

Aequanimitas



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

Summer 2020



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All Together Now: Building a More Inclusive Osler Residency Program

Meron Hirpa, an Osler internal medicine resident and chair of the House Staff Diversity Council, has made outreach to underrepresented in medicine (URM) students a part of her life.

“I’m of Ethiopian descent and the first physician in my family,” she says. “Mentors were key to helping me navigate my medical career and to providing me with the assurance that I belong in medicine. I am committed to helping those who come from similar backgrounds to show them that it is possible to train at a leading institution like Johns Hopkins.”

She tutored and mentored throughout high school, college and medical school. Though she didn’t do it for

the recognition, she believes the work boosted her school admission prospects. Her efforts continued when she became a resident at Johns Hopkins. In addition to chairing the Diversity Council, which she helped create in 2018, Hirpa describes herself as “sort of the go-to person for recruiting.”

Yet, as she winds down her residency, she worries that those efforts have taken time away from the research and clinical work that would have helped her career.

In essence, she’s been paying a “minority tax,” a term that describes the additional and usually uncompensated work of promoting diversity and inclusion. Minority tax assignments include educating the majority, mentoring and recruiting members of a minority group, and serving on diversity

boards and task forces. These efforts fall disproportionately to underrepresented minorities — under the assumption that they are uniquely qualified or motivated to do them.

In an October 2019 opinion piece in *Annals of Internal Medicine*, Johns Hopkins nephrologist **Deidra Crews** (Osler, 2006), associate vice chair for diversity and inclusion in the Department of Medicine, and cardiologist **Roy Ziegelstein** (Osler, 1989), vice dean for education, take the minority tax concept a step further.

They describe a “majority subsidy” that occurs “when diversity and inclusion are ‘owned’ primarily by a small number of persons,” yet benefit the entire institution.

(Continued on page 2)



Rising to an Unprecedented Occasion

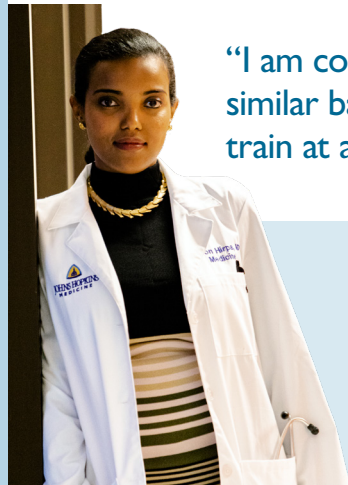
The COVID-19 pandemic has touched every part of our society, and we in the Osler Residency Program are among those in our health system most affected by it. From the outset, our residents were the first and largest single group of physicians to respond to urgent needs. By the time the surge of COVID-19 cases is behind us, our residents will have been the longest-serving responders.

I am in awe of their resilience and resourcefulness. They have developed new models of delivery, supervision and education. Although many of these changes were forced on them, our residents were deliberate enough to ensure that they were innovative. Because of this foresight, many of the changes made helped us “leapfrog” into a better state. For example, we now have residents helping our inpatient teams virtually, Zoom-based education and social forums, and more effective patient-centered clinical delivery systems. Those efforts will no doubt endure.

The Osler residents have been a bright spot in this crisis. When called, they responded swiftly. They sacrificed time with their families — to support patient care. They brought conviction and passion. They served as role models.

As always, our Osler residents exceeded every possible expectation. I believe that all of you, like me, will never be more proud of them than we are at this moment. ■

Sanjay Desai, Director
Osler Medical Residency Program



“I am committed to helping those who come from similar backgrounds to show them that it is possible to train at a leading institution like Johns Hopkins.”

—Meron Hirpa

What Is URM?

URM stands for underrepresented in medicine, described by the Association of American Medical Colleges as “racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population.”

Currently, the term, also written as UIM, refers to African Americans, Hispanics and Native Americans.

The result is a system that penalizes the very people it is supposed to help, they write, while giving an unearned advantage to people who don’t expend similar effort.

Crews knows about this subsidy firsthand. “I get asked to do a lot of things that my colleagues who are more representative of the majority do not, by any stretch of the imagination, get asked to do,” she says.

“I’ve spoken at churches and schools. I’ve advised countless URM trainees and junior faculty, both at Hopkins and across the U.S. I delight in doing it, but it does take time away from the things that provide academic credit. The case we’re trying to make is ‘OK, if we’re going to do that, we need to get credit.’”

Crews and Ziegelstein propose several solutions. They recommend incentives for faculty who undergo mentoring and unconscious bias training, and write that all faculty members should be required to serve as mentors for URM trainees and junior faculty members. Performance metrics, particularly for leaders, “must be more explicitly tied to diversity efforts and outcomes,” they write.

Nationwide, underrepresented minorities make up 37% of the population but less than 10% of faculty positions, according to the Association of American Medical Colleges (AAMC).

