Dome

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KEITH WELLER

Division chiefs Gina Adrales, of minimally invasive surgery; Jennifer Lawton, of cardiac surgery; and Nita Ahuja, of surgical oncology, stand in front of an archival photo showing Elizabeth Hurdon, center, the first woman on the medical staff of The Johns Hopkins Hospital.

The Rise of Female Surgeons at Johns Hopkins

Learn more about the strategic priority for people online at hopkinsmedicine.org/strategic_plan.

In 2000, when Nita Ahuja was a general surgery resident at Johns Hopkins, she gave birth to her first child. She worked until the hour she went into labor and returned to her grueling schedule six weeks later. In a department that was overwhelmingly male, she didn't want to call attention to her femaleness.

When Ahuja completed her residency and joined the Department of Surgery faculty in 2003, she and her husband had two children. Mimicking her male colleagues, Ahuja didn't talk about her family.

That changed later that year, when Julie Freischlag came to Johns Hopkins as the first female chief of the Department of Surgery. Freischlag did something radical: She brought her own young son to Saturday-morning meetings.

"Julie let me know it was OK to be a mom," says Ahuja, now chief of the surgical oncology division.

Surgery, with its long hours and physically demanding work, has traditionally been a male-dominated field. It doesn't help that residencies last at least five years and tend to fall during the years women are most likely to have children. But a growing number of strong-willed, talented and ambitious women are breaking down gender barriers at Johns Hopkins, encouraged by leaders who made a priority of hiring and promoting female surgeons.

In 1999, the Department of Surgery was 7 percent female, with three female surgeons out of 44. Today, 22 of 81 doctors in the department are women, or 27 percent. Nationally, about 21 percent of U.S. surgeons were women in 2016, according to the American College of Surgeons.

"We want to be representative of the community we serve," says Robert Higgins, director of the Department of Surgery and surgeon in chief of Johns Hopkins Medicine. "A critical part of my job is to recruit excellent candidates from all backgrounds, especially those who are women and underrepresented minorities."

(continued on page 6)

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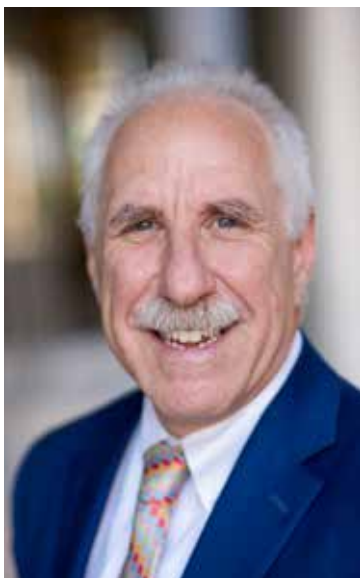
In Defense of a Beaten Path

PAUL B. ROTHMAN, M.D.
DEAN OF THE MEDICAL FACULTY
CEO, JOHNS HOPKINS MEDICINE



In American health care, there can be considerable differences in the way we treat two patients with the same diagnosis. Although these differences often are justified, this variation is sometimes based not on a patient's special characteristics, or what the data indicates, or even a physician's intuition—but rather on our own habits as practitioners.

Scholars of health care have a name for this phenomenon—unwarranted variation—and it is one of the most relentless problems in medicine. While estimates vary, unfounded variation in care adds up to as much as $600 billion in avoidable health care spending per year in the United States. Reducing this clinical variation is not just a cost-control measure; it is a necessary step toward better outcomes and more satisfied patients. Knowing that preventable medical errors are a leading cause of death in this country provides tremendous incentive to follow proven protocols in typical cases.

Here's an example: Anterior cervical discectomy and fusion, or ACDF, is a type of neck surgery that involves removing a damaged disc to relieve spinal cord or nerve root pressure causing pain or numbness. In the past, each of the various orthopaedic surgeons and neurosurgeons at our five adult hospitals had their own set of orders governing pre- and postsurgical care.

For instance, some surgeons would have the patient go from recovery to the floor, where nurses feed patients and get them out of bed right away. Other surgeons would request a swallowing evaluation first. Some patients would be required to wear a neck collar and others would not. The timing of X-rays varied widely. All of that could tack days onto the recovery, depending on who operated. And, because the process varied by provider, even within the same hospital, residents and nurses had to memorize preferences specific to each surgeon. Moreover, patients would get jumbled signals.

So surgeons in our departments of neurosurgery and orthopaedics decided to see if they could establish a consistent, evidence-based care pathway for ACDF. They involved colleagues from Sibley Memorial Hospital and Suburban Hospital, nursing, occupational therapy, and others who formed a multidisciplinary Spine Clinical Community.

This team came up with a single optimal pathway that takes ACDF patients all the way from the beginning of their check-in through their hospital stay and discharge. Then came the harder part: getting others to buy in.

Initially, some resisted change. But physicians are scientists, and they respond to compelling data. Ultimately, the group persuaded surgeons by showing the benefits of streamlining care—including a one- to two-day reduction in average length of stay. Now, many across the system have adopted this pathway. They see that standardization brings clear expectations and fewer errors. Plus, everyone stays up-to-date on best practices.

Currently, Johns Hopkins Medicine has 21 clinical communities focused on quality-improvement projects in areas ranging from diabetes to clinical disinfection.

In a community of exceptionally gifted and experienced physicians, these efforts could be perceived as attacking their professional autonomy. Instead, we expect these projects to increase their creativity. First, an established care pathway gives us a standard for measuring new innovations and determining whether they actually make a difference in outcomes. Second, when we apply these protocols in straightforward cases, it frees up time and mental energy for physicians to operate more autonomously in complex cases and to focus their creativity on big-picture initiatives aimed at improving health care.

