



# Straight Talk

## COVID Imprints



Department of Internal Medicine  
Wayne State University  
April 2020



The cover picture: COVID Imprints

During the initial surge of COVID patients, one day after returning from MICU, I took this selfie.

Many weeks later while searching for the pictures for this edition of the Newsletter, this one brought back strange feelings. I felt as if this one captured a painful period of our life.

One can only imagine the Invisible, Irreparable and Irreversible Imprints this Pandemic has left on us.

GS



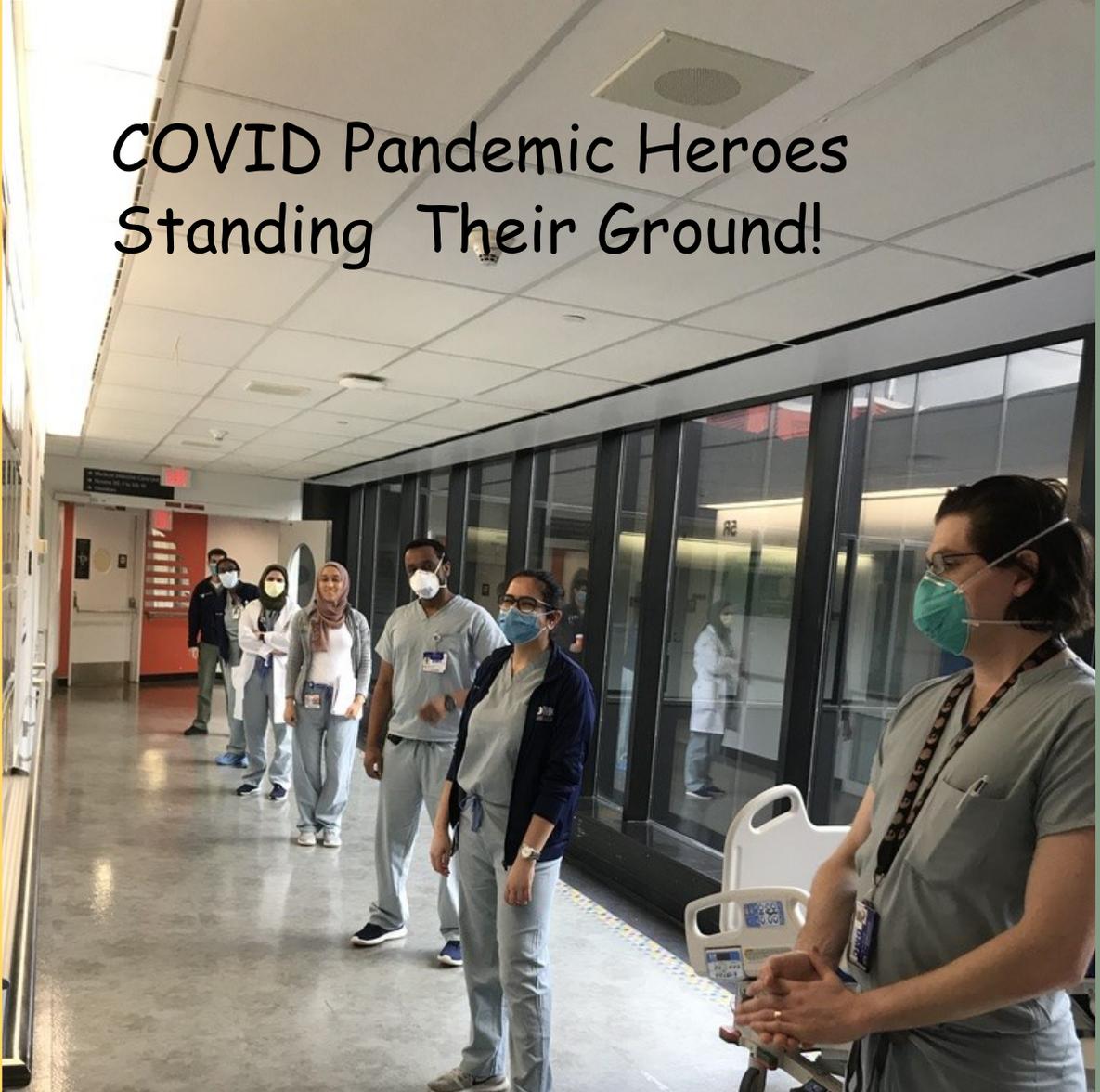
In honor of those who trusted us with their lives but did not make it,

In loving memory of those who lost the battle to COVID - 19 and were known to us directly or indirectly.

