



MedStar Health

# Connections

May/June 2023

Vol 30, No. 3

News for the medical and dental staff, residents, and fellows at MedStar Washington Hospital Center



## Women leading the way forward: going beyond the glass ceiling

From left: Mary Melancon, MD, Patricia Davidson, MD, Elspeth Cameron Ritchie, MD, Anna Choi, MD, Pamela Randolph-Jackson, MD, and Kristen Nelson, ACNP-BC.

### INSIDE THIS ISSUE

**4** Women leading the way forward: going beyond the glass ceiling

**6** Meet Tom MacGillivray, MD, our new head of cardiac surgery

**10** Need-to-know basis: key contacts for physicians—part 2

**12** Karen Jerome, MD, bids farewell

# Connections

Connections magazine is managed and published by Communications & Public Affairs for the medical and dental staff, residents and fellows of MedStar Washington Hospital Center.

Mission—MedStar Washington Hospital Center is dedicated to delivering exceptional, patient-first health care. We provide the region with the highest quality and latest medical advances through excellence in patient care, education, and research.

MedStar Washington Hospital Center, a private, not-for-profit hospital, does not discriminate on grounds of race, religion, color, gender, gender identity, physical handicap, national origin, or sexual preference. Visit the hospital's Web page at [MedStarWashington.org](http://MedStarWashington.org).

**Gregory J. Argyros, MD**, President, MedStar Washington Hospital Center

**Stan Gutkowski**, Chair, MedStar Washington Hospital Center Board of Directors

**Kenneth A. Samet, FACHE**, President and CEO, MedStar Health

**James Jelinek, MD, FACP**, Editor

**Cheryl Iglesia, MD, FACOG**, Associate Editor

**Mark Smith, MD, FACEP**, Editor Emeritus

**Maureen McEvoy**, Managing Editor

**Design Central Inc.**, Graphic Design

**Jeffrey S. Dubin, MD, MBA**, Senior Vice President, Medical Affairs & Chief Medical Officer

**David Moore, MD**, President, Medical & Dental Staff

## EDITORIAL BOARD MEMBERS

Ravi Agarwal, DDS  
Selena Briggs, MD, PhD, MBA, FACS  
Rafael Convit, MD  
Chee Chan, MD  
Zayd Eldadah, MD, PhD  
Kristen Nelson, ACNP, MBA  
Navid Homayouni, MD  
Adedamola Omogbehin, MD  
Stephen Peterson, MD  
Sailaja Pindiprolu, MD  
Marc Schlosberg, MD  
Emily Scherer, PA-C  
Oliver Tannous, MD  
Christine Trankiem, MD  
Lindsey White, MD

## CE Conferences

### Registration Now Open

#### 2023 Comprehensive Stroke Symposium Stroke at its Core

**September 8 to 9, 2023** | Bethesda Marriott | Bethesda, MD  
*Course Directors:* Sana Somani, MD, MBBS; Rocco A. Armonda, MD

#### 10th Annual Gastric and Soft Tissue Neoplasms 2023

**September 23, 2023** | Park Hyatt Washington | Washington, D.C.  
*Course Directors:* Sosipatros A. Boikos, MD; Nadim G. Haddad, MD; Joseph J. Jennings, MD; Dennis A. Priebat, MD; Mark A. Steves, MD

#### Advances in the Management of Prostate, Kidney, and Bladder Cancers September 29 to 30, 2023

Washington Marriott Georgetown | Washington, D.C.  
*Course Directors:* Michael B. Atkins, MD; Mohit Gupta, MD; Keith J. Kowalczyk, MD; Ross E. Krasnow, MD, MPH; Young Kwok, MD; Paul D. Leger, MD, MPH; George K. Philips, MBBS, MD, MPH; Suthee Rapisuwon, MD.

#### D.C. Lung Cancer Conference

**October 7, 2023** | Mayflower Hotel | Washington, D.C.  
*Course Director:* Stephen V. Liu, MD

#### New Developments in Understanding Chronic Illnesses: The Role of Immune Dysfunction and Infections

**November 8 to November 10** | Marriott Marquis | Washington, D.C.  
*Course Director:* Gary Kaplan, DO, DABFM, DABPM; Craig Shimasaki, PhD, MBA

## SAVE THE DATE

#### 14th Biennial Thyroid Update

**December 1, 2023** | Bethesda Marriott | Bethesda, MD  
*Course Directors:* Kenneth D. Burman, MD; Jason A. Wexler, MD



For more information and to stay up to date, please visit [MedStar.Cloud-cme.com](http://MedStar.Cloud-cme.com)

If you have a story idea for Connections magazine, please contact Managing Editor Maureen McEvoy at **202-877-8366** or [maureen.e.mcevoy@medstar.net](mailto:maureen.e.mcevoy@medstar.net).

# Going higher on our high-reliability journey: Psychological safety and speaking up for safety escalation

**I recall during my days as a resident,** I encountered excellent mentors who role-modeled how to provide high quality safe clinical care and instruction with a humanistic approach. Perhaps you remember the attending who chatted genially with patients? Or the chair who was courteous and inclusive in their approach? When I reflect on my training and formative years as a young attending physician, I'm grateful to those teachers and senior colleagues who were exemplars, not only in how they cared for their patients but in how they encouraged and supported my development as a physician. Many times, I found myself emulating the behaviors of those colleagues.