Most importantly, no administrators in central offices are handing down clinical order sets. In fact, you might describe this movement as replacing a physician's autonomy with physicians' autonomy—a profound distinction achieved by a shift of the apostrophe. I am confident that when you bring together world-class clinicians to share notes and strategize, their collective wisdom will improve health care in ways we have yet to imagine.

Johns Hopkins Medicine Enhances Language Access Services

The Johns Hopkins Hospital, Johns Hopkins Bayview Medical Center and Johns Hopkins Community Physicians have updated their medical interpretation policies that address how to provide services for patients with additional communication needs. The core requirements of these policies will extend to the rest of the entities within the Johns Hopkins Health System in the coming months.

At JHH, JHBMC and JHCP, staff can access enhanced tools to support interactions with patients, as well as their family members and friends who are deaf and hard of hearing, blind or partially sighted, or who have limited English proficiency (LEP)—including those who use sign language. Medical interpretation services are provided free to these patients and those involved in their medical care.

"Patients have a right to a full understanding of what's happening and what's needed during their care, and to participate in their own care," says Susana Velarde, assistant director of operations, Language Access Services for Johns Hopkins Medicine International.

Staff members who encounter LEP patients, family members and friends—for example, meeting with a hearing child whose parents are deaf or hard of hearing—must use one of the following medical interpretation methods during all medical conversations:

- **Over-the-Phone Interpretation**, using the phone to connect the patient and staff member to a qualified medical interpreter (non-English spoken languages).
- **Video Remote Interpretation**, using specially outfitted iPads to connect patients and providers with qualified medical interpretation through real-time video transmission (particularly important for sign language).
- **In-Person Interpretation**, using a qualified medical interpreter who comes to the patient's hospital room or doctor's appointment to interpret for the patient and the clinical team.

Collectively, these interpretation methods enable qualified medical interpretation in more than 200 languages.

Mandatory online training for all staff—clinical and nonclinical—is underway and will eventually extend to all employees throughout the health system.

—Karen Robinson

Learn more about Language Access Services: intranet.insidehopkinsmedicine.org/international/las-resources.html.

Shared Wisdom Guides Johns Hopkins Medicine's First Nursing Community

In 2011 when the Armstrong Institute for Patient Safety and Quality began convening clinical communities to improve and standardize patient care across Johns Hopkins Medicine, the groups were led by physicians. Now the health system has gained its first nursing clinical community: a team of 34 nurses led by Maria Koszalka, vice president of patient care services at Johns Hopkins Bayview Medical Center; and Joanne Miller, vice president of patient care services and chief nursing officer at Sibley Memorial Hospital.

The Nursing Quality Clinical Community is one of 21 clinical communities focused on quality-improvement projects across the system in areas such as cardiac surgery, diabetes and medication management. By building on the shared wisdom of its members, it aims to prevent harm, improve patient outcomes and experience, and reduce waste and cost.

The group is developing its organizational structure and gathering data from across all six hospitals. "We want to introduce performance-improvement plans for clinical outcomes that nursing staff has the unique ability to improve," Koszalka says. Examples of such efforts include patient falls, pressure ulcers, patient satisfaction and pain management.

"One of our goals is to learn and share evidence-based practices and disseminate these across all of our entities," Miller says.

The group, which meets once a month, includes representatives from nursing, quality, patient safety and operations.

—Sara Baker

Q&A Rebecca Canino: Taking Johns Hopkins Telemedicine to the Next Level

USING TELEMEDICINE, pediatricians can diagnose rashes and sore throats on children who are at home in their pajamas. Emergency doctors can assess patients in hospitals many miles away.

Those projects, already underway at Johns Hopkins Medicine, are just the beginning, says Rebecca Canino, administrative director of the Johns Hopkins Medicine Office of Telemedicine. Canino and clinical director Ingrid Zimmer-Galler, an ophthalmologist and medical director of the Wilmer Eye Institute satellite office in Frederick, are creating a telemedicine program that incorporates scheduling, documentation and billing within the Epic electronic medical records system. *Dome* sat down with Canino to talk about how Johns Hopkins is harnessing the power of telemedicine.

Q: Why did Johns Hopkins create the office of telemedicine?

A: Johns Hopkins has a long history of telemedicine innovation, but the projects were isolated in different specialties. It made sense for us to consolidate and support our remote care initiatives because telemedicine is an important part of our strategic plan, under the Integration pillar.

We established the office in July 2016 and spent our first year building the infrastructure and collaborating with clinical champions to pilot telemedicine programs.

Anyone can come to our office with proposals for new projects. One that we are working on now is providing remote retina eye exams for people with diabetes because these patients have a higher risk of eye damage. Johns Hopkins Community Physicians will conduct the tests and send the images to Wilmer specialists to interpret. If we catch problems early, we can save someone's vision.

Q: What are some of the hurdles to telemedicine expansion?

A: With telemedicine, we can reach patients who are far away, so being able to practice across state lines is important. The problem is that the physician has to hold a license in the state where the patient resides.

Our doctors treat Maryland patients, and many also have licenses to treat patients in other states. Hopkins is joining the national effort to look at how we can make it easier for doctors to reach more patients. This is important as we expand services like our medical second opinion. Patients in 11 states and 15 countries can send information about their cases to Johns Hopkins doctors who opt into the plan, and receive opinions about their illness and treatment—all within Epic.

Another challenge is reimbursement. The law says, if you can perform the equivalent service via telemedicine that you can provide in person, then you can bill for it. But each payer sets its own rules. For example, Medicaid typically won't pay for telemedicine visits in a patient's home. We're working closely with our government affairs people for change at the payer level, the state level and the national level.