In this edition:  
Why not just take a  
tour?

Do not miss the last  
page!

# COVID Pandemic Heroes Standing Their Ground!



5/13/20

Adult Central Campus

THANK YOU FOR EVERYTHING YOU DO - EVERY DAY!

COVID-19 Celebrating Success!

56 TOTAL PATIENTS OFF VENTILATOR (Since 4/1/20)

63 PATIENTS DISCHARGED YESTERDAY

2351 TOTAL # PATIENTS DISCHARGED HOME & ON ROAD TO RECOVERY (3.1.20)

COMMUNITY BUILT ON CARE

Our Efforts Saving Lives

Not Shown : the one's who did not make it!

# Editors Note

## The COVID Pandemic Heroes

Physicians have always been exposed to various risks at work; exposure to pathogens, long hours, work place violence, medical malpractice law suites and 'physician burnout' to name a few. Never have the risks of exposure and physician burnout been so serious, overwhelming and life changing, as these are during the current pandemic. Protecting ourselves from the needle sticks, exposure to blood, flu or TB are routine. However, the dread of getting sick and being hooked up to life support or taking this menace home to loved ones, or be overwhelmed with the fear of its presence everywhere is unprecedented. While physicians in the emergency room, general internal medicine, critical care and anesthesiology, bedside nurses and respiratory therapists have been at the forefront of this fight, any specialist or any health care worker coming in contact with patients are risking their lives. All physicians and health care workers are in this together. Limitation of personal protective equipment and now scarce financial resources have made life more difficult and challenging for all of us. When nothing seems to work, our frustrations are beyond the limits. We often carry a heavy burden on our conscience, for not being able to save a life. Yet we are all committed to our mission to heal, provide comfort and for our department in particular, to provide leadership and be a role model for young generation of physicians. We hope we will never have to face similar situation in future, or at least be better prepared for it. Let us not forget our successes, the lives we saved, the blessing of having our loved ones to support us, our colleagues and friends to lean on when things get tough and above all the outpouring of support and appreciation from the community, showered from all over, even from the skies!

<https://www.facebook.com/ghulam.saydain/videos/1359087520946754/>

## Special Kudos Pulmonary Critical Care Fellows & Internal Medicine Residents

I believe as a group, our pulmonary and critical care fellows are doing an amazing job, taking the brunt of this onslaught by COVID pandemic. Night and days working continuously, taking care of the most critically ill patients, rushing in to perform life saving procedures, supervising residents and at the same time keeping attending physicians up-to-date with happenings in the ICUS (tolerating physicians like me; constantly asking more and more information...), at times dealing with scarce hospital resources, having difficult life and death discussions with families and then finally facing the moment when nothing seems to work! We are blessed to have a wonderful group of young physicians who are dedicated hardworking, energetic and knowledgeable. They make us proud! This may not be a common knowledge, but at any given time our patient's lives depend on the expertise of our on call pulmonary and critical care fellows, night and day. Most sought after physician commodity in the night, in the adult campus, is a pulmonary critical care fellow. Keep up the good work! We all appreciate your hard work and dedication!

Our internal medicine residents are doing a wonderful job. Often first to be on the scene managing patients diligently, making decisions along with fellows and attending physicians and providing continuous care to our patients day and night. It is not easy to face this kind of challenge while one is at a learning stage. Special shout out to our chief residents who provided guidance leadership and support to our residents.

We also want to acknowledge fellows and residents in other specialties who took care of COVID 19 patients; a special mention of those who volunteered to work alongside our fellows in ICUs (geriatrics, psychiatry... to name a few).

Ghulam Saydain



Our future holds promise!

You could not imagine from these pictures what they have gone through!

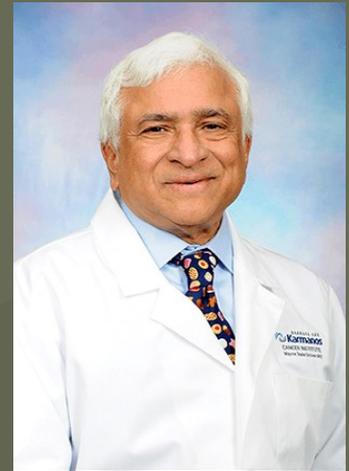
This just reflects the fighting spirit of our young generation of attendings, fellows residents, nurses and pharmacists

We are in safe hands!



