

# Aequanimitas



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

Spring 2015

## The Firms at 40: Successes, Challenges

He didn't know it then, but while serving as chief resident in medicine, Steve Achuff was about to participate in transforming Johns Hopkins' renowned internal medicine residency training program into a new model that divided the growing medical service into four group practices.



**Firm founder Victor McKusick, left, with Steve Achuff, in the Osler Textbook Room.**

**T**he firm system, now in its 40th year, was one of Victor McKusick's "most enduring innovations, of which he was justifiably proud," says Achuff, retired director of adult cardiology clinical programs.

But why did McKusick, then the newly appointed director of medicine, feel an urgency to revamp the residency program? And does the model still work in the face of increasingly complex medical scenarios and regulations?

First, some context: Back in 1973, recalls Achuff, he, fellow chief resident Tom Inui and general internal medicine division founder Philip Tumulty would meet every morning in McKusick's office to discuss patients.

It was during those informal meetings, says Achuff, that McKusick lamented how much had changed since his own training in the early 1950s. The number of housestaff had grown from 28 to 80, and McKusick was concerned about losing Johns Hopkins' legendary collegiality and being able to ensure continuity of care. Also, pressure was mounting for hospitals to shorten lengths of stay and contain costs.

So McKusick proposed dividing the medical service into four units—dubbed firms, for the British term for a unit of caregivers. He named them Barker, Janeway, Longcope and

Thayer, after the four men who headed the Department of Medicine between the original director, William Osler, and McKusick's immediate predecessor, A. McGehee Harvey. Giving each firm a name, he hoped, would instill a strong identity and friendly rivalry.

Debuting in 1975, each of the firms had its own head (a junior faculty member called an assistant chief of service, or ACS), housestaff, nurses and hospital space. The ACS served as physician of record for each firm—initially for two years but later reduced to one.

"Those first years were trial and error," recalls Achuff, and there was some initial resistance from residents. But as an attending physician on the Longcope firm for 25 years, Achuff says, the program not only improved continuity of patient care but fostered strong personal bonds among the physicians that span generations.

Yet Achuff worries about new challenges. In 1975, for example, a hospital stay for a myocardial infarction lasted 12 to 14 days. Now it lasts two to three days, giving residents much less time with each patient. Each firm has also grown—from eight interns per firm in 1975 to 13 per firm in 2014.

Even dividing patient care among four services, says Achuff, may not adequately address increasingly high patient

*(Continued on page 3)*

**WATCH A VIDEO ON THE FIRM SYSTEM, "CHIEF ROUNDS: AN ORAL HISTORY OF THE FIRM SYSTEM," at [bit.ly/FIRMSYSTEM](http://bit.ly/FIRMSYSTEM).**

**DO YOU HAVE A FAVORITE MEMORY, PHOTO OR VIDEO TO SHARE? Post them on [theoslertie.jhmi.edu](http://theoslertie.jhmi.edu).**

Last Christmas Eve, the Osler program and The Johns Hopkins Hospital lost a dynamic young trainee. **Idoreyin Montague**, a combined internal medicine-pediatrics second-year resident, died in a car accident. She was 30.



Though our hearts are heavy, we feel profound gratitude for the opportunity to have gotten to know Idoreyin over the past year and a half. The Raleigh, North Carolina, native was celebrated for her brilliance, ease of speaking and extraordinary singing voice.

An honors graduate of Meharry Medical College in Nashville, Tennessee, she arrived at Johns Hopkins in 2013, eager to pursue her interest in primary care of the underserved. Idoreyin was a beloved member of the Thayer Firm and a valued resident on her pediatric teams. And at interview dinners, she would put applicants at ease—dancing with them and sharing stories.



It is our hope that Idoreyin's memory will inspire us all to serve humanity with enthusiasm, tenderness and distinction.