Now, as a seasoned professional, I've come to realize being a good doctor and leader is not about knowing everything there is to know about medicine. Naturally, it's learning the fundamental materials and internalizing the information, as well as recognizing your limits. More significantly, it's about practicing in an environment where everyone feels safe to speak up and share ideas. Asking questions, raising concerns, and sharing near misses and mistakes without being punished or feeling embarrassed is how we become empowered to learn, grow, and thrive.

Although there are many things in our daily treatment of patients we can't control, in our roles as leaders and colleagues we do have the power to influence

how our team interacts, how we collaborate and work together, and how we can prevent harm.

Last November, we launched a new resource center, HRO Hub [[go.MedStar.net/HROHub](https://go.MedStar.net/HROHub)], where leaders and associates can access new tools, tips, strategies, and information to support their high-reliability and safety efforts. The tools include a safety moment library, safety huddle talking points, safety assessment tools, and brief videos. Hopefully, you've had the opportunity to integrate some of those resources into your meetings and huddles.

The next building block on our existing high-reliability foundation is fostering psychological safety among our colleagues. One of the ways we can achieve our goal of ZERO patient harm at MedStar Washington Hospital Center is by creating an environment where our residents, fellows, new-to-practice nurses, and all members



of our patients' care teams are encouraged to take risks, analyze and redesign processes and services, and feel safe discussing or making mistakes without fear of retribution or punishment. Together, we can proactively promote a *Just Culture* and encourage inclusivity in decision-making by inviting feedback and advice, encouraging candor and curiosity, acknowledging ideas, and making sure our teammates understand what is expected of them regarding our mission and their responsibilities.

Preventing serious safety events is our collective responsibility. If we address difficult and sensitive topics openly and help each other as One Team, we can continue to operate safely and support one another, despite the complexities, barriers, and risks of providing health care.

I continue to be proud of the excellent care and lifesaving work you do every day, and your commitment to providing the highest quality, safest patient care.

A handwritten signature in black ink that reads "Jeff Dubin". The signature is written in a cursive, flowing style.

Jeffrey S. Dubin, MD, MBA, is Sr. Vice President, Medical Affairs & Chief Medical Officer at MedStar Washington Hospital Center. He can be reached at 202-877-6038, or at [jeffrey.s.dubin@medstar.net](mailto:jeffrey.s.dubin@medstar.net).



# Women leading the way forward: going beyond the glass ceiling

May is Women's Health Month; get to know six providers at MedStar Washington Hospital Center who are treating our patients as well as forging future career paths for women clinicians and leaders.

## Anna Choi, MD

Vice Chair, Department of Radiology,  
Director of Breast Imaging

**"I come from a family of physicians—my dad is a retired radiologist—and it was always the expectation that I would have a career in medicine,"**

said Anna Choi, MD. "There was no shyness about that goal, and I was happy to fulfill that role." Though she considered a different specialty than her father, she found the work of putting the puzzle of images together to be interesting and so became a radiologist.

Dr. Choi started in abdominal imaging but, when the need arose, she was asked to specialize in breast imaging along with another female colleague. "Breast imaging serves predominantly female patients, and I grew into the role and came to love it," she said. "There are men going into the field of breast imaging, but it is heavily weighted toward women in fellowship programs. Breast imaging attracts women and I think that women feel more comfortable talking to women about their breast health."

Her first job was here at MedStar Washington and Dr. Choi has stayed for a variety of reasons. "I really enjoy my radiology colleagues. I have gotten to participate in a variety of positions from a professional standpoint, which has been intellectually challenging. It has been a very supportive environment from the beginning."

When Dr. Choi was interviewed at the hospital, female doctors were in the minority, and she was eight months pregnant with her first child. "I never felt that being female was an issue and everyone was very supportive." Dr. Choi recalls when her daughters were young there were stressful times. A supportive spouse and good childcare were essential. She recognized the importance of speaking up and advocating for herself, her colleagues, and her patients. "You don't have to volunteer for everything; however, participation beyond your daily clinical duties may bring leadership opportunities. Being in leadership has given me a sense of control over my life as well as being a role model for my daughters."

**"It's changed so much, and women can do anything now. Being a female doesn't stop you."**

— Patricia Davidson, MD

Now Dr. Choi's daughter is following her as a radiologist specializing in women's imaging. "It must run in the genes," she joked. "When my daughter said she wanted to go into medicine, I was all for it. Her grandfather was thrilled she was going into radiology. It's wonderful to have more women physicians practicing and becoming leaders."

## Patricia Davidson, MD

Cardiologist and Medical  
Executive Board Member

**"To be an African American woman in medical school in the late seventies meant putting up with sexism and racism.** The goal was to make you leave, but I kept moving forward," Patricia Davidson, MD, recalled. "I was in the first class, at my medical school, where there was more than one African American woman."

A memorable sign of progress for women in Dr. Davidson's mind was not only when their numbers grew in medical schools, but also when they gained access to lockers and other physical accommodations. "I've changed in broom closets, hid pregnancy behind a stack of books, and had nurses help me store breast milk in Intensive Care Unit (ICU) refrigerators," she said. "I knew change had happened when women had privacy for changing and for pumping and had a designated place to store their change of clothes. It was a very slow change, but our daughters and granddaughters will not have to go through those things. It's a very different day for women."

After 40 years of practicing medicine and several terms on the hospital's Board of Directors and the Medical Executive Board, Dr. Davidson is often asked to counsel young female physicians. "It's changed so much, and women can do anything now. Being a female doesn't stop you," she said.