We can already see change. Medicaid recently announced that it will cover remote monitoring in patient homes for diabetes, chronic obstructive pulmonary disease and congestive heart failure.

Q: What specialties have the most telemedicine potential?

A: Pediatrics is loving this. They are launching a program that will help them reach very sick kids on the Eastern Shore, saving the children and their families that three-hour drive. This really tugs on the heart strings.

Nicholas Maragakis, an expert in ALS [amyotrophic lateral sclerosis], can now do video visits with his Maryland patients in their homes. This means the caregivers don't have to pack up the patients, along with their wheelchairs and oxygen, and travel to the hospital. Even better, as many as three additional remote people can be on the video call, so patients can include a daughter who is at college or a spouse who is at work. This is patient- and family-centered care in action.

Q: Are there technological or age barriers to telemedicine?

A: Very few. Our goal is for patients to be able to access care from any device. You would think age would be a factor, but it's not. We have lots of older folks who are great on their smartphones. They are using all the tools, video chatting with their grandkids every day. It's the same technology to see your doctor. So, comfort with the technology seems to be individual, not generational.

Q: How many projects have come to you so far?

A: Right now, there are 31 projects on our list. We started the year with four. Our clinicians are very clear on what gaps need to be filled in order for them to reach their patients. For example, infectious disease specialists at The Johns Hopkins Hospital want to offer remote consultations to patients with HIV and hepatitis C in western Maryland, and we are working to make that happen. Pediatric cardiologists can now remotely assess irregular heartbeats in fetuses of mothers at Sibley Memorial Hospital clinics and talk through treatment plans with the parents in real time. Patients with eye trauma at the Howard County General Hospital Emergency Department can now be triaged by a remote ophthalmologist on call and avoid the cost and time of transferring to The Johns Hopkins Hospital.

If you can show us the gap, we can give you some options. People are very engaged and excited.

Learn more about recently launched telemedicine projects, and see a video about Johns Hopkins Telemedicine: hopkinsmedicine.org/dome.

—Interview by Karen Nitkin

The Johns Hopkins Hospital Women's Board Best Dressed Sale and Boutique: 50 Years of Fashion Finds and Fundraising to Benefit Patient Care

FISCAL YEAR 2018 GRANTS SUPPORTED BY THE SALE:

- **kitchenette for families in the pediatric intensive care unit**
- **contrast-enhancing ultrasound equipment**
- **school of medicine and school of nursing scholarships**

TOTAL: MORE THAN $900,000

PREVIEW PARTY FUNDRAISER:
NOV. 2, 2017

BEST DRESSED SALE:
NOV. 3-5, 2017

The Evergreen Museum & Library, Carriage House
4545 N. Charles Street, Baltimore, MD 21210
Friday, 9 a.m. to 6 p.m.; Saturday, 9 a.m. to 4 p.m.;
Sunday, 11 a.m. to 3 p.m.

Learn more at womensboard.jhmi.edu
See a timeline and video at hopkinsmedicine.org/dome

More Hopkins Staffers Are Putting Off Retirement

Growing numbers in hospital and med school mirror a U.S. trend

MIKE CIESIELSKI

Barbara Migeon, a leader in the field of human genetics, began her Johns Hopkins career in 1956. She is a full-time faculty member and continues to research and publish.

Last April, Johns Hopkins geneticist and pediatrics professor Barbara Migeon published a journal article that offers an explanation for why more babies are born male than female. She says the topic has been on her academic mind for a long time.

How long?

"About 40 years," she laughs.

Migeon, 86, continues to teach, research and publish. She's part of a growing number of Johns Hopkins staffers who, despite their eligibility to retire, aren't ready to hang up their blue and gold ID badges just yet.

As the baby boom generation reaches the age when retirement becomes an option, many workers age 66 and older are staying in the workforce. Whether by choice or by necessity, more Americans are working later into their lives.

According to a Pew Research Center breakdown of 2016 data from the federal Bureau of Labor Statistics, nearly 20 percent of Americans 65 and older are still working, up from about 13 percent in 2000.

The workforces at The Johns Hopkins Hospital and the Johns Hopkins University School of Medicine reflect that trend. Human resources data show that, between 2007 and 2016, the number of full-time workers 66 and older employed by The Johns Hopkins Hospital increased from 81 to 169, or from 1 to 1.8 percent of hospital staff. At the Johns Hopkins University School of Medicine, the number more than tripled to 379—representing 4.3 percent of the staff.

Experts say that, while economic concerns play an undeniable role in retirement decisions, many other factors are at play.

"For a lot of people at institutions like Johns Hopkins, identity is very much a part of working later in life," says Jacquelyn James, co-director of The Center on Aging & Work at Boston College. James has studied older workers in hospitals and higher education.

Migeon has been at Johns Hopkins for 61 years and founded the school of medicine's Ph.D. program in human genetics in 1978.

"I still get a big kick out of what I do," she says. "I'm able to work, so why wouldn't I?"

Migeon ran a genetics research lab at Johns Hopkins until 2003, when her NIH grant ended.

"The world is different than it was when I began this work," she says. "I don't need an active lab to do research. There are all these wonderful databases now that we can explore for our work."

After plumbing one of those databases, Migeon published her more-males-born-than-females article in the journal *PLOS ONE*. Migeon and her colleagues propose that female embryos that duplicate a specific region of a particular chromosome do not survive. Her long career as a leader in the field of genetics has yielded many such discoveries.

Migeon points to Johns Hopkins students as a source of inspiration that helps fuel her desire to work.

"I have lunch almost every day with graduate students," Migeon says. "We learn from each other, and we share a real drive to know more. It's a wonderful environment."

She says her job has also allowed her to do things many people wait until retirement to do.

