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*CHWC Welcomes Dr. Arun Baskara, General Surgeon*

COVER PHOTO: Karen Wise, RN, has been an ICU nurse at Bryan Hospital since 1992 and shares her experiences caring for COVID-19 patients on page 7.

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# NEW PROVIDERS

## Join Urology Clinic Team

In November 2021, the Urology Clinic at Bryan Hospital welcomed three new providers to the Community Hospitals and Wellness Centers (CHWC) team: Dr. Scott Shie, Dr. Nikolai Kiehl, and Brandi Alwine, PA-C, all from Van Wert Health. Additionally, Dr. Ahmed El-Zawahry continues to provide urogynecology and general urology care at the Urogynecology Clinic at Archbold Medical Center.

Just a few of the many conditions treated at the CHWC Urology Clinic at Bryan Hospital include:

- Overactive bladder
- Urinary tract infections
- Kidney and bladder stones
- Frequent urination
- Blood in urine
- Incontinence (male and female)
- Pelvic floor dysfunction
- Sexual dysfunction
- Prostate problems
- Erectile dysfunction
- Cancers of the bladder, kidneys, prostate and testicles
- And many others



### Dr. Nikolai Kiehl

**Board Certification:** American Board of Urology  
**Medical Degree:** University of Cincinnati College of Medicine  
**Internship:** University of Louisville, General Surgery  
**Residency:** University of Louisville, Urology



### Dr. Scott Shie

**Board Certification:** American Board of Urology  
**Medical Degree:** University of Cincinnati College of Medicine  
**Internship:** Akron General Medical Center & Akron City Hospital, General Surgery  
**Residencies:** Akron General Medical Center & Akron City Hospital, Urology



### Brandi Alwine, PA-C

**Board Certification:** National Commission on Certification of Physician Assistants  
**Master of Science:** Central Michigan University, Physician Assistant Studies  
**Certification:** American Academy of Physician Assistants  
**Physician assistant experience** in urology for over 10 years, specializing in treating and evaluating enlarged prostate, recurrent UTI, overactive bladder, and other general urology conditions.

## TO MAKE AN APPOINTMENT

at the CHWC Urology Clinic at Bryan Hospital, call **419-633-7482**, or learn more at [chwchospital.org/urology](http://chwchospital.org/urology).

# Behind the zippered curtain: CHWC STAFF SHARE THEIR EXPERIENCES treating COVID-19 patients

It has been nearly two years since the COVID-19 pandemic changed the world as it was once known. Nurses and respiratory therapists at Community Hospitals and Wellness Centers (CHWC) were asked to share their experiences treating patients for extraordinarily long, isolating hours behind a zippered containment curtain in full personal protective equipment (PPE) within the COVID unit, and how their careers and lives have changed throughout the course of the pandemic.



**Ellen  
Beaverson,  
LPN**

Ellen Beaverson has been a licensed practical nurse for nearly 17 years, working primarily third shift ICU/telemetry at Bryan Hospital.

## ? WHAT WAS YOUR JOB LIKE BEFORE COVID, AND HOW HAS THAT CHANGED?

**Ellen:** It was a completely different world. We'd get patients with chronic illnesses; we knew what to do; we knew how to take care of them. And then COVID came and nobody knew what to do. We went from losing a person every four to five months to losing three, four, five a week. We felt like we were fighting a losing battle. That no matter what we did, we weren't going to make a difference.

## ? YOU REALLY FELT LIKE YOU WEREN'T MAKING A DIFFERENCE?

**Ellen:** We make a difference for the people at the time; we do the best we can; we try to give them comfort. We try to let them know somebody's here with them. We try to reach out to families and let them know that their loved ones are being taken care of. But I think when I say we don't make a difference, it's that we go into [nursing] because we want to help people, and when COVID came, a lot of us just felt defeated because we couldn't fix them.

## ? HOW DO YOU DESCRIBE WHAT IT'S LIKE WORKING IN THE COVID UNIT?

**Ellen:** The isolation. The separation. The frustration. The loneliness. Back there, in full PPE for 12 hours, separated from everybody else. Yeah, you have people working back there with you; you're never alone; but the doors to the rooms are shut, and the patients are alone in their rooms. You want to go to the bathroom? It's got to be timed just right. It wears on you, emotionally and physically. But these people need to be taken care of. So you get through your shift, and then you come back the next day.

## ? HOW DO YOU COPE WITH THE EMOTIONAL ASPECTS OF WORKING IN THE COVID UNIT?

**Ellen:** I get headaches; I can't sleep; I go through a bottle of antacid a week. I've never been an emotional person; you ask my kids, tough love. And now I cry at the drop of a hat. My emotions are always just *right there*. I don't know that it's a bad thing, but sometimes you feel like you're out of control.