**Dr. Mary Melancon sitting beside Dr. Anna Choi. Dr. Patricia Davidson is standing.**

If she were giving advice to future female leaders, she would tell them that you can look to other females who have been in those roles, but also to be willing to forge a different path if it hasn't been forged yet. "I did stuff I never saw other women do. Very few women were becoming physicians and women weren't going into cardiology at that time," she said. "It wasn't the case for me, but data shows that people must see themselves in someone else doing what they aspire to do before they do it. Now, women can see that, in most cases, someone who has done it that they can look to. Doors have been opened and barriers have been broken down."

**Mary Melancon, MD**  
*Medical Director, Washington Women's Wellness Center, Section Director, OB/GYN*

**"At one point, women weren't able to attend medical school or enroll in certain specialties based on gender discrimination,"** said Mary Melancon, MD. "Today women practitioners and healthcare leaders are making progress but we are still underrepresented in medical leadership roles despite women comprising the majority of the healthcare workforce. There is still work to be done on fixing the gender imbalance and extending invitations to women where they were previously excluded."

Since becoming a physician in 1992, Dr. Melancon said her specialty (OB/GYN) has evolved regarding gender dynamics. Previously a male-dominated specialty, it is now primarily female. She said it's important for women to see female providers if that makes them more comfortable. Dr. Melancon also feels it's important for some patients to see someone who looks like them.

"I'm an African American female physician; representation matters," said Dr. Melancon. "With the focus on healthcare disparities in black women with regard to increased maternal morbidity and mortality in the U.S., we have an opportunity and obligation to change this trajectory. There has been an increase in patients seeking that sort of representation too," she said. "They want to see someone who can relate, identify, and more closely align with their experience."

"Today, we have many women in leadership positions at both MedStar Washington Hospital Center and at the system level, which is to be commended," adds Dr. Melancon, who was promoted to her leadership roles in 2011 and 2022, respectively.

"There is recognition that women belong in executive leadership roles that were almost exclusively held by men. However, female physicians continue to face a myriad of challenges in medicine from implicit bias to gaps in equal pay and promotions."

Dr. Melancon's patients share with her that they are juggling their own work schedule, taking care of the home and the health care for themselves and their families. "Women tend to make healthcare decisions for their families and loved ones," said Dr. Melancon. "This is an important point to remember as we celebrate Women's Health Month."

**Kristen Nelson, MS,  
MBA, ACNP-BC**  
*Director, Advanced Practice  
Providers, Critical Care Medicine  
Chair, MedStar Washington  
Advanced Practice Provider  
Leadership Council*

**Nelson started her career at MedStar Washington 20 years ago and has spent the last decade in her current role.**

"When I took over leadership of the department in 2012, there were 16 advanced practice providers (APPs) and now there are 80," she said.

According to Nelson, the development of a collaborative clinical environment has had a direct impact on the growth of APP positions. "Health care has evolved and is increasingly complex. We've become essential members of the care delivery team working closely with physicians, nurses, case managers, and other colleagues to deliver high-quality, safe care."

**"I recommend that younger women ask for help and not try to do it all on their own."**

– *Elsbeth Cameron Ritchie, MD*

Another notable shift is in the roles the industry deemed traditionally male or traditionally female.

"Today, there are more male nurses than, say, 10 or 15 years ago, and women have advanced to more unique leadership opportunities to share their clinical expertise, perspective, and voice."

Nelson credits MedStar Washington's leaders with recognizing where things could improve and engaging the associates involved. "Instead of handing down decisions, they're

seeking input. We are all part of One Team, and we understand how interrelated our work is across various service lines. When we collaborate and partner together, everyone wins, especially our patients."

Being co-chair of the MedStar Health Advanced Practice Provider Advisory Council and the MedStar Health APRN Task Force has given Nelson a seat at the table. "I had a part in developing the hospital's Sepsis Response team, opening the Neuroscience Intensive Care Unit (ICU) and the MedStar Heart and Vascular Unit," she said. "The partnership with those leaders has given me opportunities to use my business education and pair it with my clinical knowledge, and that doesn't happen everywhere."

Nelson adds that it's important for women coming up in the profession to see other women perform in decision-making roles. "It's inspiring that we have so much female representation on committees, councils, boards, all involved at a high level. That visibility really counts. If you look back to 15 years ago and compare it to today, no one blinks an eye at a department chair or vice president being a woman. It's become a norm and women shouldn't discount the possibility of being in any position," she said. "The landscape has changed dramatically, and women are more likely to be in those positions. They are also, in many cases, mentoring that next generation of female leaders."

**Pamela Randolph-Jackson, MD**  
*Radiation Oncologist*

**Like Dr. Choi, medicine is a family affair for Pamela Randolph-Jackson, MD.** Her father was an OB/GYN and she and her three siblings are all physicians. "It's always been a part of our lives," she said. "My sister is a diagnostic radiologist and encouraged me to pursue radiation oncology as a career. Radiation Oncology is unknown to most medical students as it is not a specialty that has a standard rotation.

It is a great specialty for females since it provides regular hours for those wishing to balance family and work."

Dr. Randolph-Jackson followed in the footsteps of another female leader, Juliana Simmons, MD. "I became the department chair when my former chair retired in 2005," she said. "When Dr. Simmons attended medical school, there were only a handful of women in her entire medical school class. When I came through medical school it was probably a turning point in terms of the female-male student ratio. The ratio is close to 50-50 now which is evident when one looks back at the residents coming through MedStar Washington Hospital Center."