Sanjay Desai (Osler, 2003), director of the Osler Medical Residency, says URM trainees

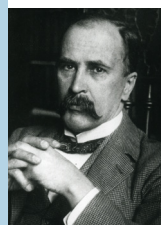
comprise 12.5% of the program’s population, a number that has changed little over the past five years. “We have a strong mission for diversity, but achieving it is challenging,” he says.

The department’s diversity council, led by Crews, plays a large role in recruitment, and is not comprised solely of URM members, he says. “They reach out to every URM applicant before they arrive. I interview every single applicant, and I’m not a URM.”

Yet Desai acknowledges that the work of attracting a diverse Osler population often falls to URM trainees and faculty. “We had a goal this year of having every URM applicant interviewed by a URM faculty member,” he says. “That’s clearly a minority tax. It’s what both applicants and the diversity council say they wanted, but we only had the numbers to do it about half the time. Meanwhile, just 5% of non-URM applicants were interviewed by URM faculty.”

Going forward, Desai plans more outreach to local universities, including Howard University and the University of Maryland, Baltimore County, to introduce URM students to opportunities at Johns Hopkins.

“I see that as a leadership responsibility,” he says. “I would not limit it to URM faculty. We’re really trying to send the message that diversity is beneficial to all of us, and that we all have a role and contribution in the mission.” ■



Support the Osler Fund for Scholarship

By investing in the future of our young doctors, we continue the legacy of William Osler to prepare and inspire the next generation of leaders. Your contribution supports educational opportunities for current residents to enhance their training — experiences that might not otherwise be possible. If you are interested in supporting our housestaff, contact Donna Bolin at 410-550-9893 or dbolin1@jhmi.edu. Thank you for your continued support. To make a gift online, please visit our website at bit.ly/oslerfundforscholarship.

Beyond the Dome

William “Bill” Kaelin Jr., M.D., 2019 Nobel laureate; Sidney Farber Professor of Medicine at the Dana-Farber Cancer Institute and Brigham and Women’s Hospital; Professor of Medicine, Harvard Medical School; and Howard Hughes Medical Institute Investigator

At 4:40 a.m. on Oct. 7, 2019, Bill Kaelin (Osler, 1983; assistant chief of service, Thayer Firm, 1986) was jolted awake by a phone call. The secretary of the Nobel Prize Committee informed him that he’d won the Nobel Prize in Physiology or Medicine. But Kaelin was confused — he’d just dreamt that *no one* from the committee called. “It was surreal when I picked up the phone,” he recalls. “I thought it was another dream.”

Kaelin shares the prize with Johns Hopkins scientist Gregg Semenza and University of Oxford’s Peter Ratcliffe for their groundbreaking discovery of the molecular pathway all multicellular animals use to sense and adapt to changes in oxygen levels.

Kaelin’s research focuses on von Hippel-Landau (VHL) disease, in which mutations in the VHL gene increase the risk for kidney cancer and other tumors. During the 1990s, Kaelin found that tumors with VHL gene mutations produce large amounts of molecular distress signals normally generated only when tissues are starved of oxygen. He and others went on to discover the molecular switch VHL uses to control the oxygen-sensitive protein hypoxia-inducible factor (HIF), which controls such distress signals. Since then, he’s been developing therapeutic strategies to target these molecules and others implicated in cancer.

A native of Rockville Centre, Long Island and Fairfield, Connecticut, Kaelin earned his M.D. from Duke University before matching at Johns Hopkins. After serving for a year as an assistant chief of service, he went on to complete an oncology fellowship at Dana-Farber, where he continues his research.

Though he was ecstatic about winning the Nobel, the news was bittersweet. His wife, Carolyn Scerbo — renowned breast cancer surgeon at Dana-Farber and founder of the Comprehensive Breast Health Center at Brigham and Women’s Hospital — couldn’t celebrate with him. She died in 2015, at age 54, from complications of brain cancer. The couple met at Johns Hopkins when she was a fourth-year medical student and he was an ACS. They married, had two children and settled in Boston.

What and who inspired you to become a physician-scientist? In high school and college, I gravitated toward math and computer science. I liked solving puzzles but didn’t want to sit in a back room on a computer. By choosing internal medicine, I thought I could apply my skills to clinical challenges and do good work. At Johns Hopkins, we saw lots of rare diseases. I credit **Victor McKusick** (Osler, 1946; founder of the Division of Medical Genetics, and later, chairman of the Department of Medicine and physician in chief at The Johns Hopkins Hospital) for solidifying my appreciation for medical history and genetics. I also benefited from attending a lecture oncologist Bert Vogelstein gave about applying molecular biology to colon cancer. At Dana-Farber, I had the privilege of working in David Livingston’s lab. He



Bill Kaelin is greeted with cheers from his lab team.

was at the forefront in studying so-called tumor suppressor genes. This prepared me to study the VHL tumor suppressor gene in my own lab.

Any other standout memories from your time at The Johns Hopkins Hospital? I remember the sense of history that permeates Hopkins. I felt proud to be a house officer and enjoyed great rapport with my colleagues. And, of course, that’s where I met my wife. From the moment I saw her at the Cooley Center, I knew she was the woman I would marry. Months later, I saw her walking into a utility room on Halsted 4, where specimens were kept. I followed her inside, introduced myself and asked her out on a date.

