

Aequanimitas



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

Spring 2019

‘Staying Human’ in the New Era of Medicine

One day, when **Roy Ziegelstein** was an Osler intern, attending physician **Dana Frank** (Osler, 1980) placed a hand on his shoulder. Then he said something Ziegelstein has never forgotten: “You know, you’re going to hear a lot of people say you have it easier than we did when we were interns. But they’re wrong. You have it harder.”

Some 30 years later, Ziegelstein, vice dean for education at the school of medicine, says the same is true for residents today. “The threats are greater now,” he argues. “The amount of documentation required for every admission and discharge is huge. And the length of stay is much shorter than it was when I was a resident.”

Osler Residency Program Director **Sanjay Desai** couldn’t agree more. He says this heightened level of stress contributes to burnout—“the top challenge facing our residents.” Mirroring national statistics on burnout among M.D.s, roughly half of Johns Hopkins Hospital residents experience burnout symptoms, a 2016 safety culture survey found. These include



Burnout remains a huge challenge for residents, but targeted interventions appear to be helping.

emotional exhaustion, medical errors, diminished feelings of accomplishment and difficulty appreciating the humanity in their patients. Burnout also raises the risk for suicide, failed relationships and substance use disorder.

But thanks to targeted efforts by the program’s leadership, Desai says, “we’re learning more about the drivers of burnout and creating interventions we think will help.”

Though it’s too early to draw conclusions, he notes, anecdotally, “The experience for our trainees seems to be improving. We are deliberately keeping our trainees at the bedside more and providing time and space for reflection. These changes seem to be helping, based on our assessments.”

This could reflect a national trend. A 2017 study from Stanford University, the Mayo Clinic and the American Medical Association reported a modest decrease in physician burnout.

At Johns Hopkins, Desai notes that the Dean’s Joy in Medicine Task Force has also helped foster a more positive milieu for everyone—not just for the residents. In their 2017 report, leaders laid out strategies to promote work-life balance and collegiality, and reduce inefficiencies.

Little things appear to be making a difference, says Desai. Residents are tapping into a school of medicine-led resident wellness toolkit and financial

(Continued on page 2)



Closure on the Duty Hours Debate?

My hope is this will be my last column on duty hours. This tense debate has persisted for decades. In March, we published the final primary outcomes data from our study on this topic in the *New England Journal of Medicine*, which I hope will move us beyond studying specific shift lengths.

As a reminder, the debate focuses on the conflict between the sciences of chronobiology and operations. Our iCOMPARE study randomized 63 programs across the country to the 2011 limits of 16 hours for interns versus no shift-length restriction. Importantly, programs in both arms had to have 80-hour-per-week limits, one day off in seven, and call no more frequently than every third night. The new findings relate to patient safety and sleep.

As we wrote in a recent op-ed, we found that patients cared for by doctors with longer shifts did no worse than those cared for by doctors with shorter shifts. That's reassuring.

Many draw parallels to the strict hours of a pilot. And though the freshly rested pilot swapped in after a few hours doesn't need to know anything about the passengers in each seat, the swapped-in doctor needs to know a lot about the patients in each bed. Shorter shifts means more patient handoffs, and that means more errors. Besides, regulating how long doctors work doesn't mean you're regulating how long they sleep. Our outcomes from education last year showed that burnout is a real problem—no matter how many hours a resident worked.

In the end, I hope we focus less on how many hours they are here and more on what they're doing while they are here.

Sanjay Desai, Director
Osler Medical Training Program

'Staying Human' in the New Era of Medicine (from page 1)

guidance programs. Trainees are taking advantage of drop-in massages, meditation and healthy snacks on the wards, courtesy of the offices of Graduate Medical Education and Wellness and Health Promotion. And more emphasis on bedside teaching rounds is also fostering deeper patient connections.

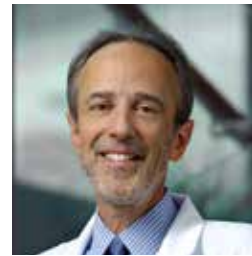
But concerns about technology overuse persist. Residents are spending as much as 50 percent of their time working online, according to a recent NCBI study, cutting into their time at the bedside.

"We have so much information to help guide care and can easily consult with anyone in the world," says Desai. "But the way we diagnose people is by *talking to them, examining them, getting to know them*. We don't have an algorithm for that."

The greatest challenge for residents today, says Ziegelstein, is their ability to "stay human to patients, getting to know them as individuals while remaining human to themselves, making time for family and friends." That requires knowing how to adapt to a rapidly changing world that incorporates more data into patient care.

Genitourinary oncologist **Cathy Handy Marshall** (Osler, 2012) served as an assistant chief of service in 2016. "My first priority as an ACS was resident education and well-being, before administrative demands," she says. Always on the lookout for burnout, Handy Marshall urged residents to tap into team-based resources, such as pharmacy and social work, to help manage certain aspects of patient care.

That same year brought the debut of a physical exam-based "morning report" at the bedside. Led by **Reza Manesh** and **Brian Garibaldi** (Osler, 2007), the program builds



Roy Zeigelstein



Cathy Handy Marshall

physical exam skills while forging stronger patient bonds.