Please join me in extending sincere condolences to Idoreyin's parents, siblings, boyfriend and extended family. To learn more about Idoreyin's life, visit [bit.ly/Idoreyin1](http://bit.ly/Idoreyin1).

*The Idoreyin P. Montague, M.D. Scholarship Fund has been set up at Johns Hopkins School of Medicine. For donations, please contact Donna Bolin at [dbolin1@jhmi.edu](mailto:dbolin1@jhmi.edu) or by phone at 410-550-9893. To make a gift online, please visit our website at <https://secure.jhu.edu/form/osler>.*

Sanjay Desai, Director,  
Osler Medical Training Program

*Leonard Feldman contributed to this column.*

# Beyond the Dome

**Jon Fielder, Executive Director, African Mission Healthcare Foundation**



Early in his studies at Baylor University School of Medicine, Jon Fielder met—and came to revere—Osler-trained mentor Richard Goodgame, a devout Christian who spent 10 years teaching at a medical school in Uganda. Following Goodgame's example, Fielder matched in internal medicine at The Johns Hopkins Hospital. But first, he spent a year volunteering in India. The experience solidified his aspirations to pursue a career in missionary medicine.

Since completing his Osler training in 2002, Fielder, 43, has served as a medical missionary in Malawi and Kenya, primarily caring for patients with HIV. He co-founded the African Mission Healthcare Foundation and serves as its executive director. Fielder is also the author of *Tuberculosis in the Era of HIV*, a popular handbook used in several African nations. In addition, he provides clinical support to several East African hospitals and clinics, and he lectures widely. Fielder lives outside Nairobi, Kenya, with his wife, Amanda, a social worker, and three children.

### What has it been like living in Africa?

It's been wonderful. My original plan was to come back and train in infectious disease, but the needs were so great here. In 2004, President George W. Bush's emergency plan to fund AIDS drugs made a huge difference. When I first arrived in Kenya, only about 60 people received treatment at our hospital. Now, 5,000 are getting antiretrovirals. There aren't nearly as many orphans. In 2009, we moved to Malawi, which is less developed. Malawi has 7,400 HIV-infected patients for every doctor. I helped grow an existing HIV clinic before moving back to Kenya six months ago. Life isn't easy here, but the people are incredibly warm and community oriented; the work is gratifying. And my kids like their international school. We feel blessed.

### How did the Osler residency program prepare you for this role?

It prepared me extremely well on many levels. First, a significant number of people in Baltimore have HIV. The expertise at the Moore Clinic provided a great opportunity to learn how to manage the disease. In addition, I was exposed to a

variety of patients. Because of the broad Osler experience, I know how to use diverse drugs and technology. The program also prepared me to be radically committed to the patient. You can get discouraged here—and I have been—but the values I picked up at Johns Hopkins and my faith have guided me.

### What is a typical day like for you?

I don't have a typical day. I divide my time between seeing patients in clinics, teaching, house calls and administrative work. But because of the foundation, friends and I also started to help the hospitals here, so travel consumes much of my time. Every six weeks I check on clinics throughout East Africa, some at great distances from our home.

### What would you say are the biggest challenges you deal with in Africa?

Most people think Ebola virus disease, other diseases, crime and wars are rampant here. There hasn't been a single case of Ebola in East Africa yet. But the biggest risk to our family here is the roads. There's so much trauma because of traffic accidents and anarchy on the roads. ■

*Read the complete interview with Jon Fielder at [theoslertie.jhmi.edu](http://theoslertie.jhmi.edu).*

## David Pearse's Biennial Musings

In 2013—30 years after completing my training—I attended our Johns Hopkins Medicine Osler housestaff reunion. Though I didn't expect to run into anyone I knew from the early years, I heard someone call my name and turned to find three of the Barker residents responsible for shepherding me through the internship year.

My initial reaction was similar to that of someone who runs into the firemen who had pulled them from a burning building. Of course, they didn't pull me from the burning building, because they were stuck inside too. Rather, they showed me how to survive in that building for long stretches of time without getting burned.