She said when women see other women in leadership roles "it makes all things seem possible. I am not aware if everyone knows that there is a difference—some people only see leaders—but there is a difference in being a female leader. I have to do at least as good a job, if not better, than my male counterpart."

Because of her hyphenated last name, Dr. Randolph-Jackson said that some patients assume she's a man before they first meet her. "My prostate cancer patients occasionally are surprised that I'm a woman and assume my first name is Randolph. I also treat a number of breast cancer patients and, in my experience, they love having a female doctor because we've faced similar life challenges," she said.

Dr. Randolph-Jackson advises other women to place importance on their own health and self-care. "In the past, if there were a family function or special event and a work emergency occurred, I would have stayed at work instead of attending the event. If I could rewind time and do things differently, I would choose special occasion family events and self-care," she said.



"Sometimes work has to take a backseat and we don't do that when we are females, particularly in medicine, because we perceive that we have more to prove. I'm learning that it's okay not to be a superwoman and instead do the best that I can."

**Elsbeth Cameron Ritchie, MD**  
*Chair, Department of Psychiatry*

**Elsbeth Cameron Ritchie, MD, didn't find being a woman posed a major obstacle to entering the medical profession or to becoming a leader, but she did find it challenging to be a physician, a soldier, and a mother all at the same time.**

"I can sum up my professional philosophy formed during a satisfying military career. No problem is too large or too small. When there's an issue, don't avoid it, try to tackle and solve it. That's what I did."

A Washington, D.C., native who completed her undergraduate studies at Harvard/Radcliffe College, Dr. Ritchie funded her medical education with an Army scholarship that required service in the military. It would prove to be a professionally enriching career path. After receiving her medical degree from George Washington University School of Medicine, she performed her internship, residency, and fellowship in forensic psychiatry at the former Walter Reed Army Medical Center.

"Women are doing more in leadership roles in medicine, both inside and outside the military," she adds. "I don't know if I consider myself a role model, but I certainly consider it important for women to have exemplars to see that they can do it."

Dr. Ritchie retired as a full colonel in 2010 after spending 28 years in an Army uniform in a variety of key leadership roles that included deployments to South Korea,

Somalia, Iraq, and Cuba. In addition to her tenure as a professor of Psychiatry at the Uniformed Services University of the Health Sciences and a clinical professor of Psychiatry at Georgetown University, her unique expertise and perspective have made her a highly sought-after expert for broadcast and print media stories, an internally recognized forensic psychiatry consultant, and author of more than 150 published articles and 13 texts.

Since arriving at MedStar Washington, Dr. Ritchie has been focused on providing services for patients with pre-existing mental health issues, as well as those who are finding it difficult to cope with injury, illness, or treatment regimens. She is also applying her experience in public health and the management of disaster-related mental health issues to enhance the hospital's emergency planning and response operations.

Dr. Ritchie said, "I recommend that younger women ask for help and not try to do it all on their own. I've seen people leave the profession because it was hard, but I've tried to give them advice on how to get the support they need so they don't have to do it all without assistance. Reach out to family or friends for help or find paid employees. It will make your life better and easier to thrive during the tough times."

Dr. Ritchie is optimistic about the future for female physicians and leaders. She said her advice to colleagues is the same for men and women: "Most of us in medicine have been very privileged. Work hard, study, take care of yourself, be a part of a team, and give back."



**Kristen Nelson with Drs. Elspeth Cameron Ritchie and Pamela Randolph-Jackson.**

## Dr. Thomas MacGillivray assumes post as head of cardiac surgery across MedStar Health



We welcomed renowned cardiothoracic surgeon Thomas E. MacGillivray, MD, as our new physician executive director of Cardiac Surgery at MedStar Health, and chair of Cardiac Surgery at MedStar Washington Hospital Center.

Here, he shares his goals for the program, his practice, and the future.

### **Continue a culture of innovation and research, focused on the patient.**

“My ultimate priority is to maintain the highest level of cardiovascular care for our patients, including state-of-the-art treatments that we currently provide, as well as innovative therapies under investigation. From the early days,

cardiac surgeons have developed novel technology and techniques to solve the unsolvable problems of heart disease. Over the last three quarters of a century, hundreds of millions of people have benefited from the culture of innovation and research. Although we have made great progress, there is still much to be done. We continue to make therapies more



effective, much safer, less invasive, less expensive, and with less recovery time. At MedStar Health, our research in cardiac surgery is focused on approaches, devices, and technology that will best serve the needs of our patients."

### **Enhance teamwork across subspecialties.**

"I believe our 'special sauce' at MedStar Health is our culture of collaboration across multiple specialties. The system has an excellent national reputation as a program that offers unsurpassed expertise not only in cardiac surgery but also across the entire spectrum of cardiovascular care. Not so long ago, the roles and therapies provided by different specialists like cardiac surgeons, cardiologists, vascular surgeons, and interventionalists were distinct and defined.

**"My ultimate priority is to maintain the highest level of cardiovascular care for our patients."**

*– Thomas E. MacGillivray, MD*

As a result of innovative open and endovascular approaches, the heart and vascular system can effectively be accessed by different specialists. For each patient, these different treatment approaches should not be competitive but rather complementary. Our heart teams work closely together, keeping the patient—not the technique—as the focus of our treatment choice. We will continue to be a national leader in the collaborative heart team approach to shared decision-making and care."