More recently, artificial intelligence (AI) to expedite recording patient data and notes appears to be winning favor. Hospitalist and school of medicine assistant professor **Timothy Niessen** (Osler, 2012) has embraced Dragon Medical One, the new speech recognition software, though he was skeptical at first.

"It's so fast, so accurate," he says. "By now, I think I've cut my note-writing time in half. I can type 60 to 70 words per minute, but I can dictate 150 words. That means I have that much more time to spend talking with my patients." Patients and families also like it, he says, because they can listen and find the notes instantly in MyChart.

There's no question, says Ziegelstein, that AI will eventually lighten the load for residents. "But the pace is much faster for everything." One can't put the blame entirely on the electronic medical record, he adds, because "we can't go back to the old days."

The synthesis of the physical exam and narrative description will always be important, Ziegelstein says. And, he insists, building relationships with patients offers the greatest potential for experiencing the joy of medicine. ■

STRIKING A WORK-LIFE BALANCE

Third-year resident Paul Scheel III (Janeway, 2016) grew up in a household where his father (**Paul Scheel**, Longcope, 1987, and **Janet Scheel**) would often reminisce about their medical training, in the era before duty hour regulations. The younger Scheel says he follows his parents' advice: to learn as much as possible from each patient while absorbing insights from colleagues and superiors. He says his biggest hurdle is keeping up with all the responsibility and data. But he's made more of an effort to leave promptly after his shift ends.

"We can't let the job of being a doctor completely consume us," says Scheel. "We need to make time for our mental, physical and social health." How might the residency program make things easier? "Try to minimize the amount of

administrative tasks that take people away from patient care," he says. "Promote a culture that says yes, while you're in the hospital, focus on the hospital. But encourage us to exercise and meet up with friends. There are times you need to pull yourself away from patients. It's OK sometimes to leave things for your colleagues to handle."

With each passing year in the program, he says he's seen more support on these fronts.

Paul Scheel III



Beyond the Dome

Rupal Malani, M.D., M.A., M.S., partner, Health Systems & Services Practice, McKinsey & Company, Cleveland

Rupal Malani (Osler, Longcope, 2005) always knew she wanted to become a doctor. Born and raised in Chicago, she would sit mesmerized as her immigrant parents—both M.D.s—shared stories about their experiences, in graphic detail. "They seemed happy and intellectually satisfied," she recalls. People in Malani's community would often tell her how grateful they were for her parents' care.

A graduate of Wesleyan University, Malani later earned a medical degree from the Icahn School of Medicine at Mount Sinai, then went on to obtain a master's degree in biostatistics at Columbia University's Mailman School of Public Health. After completing her M.D., Malani matched with the Osler Medical Training Program at Johns Hopkins. Following her residency, she returned to Columbia for a master's degree in mathematical finance.

Since 2009, Malani has been a partner in the health care practice at McKinsey & Company in Cleveland. She advises health care delivery organizations on strategic and operational topics.

Malani also serves on the board of the nonprofit Partnership for Families and the Osler advisory board. She's among Osler alumni from across the country who share diverse insights to inform Osler program leadership. Malani and her husband, **Amar Krishnaswamy** (Osler, 2003; ACS, 2005), a cardiologist, live in Cleveland with their 5-year-old twin daughters, Mira and Asha.

How did you become interested in the business side of medicine?

I've always been intrigued by systems and delivery of care, and the economics around them. As a resident, I often thought about how much a test costs and who was paying for it. The critical juncture came at the end of my residency, when I had to decide if I should continue my medical career in Cleveland (where Amar had matched) or follow my business passion. **Charlie Wiener** (Osler program director emeritus and president of Johns Hopkins Medicine International) asked the right questions and connected me with a ton of folks. Nearly everyone suggested McKinsey. I decided to give it a try and do it until it wasn't fun. I'm still here!

How does your Osler training inform your work?

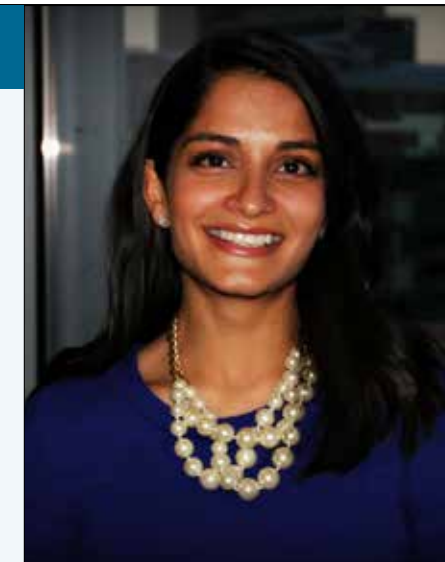
Completely. I've always worked hard, but the Osler residency taught me what ownership, leadership and teamwork at their best look like.

Do you recall a specific anecdote that left a lasting impression?

