

# Alumni News

Alumni Association  
of Lahey Clinic  
Foundation

Beth Israel Lahey Health  
Lahey Hospital & Medical Center

SUMMER 2020

## COVID-19: Lahey Responds, True to its Values

### “How can I work with others to do what is best for the patient?”

That focus has been a bedrock value of Lahey Hospital & Medical Center for nearly 100 years, and it made possible the hospital's remarkable response to the COVID-19 pandemic during a surge of critically ill patients this spring.

Lahey's leaders, incident commanders, staff and trainees stepped up and out of their comfort zones as they cared for more than 550 COVID-positive patients from March through June,

working in one of the virus's early hotspots. They worked within the Beth Israel Lahey Health system, exhibiting the strength of Lahey's collaborative and patient-focused culture.

Beginning in March, the hospital increased capacity from 345 to 500 beds, more than doubling its critical care capacity; launched telehealth services (within a week, going from zero to 2,500 visits daily); redeployed

205 advanced practitioners, physicians, residents and fellows from ambulatory and other services to COVID-19 units; created a medical liaison program to communicate with families; expanded colleague wellness programs; created and staffed drive-up COVID-19 testing locations; and much more.

[See stories from the front lines on pages 4 - 5](#)



### On Social Justice

By David L. Longworth, MD  
President, Lahey Hospital  
& Medical Center

The events of the past few months have shined a harsh spotlight on longstanding issues of injustice and inequality in this country. We, as individuals and institutions, must do more to confront and combat racism and foster a culture of diversity, equity and inclusion.

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### Inside Lahey During the Pandemic

“I raised my hand.”

“People came out of the woodwork just to stand up and do whatever job was needed.”

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### Residency Spotlight

Internal Medicine spotlight enclosed

## Brabeck's Buzz

As you read this newsletter, we are all working and living in a world that is markedly different from January 2020. My experiences working at Lahey throughout the pandemic planning and response taught me many things, including that Lahey's reputation for collaborative, team-based approach is real; it has proved itself as a central tenet of our organization.



Our trainees' actions and professionalism during these months were truly heroic, as they worked on the front lines, including overnight ICU shifts, and were a pivotal part of the army we needed to treat the surge of patients. The COVID-19 pandemic that shaped the last few months of some residents' and fellows' training very clearly demonstrated what Lahey instills in all of us: the value of collaboration, Dr. Lahey's legacy. It defined our ability to move out of our comfort zones and to remain focused on the patient by relying on one another's strengths and resilience.

Despite the pandemic, our important work continues as we encourage trainees to undertake research; welcome our next class of medical students, residents and fellows in a completely new clinical environment and one in which we will create strategies for social justice, diversity and inclusion; maximize technology to connect and learn together; grow residency programs and their visibility, and even look forward to renewing our annual celebration.

Please share your thoughts, questions and ideas on how we can strengthen our Alumni Association at [David.M.Brabeck@lahey.org](mailto:David.M.Brabeck@lahey.org).



David M. Brabeck, MD  
Executive Director  
[#LaheyAlumni](#)

## On Social Justice

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This is particularly important for healthcare institutions, because systemic racism has produced a public health crisis. As part of the Beth Israel Lahey Health (BILH) system, Lahey is committed to becoming a leader in advancing equity, inclusion and social justice. BILH will create a Center for Diversity, Equity and Inclusion, incorporate equity into all measures of the quality of care, increase the diversity of the senior leadership and more.

Together, we can and must foster a culture of unity, inclusiveness and transparency, where all are valued and respected — both here at Lahey and in our country.



**Lahey staff took a knee** for 8 minutes and 46 seconds on June 5, as part of the White Coats for Black Lives movement to honor the memory of George Floyd and recognize racism as a public health issue.



## Thank you

Generous supporters contributed \$3.2 million to Lahey's Healthcare Heroes Emergency Response Fund — \$640,000 came from more than 500 current and former physicians and colleagues, including Lahey alumni who made 210 gifts totaling more than \$100,000. Our doctors also donated more than 4,000 hours of earned time to help their colleagues in need.