## ? HAVE YOU LOOKED AT WHAT'S GOING ON AND THOUGHT, 'I CAN'T DO THIS ANYMORE'?

**Ellen:** Yes.

## ? WHAT KEEPS YOU COMING IN?

**Ellen:** My co-workers. My patients. I don't regret becoming a nurse. Not for one minute. I love my patients. My only regret is I didn't start doing this earlier in my life. My daughter's going to school to be a nurse. I'm so proud of her. She tells me she's seen what I do and how I am and she wants to do that, too, she wants to be like me. What's a greater honor than that?



## Rosie Branham, RN

Rosie Branham had been an ICU/telemetry nurse at Bryan Hospital for five years. After the conclusion of her interview for this article, Rosie disclosed that she would be transferring to a different department at CHWC, citing COVID burnout as the one and only reason she couldn't continue in her ICU/telemetry position any longer.

### ? HOW HAS NURSING CHANGED FOR YOU SINCE THE PANDEMIC STARTED?

**Rosie:** Everything has changed. The way we take care of patients, the interaction with families, interaction with patients, even interactions with the doctors. COVID and non-COVID has been affected; it doesn't matter; your care is drastically different than the care you would have gotten before 2020. Our COVID-positive patients at first had no interaction with anyone other than the nurse. There was one nurse back in the COVID unit usually for 12 hours at a time. We didn't know what COVID was; we didn't know how it affected people; quite honestly, we didn't know if our PPE would protect us. Even though I'm back there with [the patients], it's very, very isolating for them. I'm holding their hand, but I have two pairs of gloves on. I have a yellow gown on. I have the helmet on or an N-95. I'm trying to take care of you, and I'm trying to nurture and help you feel better, and it has to be very hard.

Our first COVID patients that we took care of were just requiring a little bit of oxygen, mostly were fatigued, couldn't get up to go to the bathroom or complete their care of themselves, and they mostly needed help with that, with a little bit of supplemental oxygen. But last winter, the sickness kind of changed, and I can't explain why but they just got *so sick*. And we take care of sick patients all the time and that's our job, our job is to make people feel better, help them heal, but everything we did wasn't making a difference.

### ? WHAT HAVE BEEN SOME OF THE MORE DIFFICULT ASPECTS OF YOUR JOB OVER THE PAST COUPLE OF YEARS?

**Rosie:** The public doesn't know. People in this hospital who have not been behind the zippered curtain wall, they don't know what goes on

back there. They don't know how hard it is. I just want people to know how real COVID is, that it's a tragedy, and it's a reality that not everyone gets to experience. I'm grateful not everyone gets to experience. I'm almost jealous of people who think that COVID isn't real because they haven't seen what I've seen. It's a burden to know and to have seen what we've seen. For someone to look at you and beg you for more air and they're already on oxygen that until COVID, I'd never seen a patient on that amount of oxygen. I did not know it was possible to have two different types of oxygen: a nasal canula and a mask both on; I didn't even know that was possible and for them to be completely maxed out on the amount of oxygen that we're giving them, and they still are looking at you, saying, 'I can't breathe, I can't catch my breath.' It's so hard because I can't help you. I can sedate you; I can give you pain medicine; that's the only thing I can do to help you. It takes a toll on you.

### ? HOW DO YOU COPE WITH ALL OF IT?

**Rosie:** It's been very difficult not to take your work home with you. In nursing school, they tell you that you have to leave what happens at work at work. And on a normal nursing day, that's really difficult. But to keep doing what we're doing, you can't leave it at work. We're all struggling to go home at night and to be around our families and pretend that everything's OK. You're out and about and life is normal, yeah, some people are wearing masks still, but everything's open, pretty much everything is back to normal. But here in the hospital, in our COVID unit, things are not back to normal. People are still dying. There's not enough staff. There's not enough beds. People are still dying. I went to my supervisor in the last few weeks because it's just gotten really hard for all of us to want to come into work, and so many people from my supervisor all the way up to administration, they want to help. They want to help so bad, and a lot of them are like, 'What can we do?' and we're to the point where I don't know what we need. I don't know what will make it easier to work in the COVID unit. We're physically exhausted; we're mentally exhausted. We just need these people not to be as sick as they are; we just need a cure. We need something they can't give us. It's been really hard.

## Jenna Cummins, RT

Jenna Cummins has been a respiratory therapist at CHWC for three years and spends many of her shifts in the COVID unit.

### ? WHAT IS IT LIKE BEING A RESPIRATORY THERAPIST DURING A PANDEMIC THAT CAUSES RESPIRATORY ISSUES?

**Jenna:** Since COVID, I would say the workload has doubled, along with the stress. We usually work with two therapists, but now one of them is required to stay back in the COVID unit with our most critical COVID patients while the other therapist is required to take the whole hospital floor.

### ? WHAT IS IT LIKE WORKING IN THE COVID UNIT?

**Jenna:** Working in the COVID unit is more stressful than I could have ever imagined. As this is my third year as a respiratory therapist, I never could have imagined going through this amount of stress. For an example, we could have a patient admitted on a two-liter nasal canula, which is about 20% oxygen, so very low amount of oxygen.