"You hear people say that they're going to travel when they retire," she says. But having spent decades discussing her work at genetics conferences in Paris, Berlin, Venice and many other great cities, "I've been fortunate to be able to do a lot of traveling for my job," Migeon says.

"Many older employees have experience and institutional knowledge we don't want to lose. It's so valuable when they can stay a while longer and share it."

—HEIDI CONWAY, VICE PRESIDENT OF HUMAN RESOURCES, THE JOHNS HOPKINS UNIVERSITY

Critical Care Laboratory supervisor Michael Engelstad is part of one of the fastest-growing segments of post-retirement age staffers at Johns Hopkins. The number of hospital employees between the age of 66 and 70 doubled from 2007 to 2016.

MIKE CIESIELSKI

Though the percentage of post-retirement-age staffers is higher among employees of the school of medicine than the hospital, the trend of working past retirement age is by no means limited to faculty.

Michael Engelstad, 67, began his career as a medical technician at The Johns Hopkins Hospital in 1975, when lab tests were performed and delivered by hand.

Today, he supervises the Critical Care Laboratory, which provides the hospital's pediatric and adult intensive care units with around-the-clock results for blood tests such as hemoglobin and blood gases.

"I love what I do and I'm proud of the work we do at Johns Hopkins," says Engelstad. "The longer I'm here, the more I realize how important this work is."

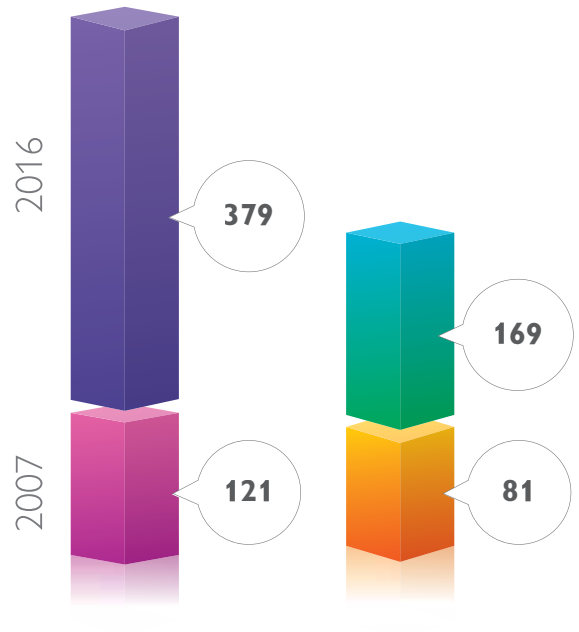
Engelstad's career began in the hospital's Carnegie Building before moving to the basement of Meyer. Today, the lab is on the fifth floor of the Sheikh Zayed Tower, nestled conveniently among the units it serves.

He believes that baby boomers, and older workers in general, often have a useful perspective that comes only from years on a job. "You could look at what we do in the Critical Care Lab as just a process," he says. "But I think there's no substitute for the experience of knowing why that process is in place."

Engelstad schedules three shifts of laboratory staff and knows which technicians are strongest in which skills and specialties. He says the lab's goal is a 15-minute turn-around of results. After 41 years in a high-pressure job where a mix-up could be catastrophic, Engelstad says he's considered retirement.

"But I feel great, I have a lot of energy and I enjoy coming to work," he says.

NUMBER OF FULL-TIME EMPLOYEES AGES 66+



Johns Hopkins University School of Medicine

The Johns Hopkins Hospital

TOTAL INCREASE OVER 9 YEARS

Johns Hopkins University School of Medicine

The Johns Hopkins Hospital

Engelstad is part of one of the fastest-growing segments of post-retirement age staffers at Johns Hopkins: The number of hospital employees between the age of 66 and 70 doubled to 132 from 2007 to 2016.

That age group is growing even faster in the school of medicine, increasing from 84 in 2007 to 284 in 2016.

"Productivity is what matters," says Inez Stewart, senior vice president of human resources at Johns Hopkins Medicine. "Just because a person is a certain age doesn't mean that person is no longer useful or productive."

University human resources vice president Heidi Conway says the full-time statistics don't begin to reflect the many older employees who choose to continue working part-time hours.

The last 10 years, Conway says, have changed traditional views of retirement. The economic recession of the late 2000s, she says, forced many workers to adjust their long-term plans.

"We've had numerous employees transition to retirement gradually," she says. "They have experience and institutional knowledge that we don't want to lose. It's so valuable when they can stay a while longer and share it."

Tay McNamara, co-director at Boston College's Center on Aging & Work, says people with academic jobs tend to work longer than people whose jobs regularly demand more physical labor.

McNamara says that, as people live longer and healthier lives, many find they still have the drive to continue their careers as they get older. "People are not experiencing age the way they used to," she says. "While it's not universal, they're more likely to still be quite healthy at 66 and look at a long future of work."

Take community health administrator Adrian Mosley, 66, who started at Johns Hopkins as a pediatric social worker in 1979. Since 1994, she has served as a liaison to East Baltimore, running programs such as Faith and Food, a six-week nutrition-education program that Mosley offers through Bible-study groups at African-American churches. Her years at Johns Hopkins have allowed her to define and sculpt her own position to meet the needs of the neighborhoods and communities she serves.

"My career is just so fulfilling," she says. "It's great to know that God's purpose for my life also happens to be my job."

—Patrick Smith

Social worker Adrian Mosley manages nutrition, CPR and other programs for Johns Hopkins Medicine's Office of Community Health.

MIKE CIESIELSKI

Celebrating Our Diverse Community of Dedicated Employees

This year, The Johns Hopkins Hospital and The Johns Hopkins Health System Corporation will celebrate more than 800 employees who have achieved a milestone workforce anniversary of 10, 20, 30, 40 or 50 years.