## Annual Dinner

We hope to resume our tradition of a dinner celebration next spring. At our next dinner, we also plan to welcome members of the Doc Lahey Society (leadership-level colleague donors) and the Emeritus Staff Association for a joint celebration!



**“I fell in love with interventional radiology and began the research with Dr. Davison, and I have other projects I’m working on.”**

**– Dr. Witkowska**

## Resident Research Spotlight

**Agnieszka Witkowska, MD**

Dr. Agnieszka Witkowska’s path to Lahey began with a challenge. As a medical student in Poland, she did not initially consider a residency in America because she thought it would be “almost impossible” to get. But while doing a surgical residency in her home country, she worked to perfect her English and spent about 18 months taking the exams that would make it possible to train in the United States.

That work continues to pay dividends. Now in her second year of a radiology residency at Lahey, Dr. Witkowska traveled to the International Union of Phlebology Annual Meeting in 2019, thanks to funding by the Alumni Association. There, she presented her poster, “Ultrasound-guided Microthrombectomy: An Effective Symptomatic Treatment for Uncomplicated Superficial Venous Thrombophlebitis.” Dr. Witkowska conducted the research with Brian Davison, MD, in his vein clinic.

“We had 33 patients at the clinic with superficial venous thrombophlebitis (SVT). We treated 32 of them with the microthrombectomy procedure,”

explained Dr. Witkowska. The majority of the people — about 97 percent — had immediate relief of pain and also disappearance of the lumps in their legs. After two weeks, some experienced recurrence of the disease and had to be retreated. Overall, after one session of retreatment, their symptoms were gone, so we proved that the procedure works.” Although slowed down by the COVID pandemic, Dr. Witkowska is coauthoring the research article to be submitted for publication.

“I fell in love with interventional radiology and began the research with Dr. Davison, and I have other projects I’m working on,” she said. Her mentors also include Jalil Afnan, MD, and Christopher Molgaard, MD. Dr. Molgaard “expects you to be the best version of yourself when you work,” she said. “He has taught me to explain everything very well to patients, and I hope, like him, I will never allow myself to do anything but my best job.”

Dr. Witkowska hopes to pursue a fellowship in interventional radiology. “I would love to continue research because there are so many things to explore in this field,” she said.

*Dr. Witkowska’s poster is available at [giving.laheyhealth.org/alumni](http://giving.laheyhealth.org/alumni).*

## Postgrad Recognition Day

### Celebrating Research Efforts

Lahey celebrated its best-attended Postgraduate Recognition Day on May 15, highlighting the research efforts of residents and fellows. Seventeen manuscripts and 15 posters were submitted for review by a selection committee, chaired by Sarkis Soukiasian, MD.

Eight abstracts were selected for presentation via a video conference, which peaked at 315 attendees, to medical staff, residents, fellows, and alumni and emeritus staff. Congratulations to Michael Bode, MD, interventional cardiology fellow, whose work was honored as the best

presentation, and to Aidan Fischer, PGY-1 pharmacy resident, whose poster took first place.

These submissions represented just a fraction of the scholarly work that has been produced or is ongoing by our residents. Postgraduate Recognition Day is sponsored by the Department of Medical Education and the Alumni Association.

All video presentations, abstracts and posters are available at [giving.laheyhealth.org/alumni](http://giving.laheyhealth.org/alumni).



# In Their Own Words

*Alumni News* asked members of the Alumni Association's advisory board and others to share their experiences during the pandemic, including challenges, takeaways and lessons learned.

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## Frank Scholz, MD

Radiologist



**“No words can adequately describe this whole pandemic.**

In Diagnostic Radiology we saw a lot of our regular work dwindle. The pandemic ended routine non-emergency care, and many were put on stand-by furlough to be available on 24-hour

notice if needed. Some radiologists performed non-radiologist tasks, our residents worked in the ICUs, and the interventional teams helped with line placements.

