our patients were African-American. If you see a problem and don't work on that problem, then you have to take responsibility for not having done what needed to be done.

What efforts did you make, and what have been the outcomes? **Weisfeldt:** We established a diversity council that focused on recruiting minorities to our Osler housestaff program. Many of our housestaff stay on for fellowship and faculty positions, so we believed we would increase the number of qualified minorities on staff, and of course, that's exactly what's happened. Another part of the diversity effort has been improving the health of East Baltimore residents. We developed enormously successful programs, including for sickle cell anemia and drug abuse.

What kind of advice would you offer current and future housestaff? Weisfeldt: Think creatively and question what everyone else thinks is the truth. Think about questions you can ask and answer that will advance human health. Do work that is one level more basic than you think you're ever going to work. If you know the basic science and can read and understand it, it will move into clinical medicine so fast that you will then be the leader to take it to patients.

Urban Health Residents (from page 1)

Aside from offering care within hospital confines, urban health residents also work at local agencies, like the Baltimore City Health Department, and offer curbside medicine to high-risk areas, like "The Block," the small stretch of downtown Baltimore known for exotic dancing and prostitution. In addition, residents work with a local mission that focuses on men with substance abuse issues, as well as patients with HIV.

"Poor health literacy is a big problem we run into," Mueller says. "Patients and physicians don't always understand the resources available to them. Most patients have the equivalent of a middle school education. Dose adjustments, discussions about informed consent all of these are things our patients struggle with. Being on the ground level, you just get more comfortable asking questions that physicians often don't know to ask."

Leonard Feldman, the Med-Peds program director and internal medicine track director, says he cannot wait for the first group of residents to graduate. "I'm very eager to see the impact that our graduates will have not only on their patients, but on the primary care system. This is a remarkable group of physicians who want to change the world, and they will do it." ■

To learn more, visit http://www. hopkinsmedicine.org/medpeds urban

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.

A Look Back From the outset of his career at Johns Hopkins, Myron Weisfeldt always seemed to have something worthwhile to say.