All are invited to attend the annual service awards ceremony on Monday, Sept. 11, from noon to 1:30 p.m. in Turner Auditorium on the East Baltimore campus. Ten frontline employees will receive The Edward A. Halle Prize for Excellence in Patient Service Award.

Special congratulations go to seven people celebrating their 50-year work anniversaries: Brenda Carter, Theresa Ford, Johnny Hall, Lewis Jones, Robert Kuhn, Jane Tolentino and Mary Wallner. Thirty-three employees are celebrating a 40-year anniversary, 87 are marking their 30th anniversary, 169 are celebrating 20 years at Hopkins and more than 530 have reached the 10-year milestone.

–Katelynn Sachs

The Rise of Female Surgeons at Johns Hopkins

(continued from page 1)

In 1948, Rowena Spencer was the first woman in the surgical residency program at The Johns Hopkins Hospital.

Higgins has worked to create a more inclusive and diverse environment. When he succeeded Freischlag in 2015, no woman had ever served as chief of one of the Department of Surgery's divisions. Now women head three out of seven divisions. Gina Adrales leads minimally invasive surgery; Ahuja helms surgical oncology; and Jennifer Lawton, hired as associate chief of cardiac surgery in 2016, was promoted to chief later the same year.

Adrales, recruited by Higgins from Dartmouth College, was the first. "It's such an honor," she says. "But it was also a little startling that it took until 2016."

That same year, Higgins' office established WISH, or Women in Surgery at Hopkins, which holds twice-a-year dinners where female surgeons socialize and compare notes. They discuss challenges, such as patients who refuse treatment from female surgeons, while praising the support they receive from school of medicine peers and leadership.

They also talk about how much they love their jobs. "There's nothing like taking patients from certain death through a huge operation and hearing them say they feel better than they have in years," says Lawton.

Lawton recently completed a term as president of the national Women in Thoracic Surgery nonprofit. While there, she established a fund that pays travel expenses for general surgery residents to shadow female cardiothoracic surgeons, since only about 3 percent of cardiac surgeons are women.

"I hear from women who say they're nervous because they don't see anyone who looks like them," she says. "I'm hoping over time to change that."

A Collaborative Atmosphere

That change is happening, and not just in the Department of Surgery. The residency program in the Department of Neurosurgery is now nearly a third female, and all four residents in the 2023 postgraduate class are women.

That's important to pediatric neurosurgeon Mari Groves, who joined the residency program in 2007 and stayed on as faculty. She and others praise the department's director, Henry Brem, for supporting work-life balance—as much as possible, given the physical and emotional demands of the work.

"We place a high value on family interactions so that our surgeons are happy and well balanced," says Brem.

"It's not that he's singling out women; he's supportive of all residents and faculty," says Judy Huang, vice chair of the neurosurgery department, who was the first woman to join the neurosurgery faculty when she came to Johns Hopkins in 2002.

Neurosurgery professor Shenandoah Robinson, who joined Johns Hopkins last year, describes an "invigorating, collaborative atmosphere" that allows her and other surgeons in the department to reach their full potential.

The Pioneers

Founded in 1893, the school of medicine was the first graduate-level medical school in the nation to accept women, a condition imposed by the four women who donated the funds needed to start the school.

Elizabeth Hurdon, hired in 1897 as assistant gynecologist, was the first woman on the medical staff of The Johns Hopkins Hospital and the first to be on the faculty of the school of medicine at the same time. Hurdon was born in England and earned her medical degree in Canada. While at Hopkins, she taught and conducted research, but it's unclear if she was allowed to perform the surgery for which she was trained.

One photo shows her wearing a dark dress and a serious expression, standing in a sea of men arrayed behind Howard Kelly, one of four founding physicians of The Johns Hopkins Hospital and the man widely credited with creating gynecology as a medical specialty.

Fifty years later, Rowena Spencer, a 1947 graduate of the school of medicine, became the first female surgery intern at The Johns Hopkins Hospital. She went on to become the first female surgeon and the first pediatric surgeon of either gender in her native Louisiana.

Reflecting on her Hopkins residency in 1992, Spencer remembered that she had to fight for permission to participate in the urology rotation because it wasn't considered appropriate for a woman to treat male anatomy.

Hurdon, Spencer and so many other women refused to relinquish their ambitions. But the message that women can't be surgeons is slow to disappear.

In 2003, while Freischlag and Huang were breaking gender barriers at Johns Hopkins, Miho Tanaka was a student at New York Medical College, listening in disbelief as an adviser told her that women couldn't be orthopaedic surgeons.

Tanaka had known since she was 11 that she wanted to join the specialty. So that's what she did.

After her Johns Hopkins residency, she practiced in St. Louis, earning a World Series ring for treating members of the St. Louis Cardinals baseball team. Then, in 2015, the former Stanford University track and field star returned to Hopkins to build a women's sports medicine program.