I was not deployed out of my specialty, but this was an effort by all of the organization. All personnel were ready for whatever happened. There were heroes on the front lines and heroes standing behind them. My other takeaway is to have faith in your colleagues.”

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## Patricia Roberts, MD

Chair Emeritus, Surgery



**“I had a very busy spring planned.**

I was taking courses, traveling to meetings to speak. I woke up one morning and just about everything was canceled. I said to my husband [Michael Rosenblatt, MD], ‘I have nothing to do and can lend a hand.’ All of a sudden, I felt like I had a full-time job.

I first worked on surge planning on the provider side. We didn't know if or when we'd have a surge, and if it would look like Italy or New York City. We started by looking at all physicians and advanced practitioners — who could work in the intensive care units and who could work on the med/surg units with the hospitalists? Then the operations group, including David Brams, Fred Resnic, Sue Stempek, Jim Dargin and Andres Solorza, worked with the department chairs to quickly develop the schedule. It was an incredible team effort.

Recognizing we could potentially have two to three times as many ICU patients as we normally had, Marcellous Johnson, director of Respiratory Therapy, developed an education module and quickly trained 30-40 providers to help RTs with ventilators and respiratory management.

Remote meetings and not seeing people face-to-face were challenging. The whole thing was just so surreal as everything unfolded. I spent my whole career at Lahey — it was almost my second home. I was so used to walking around and talking to people to get things done. Google hangouts meets, Zoom meetings, multiple conference calls — all were very strange!

Personally, everything theoretical about COVID became very personal in mid-April. My mom, who was in an assisted living facility, got sick and succumbed to COVID. It was very difficult, as I could not see her and be with her. My kids, though, started Masks4 Massachusetts. They've coordinated construction of more than 5,000 masks and delivery to area hospitals and other organizations. I am so proud of them for doing their part during the pandemic.

Looking ahead, COVID-19 will radically change how we practice medicine and do our work. A number of positive changes will include telehealth and virtual meetings and work.”



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## Christoph Wald, MD

Division Chair, Radiology

**“The events of recent months required much improvisation**

and were a test of our team culture in the Radiology Division and beyond. As division chair, I helped to manage the transition from routine medical operation to pandemic mode operation with many others in our large department, which has about 430 employees. This required frequent touch points with management at the hospital and system

level to help translate/implement disaster operations per guidance from incident command into the local divisional operations.

We became responsible for managing infection control, including workforce management, and leveraging talent in redeployment situations, including training and facilitation of non-traditional work roles for members of staff and trainees. We engaged in team-based innovation and cocreation work with vendors to change our scheduling, access and periprocedural functions to adapt to infection control needs through phases of the pandemic.

## Brendan Connell, MD

Medical Oncologist

**“Department and division chairs made a first pass to ask for volunteers for the ICU.** I was pretty eager to go, to see this disease firsthand. I was closer to training than a lot of our staff, without kids, and less likely to become severely infected, so I raised my hand for that.

I was deployed to 6E, which was converted to an ICU the week I started. There were a lot of fish out of water, working with people we'd never met before. A few people had to be in that unit, but many of us were there because we wanted to be. The team was a mix and match of hematologists/oncologists, nephrologists, an allergist, neurologist, CRNAs. Everyone still had their day jobs with a panel of patients to see or manage from afar. Each found holes to plug on the team. CRNAs were well equipped for procedures; I helped with medical decisions; nurses kept things running smoothly. Intensive care doctors were phenomenal, providing oversight and support. Very quickly, these teams gelled. I can't stress enough the importance and bravery of the nursing staff. They are predominantly young women with kids at home.

The most challenging aspect was getting used to being uncomfortable. It was unfamiliar geography, with

people to get to know quickly, and it was intensive care medicine I hadn't practiced in six or seven years. I took online refresher courses on managing ventilators and certain medications. There was always a layer or two of support for decision-making; the medical decision-making was the hardest part.