What might surprise people about how you reached this juncture? As a young clinician working in oncology in the 1980s, I realized there wasn’t much we could do for many of my patients, most of whom had been diagnosed before being referred to me. The joy of solving puzzles in the laboratory slowly replaced the joy I’d once experienced in my clinical diagnostic work. My clinical training, however, often provided clues that guided questions we asked in the lab and hypotheses we tested. It’s a great joy to solve scientific puzzles, especially when the answer turns out to be beautiful and elegant. When that knowledge actually touches a patient, it’s especially gratifying.

What advice would you give trainees who have a strong interest in becoming physician-scientists? The first lesson is that you don’t have to have a Ph.D. to do research. I am a physician-scientist, but I’m not an M.D./Ph.D. If you were smart enough to get into medical school, and have some residual curiosity (after all your memorization in medical school!), you might want to consider this path.

What’s been the best part about having won the Nobel? Sharing it with the people in my life who made it possible: friends, family, teachers, mentors, colleagues and trainees. Seeing how much pride and joy it has given them has been priceless. ■

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An Unmatched Match Day

Besides being the largest Match Day in National Resident Program Main Residency Program Match history, March 20, 2020 was notable for another reason: the absence of festivities. Gone were the cheers and embraces as fourth-year medical students opened their envelopes. By then, the coronavirus pandemic had begun in earnest. Hence, the life-altering news about where they matched took place virtually. That said, jubilant selfies and social media posts flooded the Osler Medical Residency site.

Worldwide, millions of people have since been diagnosed with COVID-19; hundreds of thousands have died from the disease. Many Osler trainees have been on the front lines of care.

We are delighted to welcome the newly minted M.D.s who matched at The Johns Hopkins Hospital's Osler Residency Program. ■

Class Notes

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

Arielle Abovich <i>University of Alabama</i>	Sheila Enoch <i>University of Pittsburgh</i>	Trent Johnson, Jr. <i>Ohio State University</i>	Keval Patel <i>Washington University, St. Louis</i>	URBAN HEALTH Wardah Athar <i>Yale University</i>
Daniel Ardeljan <i>Johns Hopkins</i>	Christine Farrell <i>University of Pennsylvania</i>	Brigitte Kazzi <i>Columbia University</i>	Jillian Peters <i>Brown University</i>	Rohini Chakravarthy <i>Vanderbilt University</i>
Wardah Athar <i>Yale University</i>	Brent Gudenkauf <i>Texas Tech</i>	Elizabeth Kiernan <i>Temple University</i>	Neha Rajpal <i>Georgetown University</i>	Bernard Rosal <i>New Mexico University</i>
Todd Brenner <i>Harvard University</i>	Franciska Gudenkauf <i>Baylor University</i>	Ann Kim <i>Case Western</i>	Zaid Safiullah <i>University of Pittsburgh</i>	Jenny Zhang <i>Hofstra University</i>
Justin Brilliant <i>University of Maryland</i>	Salem-Michael Harry-Hernandez <i>University of Connecticut</i>	Kristina Klara <i>Yale University</i>	Sima Sharara <i>American University of Beirut</i>	MEDICAL GENETICS Jeffrey Ehmsen <i>Johns Hopkins</i>
Caroline Cantilena <i>University of Kansas</i>	Amir Heravi <i>Johns Hopkins</i>	Steven Langerman <i>George Washington University</i>	Aarti Thakkar <i>Duke University</i>	MED/PEDS Joniqva Ceasar <i>Baylor University</i>
Stephan Castellanos <i>Baylor University</i>	Gloria Hong <i>Johns Hopkins</i>	Melvin Larker <i>Duke University</i>	Bhavya Varma <i>University of Pittsburgh</i>	Sophie Crinion <i>University of California, San Francisco</i>
Sara Corderman <i>SUNY Downstate</i>	Ling Huang <i>Albert Einstein</i>	Elizabeth Lee <i>University of Tennessee</i>	Laura Walsh <i>University of Virginia</i>	Christle Nwora <i>University of Texas, Southwestern</i>
Julie Coursen <i>University of South Carolina</i>	Robert Hughes <i>Johns Hopkins</i>	Andrew Maul <i>Harvard University</i>	Lawrence Wu <i>UT Southwestern</i>	Urveel Shah <i>University of Illinois</i>
Erica Crosley <i>Emory University</i>	Artrish Jefferson <i>Meharry</i>	Leonid Mirson <i>University of Pittsburgh</i>	Eric Xie <i>Johns Hopkins</i>	
Tracy Dodd <i>Louisiana State University</i>	Lauren Johnson <i>University of Pennsylvania</i>	Tamara Nunez <i>University of Illinois</i>	Fawzi Zghyer <i>Cornell Qatar</i>	
Jeffrey Ehmsen <i>Johns Hopkins</i>		Puja Panwar <i>Texas A&M</i>		



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