BY THE NUMBERS

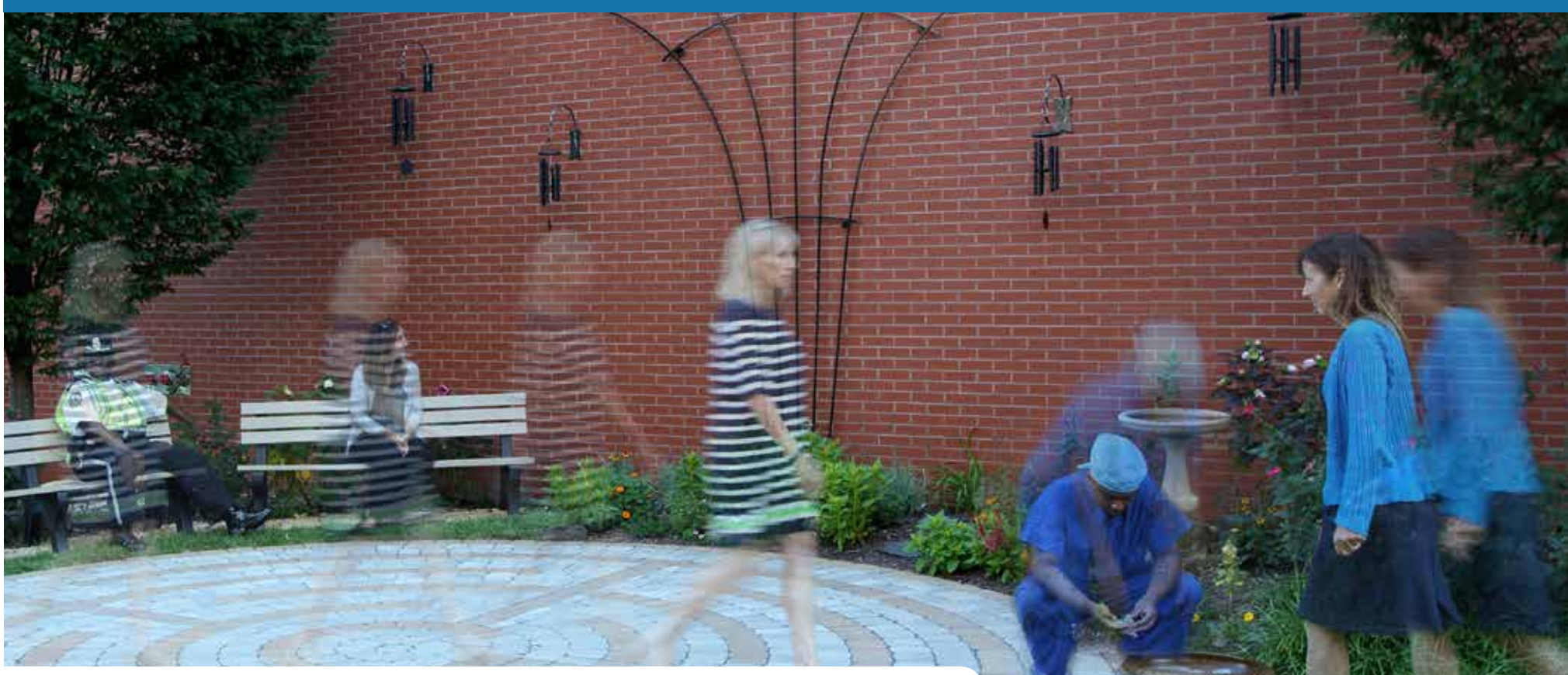
The surgical staff of the Johns Hopkins Hospital and the Johns Hopkins Bayview Medical Center is 30 percent female, with 88 women and 266 men actively appointed as attending-level surgeons.

Six years after she completed her orthopaedic surgery residency, Tanaka's specialty remains about 95 percent male. Tanaka is often invited to give advice to female medical students.

"I tell them, just because it's never been done before doesn't mean it's not possible," she says. "If I listened every time someone said no, I wouldn't be here. The world is changing and it's changing because of people like me and like you."

–Karen Nitkin

A meeting of WISH (Women in Surgery at Hopkins) at The Center Club in June. See hopkinsmedicine.org/dome for a who's who.



A Place Where Empathy Is Tangible

Johns Hopkins medical students lead a drive to create a garden honoring those who contribute to their medical education.

It was once an in-between space, a strip of lawn unnoticed by passersby hurrying to the Armstrong Medical Education Building, The Johns Hopkins Hospital and the employee parking garage.

Now it's an invitation to visit. A small garden beckons with two benches, a brick labyrinth, wind chimes, flowering vines, roses and Russian sage. A granite plaque bears the words of the medical students who championed the creation of this place:

This garden memorializes the people who in life or after death contributed to our medical education and thus to the care of our future patients.

Anna Goddu, one of the students who led the effort, considers the garden to be a "striking reminder of the humanity of the patients whose lives we hope to support."

The project took shape two years ago when Goddu and other first-year students were pondering how best to honor the anonymous people whose bodies were donated for their human anatomy course. Although it was already traditional to hold a memorial service at the end of the eight-week session, the students sought a permanent, and public, form of recognition.

At the same time, they wished to show appreciation for the generosity of volunteer outpatients who helped them learn how to take patient histories and conduct physical exams as part of their first-year Clinical Foundations of Medicine class.

They devised a plan to fashion a living tribute on a portion of the lawn west of the medical education building. This garden would also serve as a place for reflection, where all members of Johns Hopkins and its surrounding community could find "moments of serenity."

The idea was met with enthusiasm by leaders: Rob Shochet, director of the Clinical Foundations of Medicine course; Christopher Ruff, director for the human anatomy course; Roy Ziegelstein, vice dean for education; Landon King, executive vice dean for the school of medicine; and Paul B. Rothman, dean of the medical faculty and CEO of Johns Hopkins Medicine.

In the end, the newly landscaped area cost about $20,000 and was paid for by institutional funds and donations.

Pam Guevarra-Johnson, interim director of design and construction for the school of medicine, oversaw the work. "I've not had a project this heartwarming in a long time," she says. "It was a very collaborative effort. Everyone was interested in this and passionate about the students' mission to honor these folks."

Goddu says that the idea was shaped by difficult conversations that began when the class discovered that not all the bodies in the anatomy lab had been willingly donated.