Second, treating this disease that behaves like nothing we had ever seen before was so challenging. The potential for lung injury was severe. I had never proned a patient before, because that is relatively new. Patients were routinely found with blood clots and ischemia, which is atypical of most other diseases. Treatment strategies came and went; we were treating this entity on the fly.

The emotional toll was significant. Trying to guide families to make rational but also compassionate decisions was emotionally exhausting. Our medical liaison team talked to families, but I would still also call them to give them the boots-on-the-ground perspective.

Personally, my fiancée and I had to postpone our wedding. She's a physician at Brigham and Women's Hospital, and we were both treating COVID patients at the time. But our family planned a surprise celebration that drove by our place on what would have been our wedding day. It turned out to be such a fun day!

I spent a lot of time keeping members of the department informed about global, national, state and local situations, and facilitating live virtual town halls for information sharing and discussion of best practices and accomplishments of colleagues. Much time was spent recently in organizing cash and earned time collection for colleagues in need, as well as directly engaging with redeployed colleagues who are struggling to digest a very challenging professional and emotional experience way beyond anything they could have ever imagined or trained for.

My takeaways are the importance of teamwork and the need to even more deliberately treat all colleagues with respect and care, especially in times of crisis, when everyone is tired and stressed. A healthy, collegial culture prior to the crisis pays

dividends during times of crisis, resulting in colleagues who pull together and support each other.

Collectively, we continue to learn many lessons on how to better deal with the next pandemic or large-scale threat. We have never had to practice the full extent of disaster operations, disaster communications, the challenges of redeployment, etc. before. The strength of collegial culture in times of crisis shone and will continue to be a strength going forward at the clinic. There are some lasting changes to how we deliver care (increased acceptance for telehealth) and how we work (increased acceptance of telecommuting). The quality of our current leadership was noticeable, and everyone's commitment and resourcefulness as well as compassion was palpable and inspirational.”



**Dr. Connell and fiancée Dr. Ellen Nagami enjoy a surprise drive-by celebration at their home on what would have been their wedding day.**

Teamwork and people's willingness to go beyond their limits or comfort zone are definitely my top takeaways from this experience. It was just so uplifting to see people who don't know each other and come together as a team from all different corners of the hospital. That's why I wanted to come back to Lahey after my fellowship in the first place. People check their egos at the door here and show up to take care of the patient. And that's exactly what happened in response to this global pandemic.”



## Feeding the Frontline House Staff

The long days and weeks of the COVID-19 surge were stressful yet rewarding for our trainees, as they responded to the pandemic emergency while continuing to gain their professional footing. The Alumni Association alleviated some stress by committing funds to provide 420 meals to them over two weeks. As you may remember from your residency days, it's the little things that count!



## In Memoriam

We remember colleagues who have passed away by sharing obituaries and other information on our website, [giving.laheyhealth.org/alumni](http://giving.laheyhealth.org/alumni).

Email us at [Alumni@Lahey.org](mailto:Alumni@Lahey.org) if you know of a death that should be recognized.

# Alumni Profile

## James M. Dargin, MD, FCCM, FCCP

Dr. Dargin found his calling as he listened to his mother's stories about her nursing and connected her work to science, which he loved.

"I enjoy the science of medicine and understanding the physiology of the patient," explained Dr. Dargin, a critical care specialist at Lahey. "Critical care blends all of that; I need that understanding to take care of very sick patients appropriately."

His blended scientific and medical passions have proven to be crucial to Lahey, especially during the pandemic. Dr. Dargin, who had completed his preliminary intern year at Lahey, and then Emergency Medicine residency at Boston Medical Center, ultimately completed a fellowship in critical care medicine at the University of Pittsburgh Medical Center. He often publishes research related to airway management techniques, saying, "I do research because I want to know how to optimize the care for patients in the ICU. Intubations are done frequently and are a high-risk procedure. There are many different practice variations to prevent complications. It's frustrating not to know the best approach, so I study it."