Yes. In early July of our internship, one of my co-interns admitted a patient overnight, correctly diagnosed cellulitis and started a sulfa drug. The patient was already improving by morning rounds—by all measures, a success. But during rounds, my co-intern was asked about the neuro history and exam, which he hadn't done. I wouldn't have either, given the patient's chief complaint and diagnosis. But that wasn't the point. Taking ownership of the patient meant completely understanding their history and the full physical exam—and then putting all the information together. That rigor was all around us at Hopkins—among the attendings, fellow residents, nurses, pharmacists and social workers. It was ingrained.

After a decade at McKinsey, do you feel a greater disconnect between your medical knowledge and business acumen?

In terms of medical knowledge, a huge disconnect, yes. But the experience of



Rupal Malani

being a frontline caregiver has shaped how I think about care delivery. I have a better understanding of what's needed to drive real change.

What's a typical day on the job like?

I really enjoy the fact that there's no such thing as a typical day. On most days, I help clients tackle their most pressing issues. I coach my teams about potential solutions to these problems. I spent a lot of time learning about issues in health care delivery. Right now is an incredibly exciting time and requires lots of new capabilities for health systems. For example, as patients bear an increasing share of each health care dollar spent, health care is undergoing a retail revolution. Providers will need to develop a solution that meets expectations set by leading technology companies. It's my job to interpret what they mean for health systems.

Do you think medical training covers the business of medicine enough?

No, not even close. Before long, physicians will be expected to understand and manage cost of care. If you're a primary care provider, you'll be managing the total cost of care for your patients. If you're a specialist, driving real health care value—better outcomes at lower marginal cost—is likely to be a competitive differentiator. ■



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 supports educational opportunities for current residents to enhance their training—experiences that might not otherwise be possible. If you are interested in supporting our housestaff, contact Carly Frank at 410-550-4098 or cfrank23@jhmi.edu. Thank you for your continued support. To make a gift online, please visit our website at bit.ly/oslerfundforscholarship.

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Aequanimitas is published twice a year by Johns Hopkins Medicine Marketing and Communications.

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SAVE THE DATE

“The Past, Present and Future of Medical Education”

Osler Housestaff Reunion and Dinner

Friday, May 31, 2019
6 p.m. to 9 p.m.

Welch Medical Library
West Reading Room



Dinner hosted by:

Mark Anderson, M.D., Ph.D.,
director, Department of Medicine

Sanjay Desai, M.D.
director, Osler Medical Training Program

Keynote Speaker:

Jenny Mladenovic, M.D., M.B.A.,
M.A.C.P.
*Osler Housestaff Alumni
Osler Advisory Board Member*

Learn more:

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Class Notes

These students matched to begin Osler medical training in July:

Amir Ameri <i>Harvard University</i>	David Feldman <i>University of Miami</i>	Margaret Krasne <i>Harvard University</i>	Alexander Nesmith <i>University of Alabama</i>	Rishi Trivedi <i>Louisiana State University</i>
Basil Bakir <i>University of Pennsylvania</i>	Elizabeth Feldman <i>Temple University</i>	Adrian Latifi <i>University of Connecticut</i>	Joan Park <i>Albert Einstein</i>	Anna-Carson Uhelski <i>University of Tennessee</i>
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Thomas Boyle <i>University of Miami</i>	Michael Goetsch <i>University of Alabama</i>	Lucy Li <i>Washington University</i>	Resham Rahat <i>University of Mississippi</i>	Neha Verma <i>University of North Carolina</i>
Max Brodsky <i>Drexel University</i>	Rachel Goldberg <i>Washington University</i>	Jessica Lin <i>Baylor University</i>	Michael Randall <i>University of Pennsylvania</i>	Judith Vick <i>Johns Hopkins</i>
Jacob Burns <i>Northwestern University</i>	Merve Gurakar <i>Virginia Commonwealth University</i>	Timothy Lin <i>Baylor University</i>	Divya Rayapati <i>Johns Hopkins</i>	Angali Wagle <i>University of Alabama</i>
Michael Chilazi <i>Harvard University</i>	Zoey Harris <i>University of Arizona</i>	Nicholas Mai <i>Johns Hopkins</i>	Michael Rose <i>University of Minnesota</i>	Ryan Wallace <i>Virginia Commonwealth</i>
Chloe Drennen <i>University of Maryland</i>	Kathleen Hiltz <i>Vanderbilt University</i>	Patrick McGillivray <i>Yale University</i>	Natalie Rosen <i>Jefferson University</i>	Richard White <i>Univ. of Pennsylvania</i>
Margueritta El Asmar <i>American University of Beirut</i>	Merna Hussien <i>Cornell Qatar University</i>	Emily Molina <i>Texas A&M</i>	Amitte Rosenfeld <i>Yale University</i>	Admasu Wondmagegn <i>University of Illinois</i>
Lea Fayad <i>American University of Beirut</i>	Timothy Kaniecki <i>St. Louis University</i>	Aishat Mustapha <i>Case Western Reserve University</i>	Lindsay Sheets <i>University of Alabama</i>	
	Michael Kozik <i>University of South Carolina</i>	Mari Nakazawa <i>University of Kentucky</i>	Daniel Szarca <i>George Washington University</i>	



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