## **Fast facts**

### **CURRENT APPOINTMENTS**

- Physician Executive Director of Cardiac Surgery at MedStar Health
- Chairman of Cardiac Surgery at MedStar Washington Hospital Center
- President of the Society of Thoracic Surgeons (STS)
- Member of the Thoracic Surgery Foundation, Board of Directors
- Editorial Board of the Annals of Thoracic Surgery

### **PRIOR APPOINTMENTS**

- Jimmy F. Howell, MD, Endowed Chair in Cardiovascular Surgery, Houston Methodist Hospital
- Chief of the Division of Cardiothoracic and Transplant Surgery, Houston Methodist Hospital
- Associate Medical Director of the Cardiovascular Intensive Care Unit, Houston Methodist Hospital
- Cardiothoracic surgeon, Massachusetts General Hospital
- Associate Professor of Surgery, Harvard Medical School
- President of the Northeast Cardiothoracic Surgery Society

### **CLINICAL AND SURGICAL INTERESTS**

- Adult congenital heart disease
- Heart failure (mechanical circulatory support and transplantation)
- Aortic root, arch, thoracoabdominal replacement
- Maze procedure
- Septal myectomy
- Cardiac tumor excision
- Pulmonary embolism
- Valve repair and replacement

### **EDUCATION AND TRAINING**

- Medical school: Tufts University School of Medicine
- General surgery internship and residency: Massachusetts General Hospital
- Fetal surgery research fellowship: University of California, San Francisco
- Cardiothoracic surgery fellowship: Massachusetts General Hospital
- Congenital heart surgery fellowship: Boston Children's Hospital

## Need-to-know basis: key contacts for physicians

*In our last edition of Connections, we highlighted three key contacts at MedStar Washington Hospital Center that make a difference every day in smoothing processes and offering solutions for providers. In this edition, meet three more movers and decision-makers.*

### **Stephen Willson** **Regional Director** **Information Services**

Stephen is the regional director of Information Services at MedStar Health. He works with physicians and associates to ensure they have the technology they need and that it's working smoothly. "We depend on technology for managing guests coming into the hospital, for the care of our patients, and to collaborate and communicate," he said. "Every process we have leverages technology to an extent."

Information Services tracks their work primarily via three types of tickets: incidence tickets for things

in need of repair; request tickets for something new or needing to be changed; and access tickets for utilizing various systems such as email or MedConnect.

"On average over the last 6 months, we received 460 request tickets and almost 800 incidence tickets per month at MedStar Washington alone," said Stephen. "Oftentimes, by the time someone gets to me, they're frustrated by their technology issue. Even if it's a small thing, in the big picture it's a big thing to that person and we can help with the frustration. We have 30,000 computers across MedStar Health but if one isn't working that's impactful to the individual."

Stephen is also the go-to person when new equipment is being considered. "There are risks to bringing new technology into the organization," he said. "You can't just plug anything in anymore. We have to scope out the requirements architecturally for firewalls and servers and from a security perspective to minimize risk and determine how our partners will respond if there's an issue."

He originally worked with MedStar Health as a consultant in 2000 and became an associate in 2016. "I feel like I'm part of the One Team here and I feel aligned with our SPIRIT values," said Stephen. "I like working at MedStar Washington because I see a lot of opportunity to make things better for folks."

In his free time, Stephen enjoys astronomy and has traveled to see two different solar eclipses. He also smokes meats and enjoys cooking at home for his wife and son.

### **Eileen Barrett, RN** **Supervisor** **Capacity Management**

Eileen is the capacity management supervisor at MedStar Washington, which means she's involved in patient placement throughout the hospital. "When a patient is admitted and needs a room, my team places them following our admission discharge transfer policy," said Eileen. "Part of the reason we have this role is because the hospital is such a large, complex organization."

Patients come here through a variety of avenues, from the Emergency department (ED) to transfers from another facility, so each situation can be unique. "There are times that we triage with physicians and other times when patients are admitted that don't require any physician interaction with our team," she said. Oftentimes triage discussions occur when a patient is being considered for one of the hospital's 10 Intensive Care Units (ICUs).



**Stephen (right) with his wife, Maru, and son Evan**





**Eileen in her office at the hospital.**

Eileen said that an important element of her job is following maximum capacity protocol: "This protocol is used when we're over 90 percent threshold in the hospital, which basically happens all the time. We're bursting at the seams and it's typical to have 20 to 40 boarders in the ED on any given day. That's why it can be challenging to get patients admitted and placed."

Data is key to Eileen's role, and she also shares it with other departments and units throughout the hospital to support analysis and future planning. "We can track a lot of information and statistics, such as how long it takes for a standard ICU patient to get a floor bed," she explains.

Eileen first joined MedStar Washington as a new nurse in 1999 and has worked off and on here for nearly 20 years. "I moved away at one point to be a travel nurse but came back in 2006 to the area and to the hospital," she adds. "I love this place and I'm happy that my years of experience, the connections I've made over time, and my knowledge make me a resource for physicians, nurses,

and others. I'll hopefully either know the answer someone is looking for or know how to get them to the answer."

When not at work, Eileen is an avid runner and traveler, two things that she sometimes combines: "I like to run around whatever city I'm visiting when I travel to get to know it and get a feel for new places."