During the pandemic, Lahey's critical care specialists created an airway team staffed by an anesthesiologist that executed a very rigorous, precise protocol for just a handful of very experienced people doing intubations. "Everybody in the room knew the protocol, and teamwork was the name of the game. Especially during the peak, it was all hands on deck, and everyone paid attention to the patient and the safety of everyone in the room," he said.

As ICU issues came up, specialized teams were created. "We created a medical liaison team run by the head of dermatology [Dr. Adam Lipworth] to communicate with families," he said. "We had a proning team staffed mostly of OR nurses. We had a team focused



on creating central and arterial lines with cardiologists, anesthesiologists and interventional radiologists. There were so many things we would normally do ourselves but just couldn't keep up with the demand."

The sheer volume of COVID patients demanded creative solutions and staffing. "We pulled from every discipline in the hospital and created makeshift ICUs," he said. "We couldn't create more ICU docs, so we used staff from almost every service in the hospital to work with our supervision." The teams followed a pyramid model with ICU specialists responsible for multiple ICUs, followed by physicians with some ICU experience. "This model has been described for disaster care. We are going to pull from our large data sets to look at outcomes of COVID patients with a traditional ICU provider in charge and those cared for under the nontraditional ICU model."

Dr. Dargin's work before and during the pandemic was rooted in his Lahey training, which cemented his future in critical care. Today, he continues to work alongside many of his mentors, including Andy Villanueva, MD, and Tony Gray, MD.

"Lahey has grown exponentially in the past 10 years," he said. "We are busier than we've ever been and getting sicker and more complex patients than ever to treat. That has been rewarding for me because those are the patients I love to take care of."



## Do you see yourself in the experience of Vigyan Bang, MD?

# Through the Eyes of a Trainee

He came to Lahey six years ago, fresh out of medical school in India. Thanks to opportunities the Alumni Association made possible, he has been rocketed into the worlds of interventional and structural cardiology, where mentors fully expect him to become a rising star.

"Each year, I received Alumni Association funding," Dr. Bang said. "I visited a large national or international conference every year and had the chance to network with thought leaders in cardiology. I have met people I otherwise would not have had a chance to meet, and been exposed to even more of the cutting edge of medicine."

During the pandemic, he was deployed in the COVID and medical ICUs, where he provided about six weeks of coverage. Like the vast majority of Lahey trainees, Dr. Bang stepped out of his specialty to do what was necessary.

His biggest takeaway from his COVID deployment was teamwork. "All frontline healthcare workers collaborated to provide a unifying front to help tackle the local spread of this unprecedented pandemic, and did it with a smile," he said.

Dr. Bang graduated in June with an even greater enthusiasm than he brought to Lahey in 2014. "Lahey was on the top of my residency list because of the wide variety of complex work done in the various departments, and the positive vibes that I got from the institution and residents," he said. "Six years later, that's all still true, and I wouldn't change a thing. Over the years, I have

been involved in taking care of more and more complex patients in an atmosphere of collegiality between trainees and staff!"

*Dr. Bang is now pursuing fellowships in interventional and structural cardiology over the next two years at the University of Maryland Medical Center.*

**Give today to support tomorrow's Lahey alumni.**

[giving.lahey.org](https://giving.lahey.org)



## Virtual Grand Rounds

If you have not received email notifications about accessing these virtual presentations, please verify your email address with a message to [Alumni@Lahey.org](mailto:Alumni@Lahey.org)



## Greatest Needs

**Make a gift today to our Greatest Needs Fund to give Lahey leadership the flexibility to meet emerging needs, including those related to the COVID-19 pandemic.**

[giving.lahey.org](https://giving.lahey.org)

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## Your updates

### We want to hear from you!

You may update your contact information at [giving.laheyhealth.org](https://giving.laheyhealth.org) or contact us any time at [Alumni@Lahey.org](mailto:Alumni@Lahey.org). You can also reach out to Dave Brabeck at [David.M.Brabeck@Lahey.org](mailto:David.M.Brabeck@Lahey.org).

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