# "Corona's Assault on Clinicians - A Lament"

Pranatharthi Chandrasekar MD  
Chief Division of Infectious Diseases



News of Coronavirus has eclipsed virtually everything else - hospital, medical school, home, television, streets, politics, and every aspect of life. Not much longer I sincerely hope.

What is life like for clinicians in the midst of COVID? Personal Protective Equipment has been scarce and Infection Control advises to keep traffic to a minimum in and out of COVID patients' rooms. As a result, many clinicians largely perform remote consultations, based on computerized data showing histories and physicals, laboratory information and radiology. No longer is there a team sitting together for patient discussion - the fellow sits in his/her room, the residents sit in their cubicles - all bleary eyed staring at the computer screen for long hours, and feverishly talking into their cell phones with one another. Students are to be found nowhere. The Emergency Room physician and/or the Internal Medicine resident may be the only physician that may have physically seen, talked with and examined the patient. Based on their single note, and laboratory data, most management decisions are made. What is missing in this picture?

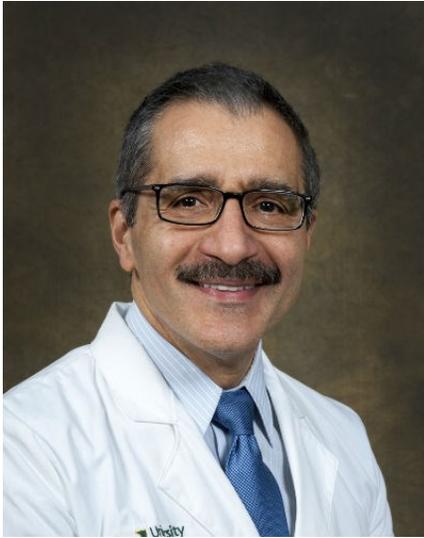
Continued...

"The soul of the consult" - the direct encounter between patient and the consultant - is absent! Clinicians have always prided themselves on making accurate diagnoses at the bedside just based on their skillful history taking and spot-on physical examinations. That has been a characteristic hallmark or bedrock of the internist. Staff may conclude that effective care can be planned and rendered based on computerized data alone and direct patient encounter may be superfluous, and can be dispensed with. There is speculation that this may become the standard of care in the future. Telemedicine flourishes, as human contact diminishes. Can the message be anymore wrong or dangerous?

Hold on. Even more importantly, without ever having seen the patient, there is no "connection" established. I cannot tie the data to a face and follow daily progress. Each day I ask the fellow for the whole story to be repeated. As such, it has become impossible to develop empathy or make human connection. Even transfer to the ICU does not have the impact or evoke a feeling it should; nothing stirs inside. Data remain as mere numbers and not felt as human suffering - the result of failure to connect. Thanks to Corona, the intangible value of connection has become more apparent and striking than ever before.

I long for the days when I can pull up a chair next to the patient, look him or her in the eye, establish trust through a smile, reassuring voice and gentle touch. Just as much as I long for this, am certain, the patient wishes the same even more so, don't you think?

# Leading the Way



Safwan Badr, MD

Chairman Dept. Of Medicine

Leading the department, managing the crisis at several levels and contributing to bed side care.

*(Tried to explain to him that COVID 19 does not care for physiology!)*



James Rowley, MD

Chief Division of Pulmonary Critical Care & Sleep Div.

While PCCM is at the forefront of inpatient COVID management, he Manages the team during crisis on multiple fronts, in addition to managing patients.

As the Chairman of the Pharmacy and Therapeutic committee for DMC system, he is instrumental in developing the various protocols and managing to keep it as much evidence based as possible.



Ayman Soubani, MD

As Director of Medical ICUs he has the responsibility of managing the team, implementing protocols, allocating resources and being in the trenches with fellows and residents.

His reports in the DMC wide leadership meetings were most organized, up to date and often very scary.....getting to know how few ventilators were available. He worked very well with partners in nursing and hospital administration.