This is not about how things were so much more difficult back then compared with now. Medical housestaff training has evolved—mostly for the better. What hasn't changed is being faced with an impossible amount of information and experience that must be mastered in 12 months.

My biggest struggle came after my first few days with my medical residents. Somehow, the single year that separated us in age and education had transformed them into clinical wizards who seemed to always know exactly what to do and were never flustered in the most chaotic situations. I should have taken comfort that all of the junior residents had made this transition and therefore so would I. But my reaction was the opposite.

My vulnerability in this regard was fueled by my experience on July 2, after

my first on-call night on Halsted 5. I had stayed up all night working up four new patients, but by 8:30 a.m. work rounds, only two of the write-ups were completed and clipped to the chart.

After perusing the charts before rounds, one of the two junior residents on that service informed me that at Johns Hopkins, all the patient write-ups are in the chart for rounds, and that if I didn't think I could do that, perhaps I should consider returning to my place of origin. This encouraging piece of advice came from someone who just two days before was also an intern. Fortunately, his educational style was unique among the residents, and one of the many improvements in our housestaff training program has been the nurturing tone toward our junior trainees.

I encountered this resident 20 years later at a research meeting and was pleased to note that he had gained 30 pounds and lost most of his hair; but I digress. Sitting now at the reunion table with my residents 30 years later, I was the intern again. But all I could feel was a sense of profound gratitude and relief that this time, my internship would end after dessert. ■

*David Pearse is medical director of Johns Hopkins Bayview Medical Center's medical intensive care unit.*



## My Turn

Physician-scientists fill a critical role in academic medicine, living at the interface between clinical care and fundamental discovery. This position affords them a unique vantage to understand unmet clinical need and to formulate—using scientific tools—discoveries and therapies that will reduce human suffering and cure diseases in the future.

To fulfill their role, physician-scientists work within the framework of the greater academic medical community. They rely on master clinicians, health care teams, basic science colleagues, technicians and institutional resources to support scientific cores, grants management and philanthropy.

Johns Hopkins is, in many ways, the birthplace of the physician-scientist model, where compassionate, thoughtful and relentlessly curious physicians recognized a need for models and discovery tools that would move clinical care forward.

I am committed to continuing this legacy of being a major source of our nation's best physician-scientists. I believe it's a critical quest we are well positioned to meet. But success depends on our nurturing trainees and junior faculty. To accomplish this important mission, we will need the ongoing support of our graduates and the philanthropy of our benefactors—something we never take for granted.

Mark Anderson, Director  
Department of Medicine

## The Firm System at 40 (from page 1)



Lorrel Brown

volumes and residents' time constraints that endanger handoffs. He also worries about the potential for more reliance on technology and lab data "versus what the patient tells you."

Sanjay Desai, director of the internal medicine residency program and former Barker ACS (2004–2005), acknowledges Achuff's concerns. Even so, Desai says, the firm system remains conducive to building trust and improving care. As evidence, Desai cites bedside rounds and patients presented at Grand Rounds.

Cardiologist Lorrel Brown, who served as a Janeway ACS (2011–2012), says the firm system works because it challenges chief residents to assume more responsibility for empowering

trainees. "The heart of our teaching method," says Brown, "is making inexperienced people capable and unafraid—unperturbable—the meaning of *aequanimitas*."

For Desai, the most rewarding part "is having the opportunity to participate in the development and mentorship of unbelievably passionate people who want to change medicine." On that, Achuff concurs. "The people going into medicine today," he says, "are the same motivated, bright people we thought we were."



Watch a video on the firm system, "Chief Rounds: An Oral History of the Firm System," at [bit.ly/FIRMSYSTEM](http://bit.ly/FIRMSYSTEM).