### **Susan Martin, RN Weekend Charge Nurse Operating Room**

Monday through Friday, Susan can typically be found on the 20-acre farm she and her husband have lived and worked on for more than 30 years. Her family has had several ventures during that span, and she currently supports sales for the poultry business her daughter and son-in-law run on the property.



**Susan in Southern Maryland  
with the Chesapeake Bay in  
the background.**

At MedStar Washington, she's a weekend warrior, working 6:30 a.m. to 7 p.m. as the lead charge nurse in the operating rooms (ORs) on Saturdays and Sundays. She's been a nurse with the hospital since 1986 and has held a variety of roles including staff nurse and scrub nurse

before taking on her current role 20 years ago.

She likens being an OR charge nurse to being an air traffic controller because it's her job to ensure surgeries start on time and the schedule flows throughout the day. "I work closely with the anesthesiologists to sort and prioritize the day for scheduled, add-on, and emergency surgical cases, including which cases should start and which should wait based on a variety of factors," she adds. "The ORs are staffed differently on the weekends, but the phone still rings constantly for requests to post a surgical case. We're going to work on patients as quickly as we can."

Susan assigns staff to each case and also helps troubleshoot any issues that might arise. "I ensure that the supply carts include everything needed for a case and coordinate with surgeons and even vendors if something is wanted from an outside source," said Susan. She also steps into the ORs at times to support breaks, start an emergency case or stand in until an on-call nurse arrives on-site.

She reviews lab work and ensures patients have all the clearances they need before their surgery begins. "Some patients have more than one team following them. It could be a combination of surgery, cardiology, neurology, and so on," explains Susan. "Communication between the teams is key."

She loves that she has interactions with every discipline throughout the hospital, including a rotation of new residents every year. "We're all learners," she said. "I always feel there is a takeaway from them or me giving them something. That's why I came here and why I stay. There is always something new being developed that we can learn. The hospital is always trying to open another door to doing things better."

## Karen Jerome, MD, FACP

### Quality and Safety

**MedStar Washington Hospital Center** is bidding farewell to vice president and chief quality officer (CQO) Karen Jerome, MD, FACP, in early July. Dr. Jerome is stepping back from her 32-year medical career for a retirement that promises to be filled with traveling, hiking, and gardening.

Dr. Jerome joined us eight years ago from an administrative role at another hospital and, before that, from private practice. She has provided leadership and strategic direction to the hospital teams focused on quality improvement and outcomes measurement and reporting, patient safety and risk management, infection prevention and control, and education. "My background in internal medicine helped me look at the big picture. Primary care is a broad approach, which has served me well. I'm used to playing the long game."

She is the first physician to serve in the role of CQO and believes this underscores the dynamic role physicians play in quality and safety initiatives. "Physicians drive patient care, and we have to stay focused to ensure patients are safely cared for by the entire care team."

During her tenure, Dr. Jerome has focused on initiatives to improve the hospital's Care Compare score from the Centers for Medicare and Medicaid Services (CMS). "I knew if we partnered together, our teams could really make a difference and enhance patient experience by providing ever-safer, high-quality care."

Gregory J. Argyros, MD, said, "When I became president of MedStar Washington, I challenged every associate in our hospital to

achieve a five-star quality rating with CMS in five years. From developing and implementing safety structures to educating clinicians, Dr. Jerome and her team have done tremendous work to improve the metrics that negatively impact our quality ratings. To date, we have achieved three stars in our CMS ratings, and our recent Leapfrog grade has risen from C to B. This can be attributed to Dr. Jerome's dedication and One Team approach to advocating a patient-first philosophy and high-quality, safe care initiatives from the ground up."

Dr. Jerome credits a variety of aspects, including cooperation among units and departments, elevating proactive safety work, process improvement activity, and effective communication as helping to move the needle. Another factor, the Patient Communication Consultation Service (PCCS) was established to help clinicians determine when and how to disclose information to patients and family members. "Lastly, we are fortunate to have a favorable partnership with the system and other MedStar hospitals. We consistently collaborate to see where one hospital might be performing particularly well and what we can learn from them," she adds.

"Through her leadership and expertise, Dr. Jerome has developed a culture of quality and safety that is inclusive, collaborative, and patient-centered," said Senior Vice President and Chief Medical Officer Jeffrey Dubin, MD. "Her leadership will be greatly missed because she cultivated a psychologically safe environment where associates can ask questions and share feedback, making her a trusted resource for her colleagues and a champion of our patients." Dr.



Dubin adds, "Dr. Jerome will also be appreciated for her executive oversight in ensuring MedStar Washington is a designated leader on the HRC Healthcare Equity Index (HEI)—the nation's foremost benchmarking survey for the equitable treatment and inclusion of LGBTQ+ patients, visitors, and associates. This designation is a first for us, so hats off to Dr. Jerome for this and her many other accomplishments."

On the response from colleagues when they heard she was leaving, Dr. Jerome said, "I didn't know anyone when I arrived in 2015, but I've since forged many rewarding partnerships with colleagues, at all levels, throughout the organization. There were many people I wanted to tell in person about my retirement but I couldn't get to them all, so to some of them, I sent emails. It was wonderful to receive such kind responses. I joke with my husband, Jonathan, that I wish I had emailed more people so that I would have even more messages that I can go back and re-read again and again."

Dr. Jerome plans to spend lots more time with Jonathan and their son, Eric, and to learn Vietnamese so she can get to know her new daughter-in-law, Hoa Nguyen, better. "I am looking forward to the future but I'm truly going to miss working with the gifted and dedicated colleagues I've met in this amazing place."