Three pulmonologist on one page! COVID-19 hates the lungs !

# Leading the Way



Teena Chopra MD, MPH

Corporate Medical Director of Infection Prevention and Hospital Epidemiology and Antibiotic Stewardship

DMC and WSU

Leading DMC wide efforts against the COVID 19 and instrumental in developing resources for COVID 19 research.



Diane Levine MD

Vice Chair for Education

In addition to patient care championing the cause for medical students who have unfortunately not been able to come to bedside. Finding innovative ways to continue education



Renato Roxas MD

Interim Chief of General Internal Medicine

Large number of patients were managed by him and his team

Due to non availability of ICU beds, many critical patients were managed on medical floors



Jarrett Weinberger, M.D

Program Director Internal Medicine

A leader, friend philosopher and guide for our younger colleagues

Mobilized his troops on all fronts



Sanjay Revankar, M.D

Leading infection control team at Karmanos Hospital



Ijeoma Nnodim Opara, M.D

Pursuing her quest to decrease health care disparities is busy taking care of the Homeless affected by COVID

## Leading Clinical Operation During and after Pandemic



Aris Urbanes MD

Chief Medical Officer WSUPG

Made Telehealth a reality for the UPG. We are fortunate to have him lead our clinical operations team at a difficult time. Currently he is busy developing plans to enhance our clinical operations beyond the pandemic

Kudos to all faculty , residents , fellows and clinic staff who adapted to Telehealth very quickly



Rana El-Jaroudi MBA, MPH

Administrator, Department of Medicine is making sure that department of medicine remains financially stable during the pandemic and ensuring progress in future



Neelima Thati, MD

Leading Department Telehealth Initiative & Gen Med Ambulatory Operations



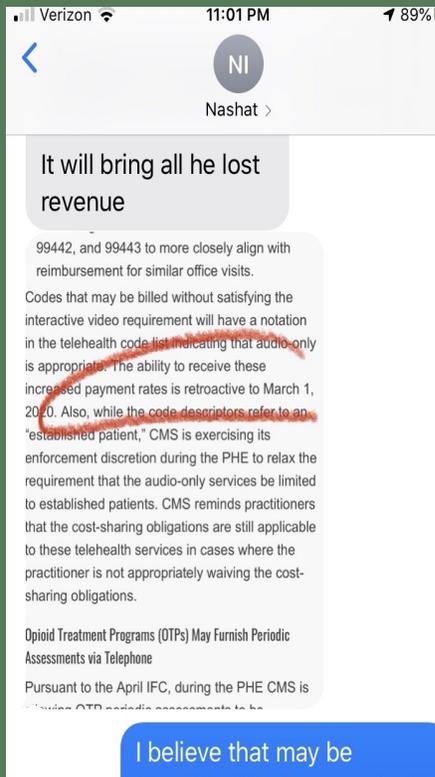
Heather Abraham, MD

Championing the operations in the GMAP clinic

We salute to the dedication of Nurse Shareece Williams, who lost both her father and her brother to COVID-19, but still came to work! Our heartfelt condolences and sympathies to her.



When you see the Chief (James Rowley) & Chairman (Safwan Badr) in scrubs and protective gear, things speak for themselves...



Noreen Rossi, MD  
 Shared one of her "clinical Vignettes" and getting ready to round and role!  
 Respect for COVID 19 expressed in the form of scrubs..

And then there are folks who are providing ideas and working hard to accomplish the mission of department of medicine  
 Note the time of the text sent me to!  
 Insomnia ....

Nashat Imran, MD

# Team Work at DMC



Seen here are Linda Park, ICU pharmacist, Kunwardeep Dhillon, MD, Zahia Esber, MD, Chetna Jinjuvadia, MD, James Rowley, MD & fellows and nursing team at DRH MICU. Also note donated PPE from well wishers

(Can you spot me?)

# Close to the battlefields



Writing on the (Glass ) Wall



ICU team having table round with Hannah Ferenchick, MD



During the Pandemic surge, two PCCM attending were leading the teams in each adult campus hospital at any time.

Can you identify them here ?

(see below)



(Linda Park is omnipresent)



We are ready!