> "There has been no permanent memorial, until now, that acknowledges their gift."
>
> —JASON THEIS, MEDICAL STUDENT

The Maryland Anatomy Board, which provides cadavers to medical schools, receives the majority of its bodies from individuals who fill out consent forms before their deaths. However, roughly a third of the bodies that come to anatomy labs in the state are unclaimed, meaning that they died without an estate, insurance or will, and that their family members could not be located or were unable to take custody of them. In such cases, the anatomy board can decide to dedicate the bodies to medical education.

"When we [the class] realized that not all the bodies were donated voluntarily, we felt shaken to our core," Goddu says. "We had adopted this perspective that allowed us to think the dissection was mutual, that we had permission to look into the literal depths of somebody's body."

Wondering which cadavers were donated and considering the ethical framework of human dissections motivated students to create an e-lecture on the history of medical anatomy courses as well as a way to recognize generations of anonymous individuals.

"There are buildings all over Hopkins named after donors, and I am forever grateful for their financial contributions," says medical student Jason Theis. "Yet this group of people, whether they chose to or not, had their bodies donated to us. There has been no permanent memorial, until now, that acknowledges their gift."

One of the living volunteers this garden honors is Ruth Cronheim. A retired analyst for the Central Intelligence Agency—her area was Soviet strategic military affairs—she works with first-year medical students who are trying to learn how to communicate well with patients.

As a participant in the Clinical Foundations of Medicine course for the past eight years, this longtime Johns Hopkins patient has shared her medical, family and social histories with hundreds of young women and men who are sometimes so shy that they resist looking at her directly.

By the end of the course, however, Cronheim says that students have not only learned how to listen to their patients but also how to instill confidence in them. "Johns Hopkins works at building what I call tangible empathy. They make it something that you can literally touch," she says.

What does she think of the way in which the institution is showing its gratitude?

"I am so not surprised," she says. "This garden is most definitely an example of tangible empathy—and it's deeply, deeply touching."

–Linell Smith

Each element of the garden has a story. Read them at hopkinsmedicine.org/dome.

CBS Correspondent to Address Women's Conference

A Woman's Journey, Johns Hopkins Medicine's annual conference on women's health, will take place on **Saturday, Nov. 11, from 8:15 a.m. to 4:30 p.m.** at the Hilton Baltimore Hotel, 401 W. Pratt St. Now in its 23rd year, the event brings together nearly 40 Johns Hopkins Medicine experts to discuss new and compelling information regarding advances in medicine. Women can attend four seminars on topics such as the debate about the opioid epidemic; how to prevent bone fractures; and the science of supplements, and foods to reduce inflammation.

The keynote speaker is CBS News' *60 Minutes* correspondent Lara Logan, pictured at right, who will chronicle the lives of women in war-torn communities around the world and share her harrowing experiences covering the fall of Egyptian dictator Hosni Mubarak in Tahrir Square in 2011. In addition, during a lunch presentation, patient Stephanie Joho will recount her unexpected survival following a diagnosis of advanced colon cancer, thanks to a novel immunotherapy treatment. Dozens of faculty members will be on hand for a "Dessert with the Experts" to answer general questions about their medical specialties.

New this year are sessions on how precision medicine is successfully targeting certain cancers, and a new initiative to combat the alarming frequency of diagnostic errors. Employee discounts and continuing education credits are available. To learn more and to register, call 410-955-8660 or visit hopkinsmedicine.org/awomansjourney.

Watch a video about the event: bit.ly/awj2017.

New VP/CFO

Mark Hingtgen, M.P.A., has been appointed a vice president of Johns Hopkins Medicine and chief financial officer for the school of medicine. Hingtgen has more than 28 years of operational and financial experience within academic medical centers, having most recently served as assistant vice president for finance for University of Iowa Health Care.

New Senior Associate Dean

Nauder Faraday, M.D., M.P.H., professor of anesthesiology and critical care medicine, has been named senior associate dean of faculty development for the school of medicine. Faraday is director of perioperative genomic and translational research, the perioperative hemostasis and thrombosis research laboratory, and the clinical research core for his department.

JHH's CEO Cancer Gold Standard

The Johns Hopkins Hospital has been recognized by the CEO Roundtable on Cancer, a national nonprofit organization of chief executive officers, with its CEO Cancer Gold Standard Accreditation Award. The accolade recognizes the hospital's efforts to reduce the risk of cancer for its employees and family members.

Premier Award

The Johns Hopkins Bayview Medical Center and **Sibley Memorial Hospital** each have received awards for reducing preventable hospital-acquired conditions and readmissions. Both hospitals were honored by Premier, Inc., a leading health care improvement company, affiliated with the federal Partnership for Patients Hospital Engagement Networks 2.0 initiative to enhance patient safety and quality of care.

EAST BALTIMORE

Martin Brodsky, Ph.D., Sc.M., associate professor of physical medicine and rehabilitation, has been elected a fellow of the American Speech-Language-Hearing Association. The award recognizes an individual's professional achievements.

Namandje Bumpus, Ph.D., associate professor in the Department of Medicine's Division of Clinical Pharmacology and the Department of Pharmacology and Molecular Sciences, has become a senior consulting strategist for Academic and Research Diversity. She had served as associate dean for institutional and student equity.

Theodore DeWeese, M.D., Johns Hopkins Medicine's vice president for interdisciplinary patient care, professor and director of the Department of Radiation Oncology and Molecular Radiation Sciences, and professor of urology, has become president-elect of the American Society for Radiation Oncology.

Eloiza Domingo-Snyder, senior director of diversity, inclusion and cultural competency, and deputy chief diversity officer for Johns Hopkins Medicine, has been named to the 2017 VIP List—Very Important Professionals Successful by 40—of *The Daily Record*, Baltimore's legal, business and government newspaper.