# Deja Michelle Helm, MSN, AG-ACNP

## Palliative Care

**Over the past 20 years**, the field of palliative care has expanded rapidly, providing patients and families with a valuable option for dealing with the symptoms of serious illnesses. According to a 2020 Center for Palliative Care survey, 83 percent of hospitals with 50 beds or more offer palliative care services, triple the percentage of two decades ago.

Deja Helm, AG-ACNP, saw the benefits of palliative care firsthand during her work as a registered nurse in Oncology in hospitals around Portland, Oregon, where she grew up and went to undergraduate school.

"I saw how serious illness affects the whole person including their mental, spiritual, and physical being as well as those surrounding them," she says. "That's when I discovered Palliative Care as a way to really tackle the person holistically."

Always passionate about education, Helm crossed the

country to pursue graduate nursing studies at Georgetown University.

"I fell in love with Washington, D.C., right away," she says. "Everything was wonderful—the city, the people, the food, the music, the patient population. I knew I had to stay here."

Helm shares that the pandemic added an extra dimension to her graduate studies.

"It made everything challenging, and that always makes for a good learning experience," she says. "Covid has reshaped much of what we do. Health care has changed for both providers and patients."

Helm enjoys being part of a relatively young, still-evolving field. She continues to help patients, families, and medical staff better understand what palliative care can offer to patients with critical and serious illnesses.

"We often say every patient can benefit from palliative care," she says. "Many people are facing health

challenges that affect the mind, body, and soul. When people meet us, they realize we are not only about death and dying. We are about eliciting values for patients and families to help develop a medical plan that aligns with that goal.

"Working at MedStar Washington has broadened my understanding of the world, and I love my job," she says. "It's a very supportive environment with fascinating colleagues and medically complex patients."

Still, Helm admits that working with patients who are dealing with a serious illness can be difficult, as each case brings its own grief and profound sadness. She restores her personal balance through music, Bikram yoga, and cuddling with her dog, Blu.

"This job is hard, though it's where I am meant to be," she says. "I can't imagine doing anything else."



"When people meet us, they realize we are not only about death and dying. We are about eliciting values for patients and families to help develop a medical plan that aligns with that goal."

– Deja Helm, AG-ACNP

## Sailaja Pindiprolu, MD

### Medical and Residency Programs

**Long before Sailaja Pindiprolu, MD, considered becoming a physician, she knew she'd end up a teacher.**

That certainty explains why, for the past two decades, MedStar Washington Hospital Center has benefited from Dr. Pindiprolu's tenure as program director for all Internal Medicine residency and fellowship programming.

"Education has always been my passion," Dr. Pindiprolu shares. "When I was a little kid, I used to play pretend classroom.

Nationally, the average tenure of a residency and fellowship program director role is six years. But Dr. Pindiprolu seems to only be warming up: "I'm not done yet. I'm still learning and that's what keeps you in the role, that sense of growth."

This melding of educator and doctor cemented for Dr. Pindiprolu while completing her own residency at Yale New Haven Hospital. Named chief resident, she found that her job—aside from the scheduling—was simply to teach. And she loved it. "Seeing the inside of a program: Figuring out how you invest in one person, and also manage the needs of one hundred? It was fun to think through that process because it's so complex." In 2018, Dr. Pindiprolu took on the leadership role of Designated Institutional Official (DIO) where she is responsible for every single residency and fellowship program across MedStar Washington. "Every few years, I've been able to take on one more responsibility that pushes me

to better understand the status of graduate medical education in this country." Through her work as DIO, she's now helping not only teach the residents but also providing training and mentorship for other program directors.

"Typically, there is no one place where you are taught how to become a program director," Dr. Pindiprolu notes. "There's no program director school: you simply finish residency and become a program director, but not everyone naturally has access to mentorship.

"Just as in clinical care, we want our interns to know who to call when they need support. I'm happy to be the person that program director calls on a Saturday night when they have a problem," she says.

In Internal Medicine, most residents and fellows come to MedStar Washington from international medical schools, choosing to finish their education in the United States because of its structured educational system, cutting-edge research, and access to technology. The program receives 7,000 applications annually, and interviews five hundred applicants from that pool.

"You're trying to identify those people who have potential because we are going to invest in each person as an individual. So we need to understand their strengths and their weaknesses.

"When you talk to these individuals and see how much they struggled to get here and how much they dreamed of being here—at MedStar Washington—it's hard to have a bad day," she says. "They're going to be prepared for anything because of what the hospital provides and the



structure we as a faculty can give them."

As she zooms out on her work across programs, Dr. Pindiprolu says she is placing an increasing focus on resident wellness and helping residents understand how they can best support their own health and well-being. She is also bringing in four new associate program directors who will support all programs at the hospital around a core area: clinician education, point-of-care ultrasound training, resident wellness, and simulation.

"We always want to try something and see if it supports residents," she says. "Everything we do in programs, at the end of the day, has a direct line that goes to the patient. Our goal may be to train the residents, but the ultimate goal is that they're better trained to take care of patients."

For Dr. Pindiprolu, the day she revisits for motivation throughout the year is graduation day—an order of magnitude in terms of the multiplying influence of mentors and faculty sending these new doctors out into the world. "It's that ability to impact not only that one person as an individual, but the medical care of thousands and thousands of patients, whom this person is going to care for throughout their medical career."