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## SAVE THE DATE

# Osler Housestaff Reunion



Please join the Department of Medicine on **Friday, June 5, 2015**, for the Osler Housestaff Reunion and Dinner. The dinner will take place during the biennial reunion in the West Reading Room of the Welch Medical Library and will feature Katrina Armstrong, physician-in-chief of Massachusetts General Hospital, as the keynote speaker. For more information and to make reservations, please contact Donna Bolin at [dbolin1@jhmi.edu](mailto:dbolin1@jhmi.edu) or 410-550-9893.

## 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. Your contribution makes it possible for current residents to enhance their training and provide educational opportunities that might not otherwise be possible.

Thank you for your continued support. To make a gift online, please visit our website at <https://secure.jhu.edu/form/osler>.

## SURVEY UPDATE

Thanks to all who responded to our recent survey about this newsletter. And congrats to **Tracy Wanner Doyle** (Barker, 2004–2007), pulmonologist and intensivist at Boston's Brigham and Women's Hospital, randomly drawn winner of an Amazon gift card.

Find out what we learned from those who responded:  
Visit [theoslertie.jhmi.edu](http://theoslertie.jhmi.edu).

## Class Notes

### These students matched to begin Osler medical training in July:

**Amol Agarwal**  
*University of Pennsylvania*

**Matthew Alvin**  
*Case Western*

**Kaushik Amancherla**  
*University of Illinois*

**Willard Applefeld**  
*University of Maryland*

**Deepak Atri**  
*Yale*

**Christopher Bailey**  
*Johns Hopkins*

**Justin Berk**  
*Texas Tech*

**Fadzai Chinyengetere**  
*Dartmouth*

**Adam Diehl**  
*Johns Hopkins*

**Kevin Eaton**  
*Baylor*

**Ryan Fleming**  
*University of Texas Southwestern*

**Zachary Gitlin**  
*Columbia*

**James Gugger**  
*SUNY Downstate*

**Yuri Hanada**  
*Mayo*

**Joseph Heng**  
*Yale*

**Chad Hochberg**  
*University of Chicago*

**Ken Hui**  
*Yale*

**Huynh-Le Minh-Phuong**  
*Johns Hopkins*

**Calvin Kagan**  
*University of Vermont*

**Andrew Karaba**  
*Northwestern*

**Sara Karaba**  
*Northwestern*

**Numan Khan**  
*Baylor*

**Russell Ledford**  
*Medical College of Georgia*

**Igor Makhlin**  
*Commonwealth Medical College*

**Rebecca McKibben**  
*Johns Hopkins*

**Joseph Meyer**  
*University of Rochester*

**Anya Mezina**  
*Emory*

**Kara Mirski**  
*Johns Hopkins*

**Joseph Muller**  
*Case Western*

**Joseph Murray**  
*Georgetown*

**Victor Nauffal**  
*American University of Beirut*

**Cynthia Okoye**  
*Tulane*

**Robin Ortiz**  
*Loyola*

**Jeffrey Patterson-Fortin**  
*University of Western Ontario*

**Amanda Peel**  
*University of Vermont*

**Karlo Perica**  
*Johns Hopkins*

**Laura Platt**  
*Duke*

**Michael Poku**  
*Vanderbilt*

**Vishal Rao**  
*University of North Carolina*

**Alexander Rittenberg**  
*Boston University*

**Danielle Robinett**  
*Michigan State*

**Vasanth Sathiyakumar**  
*Vanderbilt*

**Shakira Sanchez-Collins**  
*Duke*

**Laura Sena**  
*Northwestern*

**Jessica Shay**  
*University of Pennsylvania*

**Christopher Steele**  
*University of Connecticut*

**Alexander Sun**  
*University of Pennsylvania*

**Kathleen Tompkins**  
*University of North Carolina*

**Shannon Walker**  
*Johns Hopkins*

**Alison Wand**  
*University of Pennsylvania*

**Jeffrey Wang**  
*Louisiana State University*

**Stephanie Wang**  
*Washington University*