Marlis Gonzalez-Fernandez, M.D., Ph.D., associate professor and medical director of the Outpatient Physical Medicine and Rehabilitation Clinics, has been named vice chair for clinical operations in the Department of Physical Medicine and Rehabilitation.

Damon Hughes, M.C.A., manager of supplier diversity and inclusion for the Johns Hopkins Health System, has received a 2017 Diversity Solution Award from the Maryland Minority Contractors Association.

Risha Irvin, M.D., M.P.H., assistant professor of medicine, has been awarded the Association of American Medical Colleges' 2017 Herbert W. Nickens Faculty Fellowship. It includes a $15,000 grant to support a detailed project addressing racial and ethnic disparities in health care.

Mahadevappa Mahesh, M.S., Ph.D., professor of radiology and chief physicist of The Johns Hopkins Hospital, has been elected to the National Council on Radiation Protection and Measurements. Chartered by the federal government, the 100-member council formulates and disseminates information, guidance and recommendations on radiation protection and measurements.

Michael Miller, Ph.D., professor of biomedical engineering, has been named director of the department. A member of the department since 1998 and an international leader in medical imaging and brain mapping, he also directs the Center for Imaging Science in the Whiting School of Engineering.

Erica Shelton, M.D., M.P.H., assistant professor of emergency medicine, has been appointed by Maryland Gov. Larry Hogan to a four-year term on the Maryland Community Health Resources Commission. She will provide guidance to the state about resource allocation for community-based health programs.

Seamus Whelton, M.D., M.P.H., an internal medicine fellow in the Division of Cardiology, has received the 2017 PJ Schafer Cardiovascular Research Fund Award. Named in memory of Paul (PJ) Schafer III, who died of premature heart disease while playing college lacrosse, the $20,000 award will fund Whelton's research into the prevention of heart disease and sudden cardiac death.

John Wong, Ph.D., professor of radiation oncology and molecular radiology and head of the Division of Medical Physics, has received the American Association of Physicists in Medicine's 2017 Edith H. Quimby Lifetime Achievement Award. Wong developed the technology that gives radiation oncologists the ability to create CT images at the same time the patient receives radiation, transforming radiation therapy.

PATTI TRUANT ANDERSON

QUITE A STRETCH: The lush green lawn next to the Miller Research Building hosts a summer series of free yoga classes through September. Sponsored by the University Health Services Office of Wellness and Health Promotion, the weekly classes are also held in Eager Park at Wolfe and Ashland streets. For a list of dates and times, go to hopkinsmedicine.org/uhs/yoga.html.

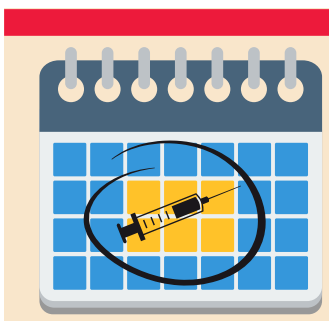
JOHNS HOPKINS BAYVIEW MEDICAL CENTER

Krishnaj Gourab, M.B.B.S., M.D., assistant professor of physical medicine and rehabilitation, has been appointed director of the Department of Physical Medicine and Rehabilitation. He joined the department in 2013 and had served as its interim director since September 2016.

Jonathan Zenilman, M.D., professor of medicine and director of the Division of Infectious Diseases, has been named director of the Armstrong Institute for Patient Safety and Quality's new location at the Johns Hopkins Bayview Medical Center.

HOWARD COUNTY GENERAL HOSPITAL

For the 10th consecutive year, Howard County General Hospital has received the American Heart Association/American Stroke Association's Get With the Guidelines-Stroke Gold Plus Quality Achievement Award with Target: Stroke Honor Roll-Elite. The award recognizes the hospital's commitment to providing the most appropriate stroke treatment.



Getting Your Flu Vaccination

Under the Johns Hopkins Medicine Influenza Vaccination Policy, every staff and faculty member, resident, postdoctoral fellow, medical student and volunteer who works with patients, works in a patient care area or who works in clinical buildings as designated in the policy must receive a flu vaccination. This year's campaign begins in October. However, you can visit a participating Walgreen's location for a flu vaccination starting in mid-to-late September.

For more details about this year's program, visit bit.ly/fluvaccinfo

JOHNS HOPKINS HOME CARE GROUP

Mitra Gavgani, Pharm.D., senior director of specialty infusion services, has been promoted to vice president of pharmacy services. She will continue to lead infusion services while assuming responsibility for the Johns Hopkins Outpatient Pharmacy.

Nathan Thompson, R.Ph., M.B.A., M.P.H., former senior director of outpatient and specialty pharmacies, has been promoted to vice president of strategic alignment, business development and marketing.

SIBLEY MEMORIAL HOSPITAL

The Emergency Department has received a 2017 Lantern Award from the Emergency Nurses Association in recognition of its "exceptionally innovative" performance in the core areas of nursing leadership, practice, education, advocacy and research.

JOHNS HOPKINS COMMUNITY PHYSICIANS

Melissa Helicke, M.B.A., M.H.A., has been promoted to vice president of operations and chief operating officer. A veteran administrator and former assistant dean at Johns Hopkins Bayview Medical Center, Helicke joined JHCP in 2014 and has helped integrate operations across the Office of Johns Hopkins Physicians.

JOHNS HOPKINS ALL CHILDREN'S HOSPITAL

Jen Arnold, M.D., M.Sc., has been named medical director of the hospital's expanding Simulation Center. Previously, she spent nine years as medical director of simulation at Texas Children's Hospital in Houston. A neonatologist who received her medical degree at Johns Hopkins, Arnold and her husband are featured on the TLC network program, *The Little Couple*.

Dome

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Suburban Hospital
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