## Cheryl Iglesias, MD

### Urogynecology

#### Cheryl Iglesias, MD, wants to let the world in on what she calls MedStar Washington Hospital Center's "best-kept secret."

As director of the Section of Female Pelvic Medicine and Reconstructive Surgery (FPMRS) and the MedStar National Center for Advanced Pelvic Surgery (NCAPS), Dr. Iglesias has led her team for nearly a quarter of a century. But while the acronyms may not roll off the tongue of most MedStar Washington clinicians, the group is responsible for the gynecologic, reproductive, and urological health of thousands of women across the region, with that number growing every year as grateful patients tell prospective patients.

"For us, it's word of mouth, sister to sister," Dr. Iglesias says. "Patients often say: 'I heard about you from my hairdresser,' or 'You took care of a woman in my book club.'"

In fact, the team sees roughly 13,000 patients in their offices each year. They perform more than a thousand surgeries annually, and nearly four thousand in-office procedures.

In part, Dr. Iglesias says, that credibility comes because the team handles taboo subjects really well. "We don't let people feel ashamed. That's the main reason why women don't want to seek care. Once they get through the door, we make them feel comfortable talking about these sensitive matters and normalizing them. We want patients to recognize that these challenges are treatable, and then give them options so they can live their best lives."

The team's success comes down to talent, says Dr. Iglesias, who is both the team captain and its biggest cheerleader. "We hire the best people with the right skillsets, and then allow them to lead," she says. Those leaders, in turn, attract the best residents and fellows and offer them consistent support and mentorship.

"There's no marketing you can do for that," Dr. Iglesias notes. "It's just hard work. And apart from my own children, I'm most proud of the fellows and residents we train."



In recent years, the group has boasted a 100 percent match rate for their residents into fellowships for gynecologic surgery subspecialties.

"It takes a village," says Dr. Iglesias, "but we really show up for them. Word on the street is that if you're trained by MedStar Washington NCAPS, you're going to be a skilled advanced pelvic surgeon."

NCAPS is unique nationally because it offers a combined program of advanced pelvic surgery fellowships in urogynecology and minimally invasive gynecologic surgery. The team includes five fellowship-trained urogynecologists, four fellowship-trained MIGS surgeons, and six fellows. We also have dedicated APPs, skilled nurses, and medical assistants. Most importantly, the group meets patients where they are—whether it is a MedStar hospital in the north or south. Core to the team's strategy is working to regionalize advanced pelvic surgery so patients can reach the correct provider, whether a woman is experiencing a pelvic floor injury from childbirth, bladder or bowel control issues, chronic pain conditions, endometriosis, fibroids, or heavy menstrual bleeding.

"Our philosophy is: Use the power of the MedStar Health system," says Dr. Iglesias. "We perform complex cases at MedStar Washington. But for more routine needs, we can be local experts where it's convenient for patients."

"Most of all," says Dr. Iglesias, "I want providers to know that we're happy to collaborate because we're always aiming to do the right thing for our patients."

**Urogynecology/FPMRS:** Drs. Andrew Sokol, Robert Gutman, Lee Ann Richter, Alexis Dieter, Cheryl Iglesias.

**Dr. Abbi Davenport will join MedStar Franklin Square in August.**

**MIGS:** Drs. James K. Robinson, Vadim Morozov, Nick Hazen, Jovana Tavcar.

**To contact Urogynecology, please call 202-877-6526.**

# Connections

News for the medical & dental staff, residents, and fellows  
at MedStar Washington Hospital Center

From the desk of

## Nora Tabori, MD Chief, Vascular Interventional Radiology

**May marks the start of Women's Health Month, a time to spotlight not only the importance of health and wellness for women of all ages but also efforts to empower them to make health a priority.**

Of course, women's health is a year-round focus at MedStar Washington Hospital Center. We are particularly proud of the many successful initiatives focusing on ailments ranging from fibroids and adenomyosis to osteoarthritis and cancer aimed at serving the diverse health needs of women of all ages.

With more women staying active later in life, a growing concern has been managing the onset of conditions such as osteoporosis and osteoarthritis. Loss of mobility has detrimental effects not only on physical health but also on a patient's mental and emotional health. It is important to remember that chronic pain can arise at any age and that a quarter of the population suffers from low back

pain of unknown etiology.

For these reasons, we've developed and grown a significant practice in minimally invasive embolic and nerve-targeted pain management therapies for knee, shoulder, low back, sacroiliac, and hip pain. In fact, MedStar Washington was the first hospital in the District of Columbia to offer basivertebral nerve ablation, a new technology that is providing long-term clinical benefits to patients with chronic back pain, regardless of their age.

In addition to shorter recovery times that help speed the return to normal day-to-day activities, these and other minimally invasive therapies improve mobility and quality of life prior to or even in lieu of surgery. The downstream health benefits of improved mobility are innumerable.

While the interventional radiology practice has rapidly expanded, oncology remains the backbone of our program. We have continued to expand the therapeutic options available in partnership with our transplant and hepatobiliary



surgeons, ensuring our primary and secondary liver cancer patients have access to cutting-edge technology.

For all our programs, we collaborate heavily with specialists across multiple specialties—orthopedics, spine surgery, gynecology, urology, physical therapy, and many others. We believe that the best approach to care is a well-rounded, multidisciplinary approach to helping all patients of all ages live a healthy and happy life.