Solomon,  
Soydun,  
Eshen,  
Ferenchick

Behind the scenes

# DMC Command Center



Drs. Ayman Soubani and Yahya Osman discussing pros and cons of different modalities of renal replacement therapy for COVID patients with nursing leadership

# Care of Vulnerable Population: Homeless & Prisoners



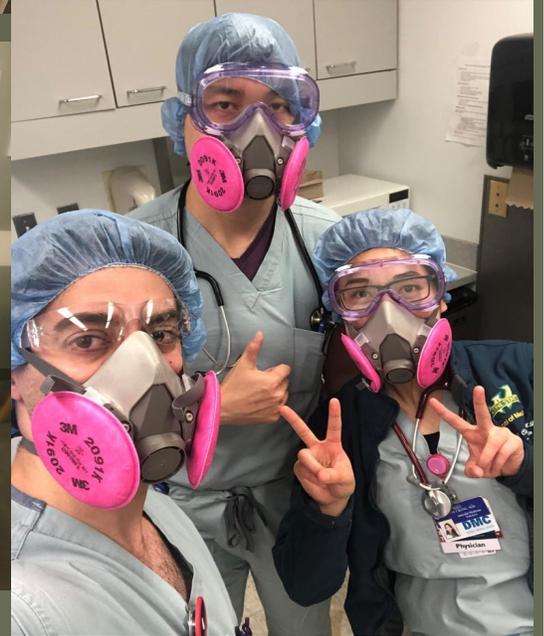
Ijeoma Opara, MD contributes to article on COVID 19 in vulnerable population

<https://theconversation.com/what-the-coronavirus-crisis-reveals-about-vulnerable-populations-behind-bars-and-on-the-streets-137455>

Virtual graduation of Global and Urban Health Equity (GLUE) scholars on 4/30/20.



# Residents' Corner





And life goes on .....

Congratulation to faculty for their promotions!

## Professors



Ghulam Saydain, MD



Lobelia Samavati, MD



Zeenat Bhat, MD



Teena Chopra, MD



Abdulghani Sankari, MD



Herbert Smitherman, MD

# Promotions Continued...

## Associate Professors

Madhumita Jena, MD



Nashat Imran, MD



Jarrett Weinberger, MD



Neelima Thati, MD

## GME Research Day Competition winners!



### Resident/Fellow Oral Competition Award Winners:

#### First Place Award, \$1,500 prize:

**Dr. Lea Monday** Internal Medicine CRQPS-VA Program

**Project Title:** A Physician-Driven Quality Improvement Stewardship Initiative to Reduce Excessive Duration of Antibiotic Therapy in Veterans Hospitalized with Community-Acquired Pneumonia

**Primary Faculty Mentor:** Sorabh Dhar, MD

### Resident/Fellow Poster Competition Award Winners:

#### Second Place Award, \$750 prize:

**Dr. Ahmad Abu-Heja,** Internal Medicine Residency Program

**Project Title:** Improving Acute Stroke Recognition and Timely Healthcare Delivery for Veteran Patients Through Three Years of Blended Simulation Training for an Internal Medicine Residency: A Pre and Post Review

**Primary Faculty Mentor:** Sarah Lee, MD

#### Third Place Award, \$500 prize:

**Dr. Navin Durairajan,** Pulmonary and Critical Care Fellowship Program

**Project Title:** Improving Endobronchial Ultrasound (EBUS) Competency in Pulmonary Fellows with a Hands-on Simulation-based Curriculum

**Faculty Mentor:** AbdulGhani Sankari, MD

#### Superior Hospital Alignment: \$1000 prize:

**Dr. Lea Monday** Internal Medicine CRQPS-VA Program

**Project Title:** Applying the PDSA Cycle to an End Month Review of Adverse Events Focused on Quality Improvement and Root Cause Analysis Increases Undergraduate and Graduate Medical Trainee Reporting of Adverse Events in Internal Medicine

**Faculty Mentor:** Kareem Bazy, MD

### Medical Student Poster Competition Award Winners:

#### First Place Award: \$250 Prize

**Siri Sarvepalli,** Wayne State University School of Medicine

**Title of Project:** Improving Chlamydia Screening Rates in Women Ages 16-24 In Detroit GMAP Clinic

**Primary Faculty Mentor:** Heather Abraham, MD

And the best of all.....

Our PGY-3 residents Jie (Jane) Chi had a baby in late March.  
His name is Josh.



Congratulations !