By the end of the night, they could be requiring much more oxygen because they continue to deteriorate — these patients deteriorate really, really fast. So by the end of the night, unfortunately, they could end up on a ventilator, which is just not what we would expect from a normal patient coming in. It's not always bad to be on a mechanical ventilator ... but with COVID, we just haven't seen good rates of a patient coming off a ventilator.

### ? HOW DO YOU COPE AFTER AN ESPECIALLY BAD DAY IN THE COVID UNIT?

**Jenna:** I feel like we all lean on our co-workers a lot because I feel like our co-workers are truly the only ones who really understand what we're fully going through. I've learned that it's OK to be emotional and just feel it. And family is a big thing, spending time with family on my days off and trying to not think about the hospital is definitely a way to decompress.





## Brooke Greathouse, RN

Brooke Greathouse had started her nursing career on the medical-surgical (med-surg) unit at Bryan Hospital approximately six months before the pandemic began. In addition to caring for non-COVID patients, she also cares for COVID patients in isolation on the med-surg unit as well as within the COVID unit.

### ? WHAT WAS YOUR JOB LIKE BEFORE THE PANDEMIC STARTED? HOW DID NURSING CHANGE FOR YOU ONCE THE PANDEMIC HIT?

**Brooke:** Before COVID, it was pretty easygoing on med-surg. We really liked working with post-surgery patients, nothing too critical, so when COVID hit, we were all scared. It can be kind of exhausting because it's a roller coaster ride. At the beginning of your shift, [the patient] can be on a small amount of oxygen, and by the end of your shift, they could be intubated which, the med-surg nurses don't see that — that would be

more the critical care nurses — but it's definitely a roller coaster of trying to get their oxygen demands down and having to put them on high flow.

### ? HOW DO YOU COPE AFTER AN ESPECIALLY DIFFICULT DAY WORKING WITH COVID PATIENTS?

**Brooke:** If it's a very difficult day, you may just have a ride home that's complete silence because you're thinking about how the day went and what you could have done differently. It's been very sad. We have patients for weeks, and we're hoping they're going to get better, and then they end up passing away, and it's very hard. The staff definitely take it to heart, and it's tough.

### ? WHAT ELSE DO YOU WANT TO SHARE?

**Brooke:** COVID is very unpredictable. You can be a healthy 30-year-old and it can hit you different. It's not just that people are passing away from it, too, it's also that people are having lifelong issues from it. They're having to be on oxygen for the rest of their lives, and that's life-altering for people.

“ I WANT TO EXPRESS MY GRATITUDE TO ALL MY CO-WORKERS.  
I FEEL SO LUCKY ON THE UNIT WHERE I WORK. ”

— COURTNEY BOWERMAN, RN

## Courtney Bowerman, RN, and Jaime Worline, RN

Courtney Bowerman and Jaime Worline are ICU night shift nurses and close friends. Courtney has been a nurse for 3½ years, and Jaime has been a nurse for 4½ years.

### ? HOW HAS YOUR JOB CHANGED OVER THE PAST COUPLE YEARS?

**Courtney:** I still feel like a new nurse, so being thrown into a pandemic was a lot. We have a lot on our shoulders.

**Jaime:** We've lost a lot of staff. COVID changed everything.

**Courtney:** Yes, it did. It really did.

**Jaime:** Not just for us, but for the patients. When you can't see somebody's facial expressions and all you can go by is their eyes, sometimes there's terror in our eyes, and that goes back to the patient. That's not what you want for them.

### ? HOW DO YOU COPE WITH THE STRESS AND THE INCREASED AMOUNT OF CRITICAL ILLNESS AND DEATH YOU HAVE SEEN SINCE THE PANDEMIC STARTED?

**Courtney:** I constantly think of work. Every day, all day. I dream about it. I think about beeping machines and monitors. And I think about coding [resuscitating] people all the time — that's literally the one dream I have every night is coding people.

**Jaime:** Nightmare.

**Courtney:** It's so hard. It doesn't really hit me until, like, I come back tonight, and this will be my fourth night this week, so I'm sure I'll feel it, and I'll go home and be like, 'Why did I pick up that extra shift this week?' So yeah, I get a little burnt out.

**Jaime:** I think there's a sense of obligation, almost.

**Courtney:** I love my job, but I hate that I think about it all the time.

**Jaime:** I'm not going to lie; I think a majority of the COVID nurses do not cope with it well. Tell you what, I drink a hell of a lot more. I don't work out. I think about work pretty much all the time. When we went through the first batch of COVID, we were all really scared, and it was hard not only for the patients but also for us. But when that second wave hit, for the nurses it was like instant PTSD. As soon as you knew you were going back into the COVID unit again, tears.

**Courtney:** Instant tears. You couldn't hold it back.

**Jaime:** The amount of really sick patients we saw back-to-back-to-back; we couldn't let it go. I can't hold it together much longer.

### ? WHAT ELSE DO YOU WANT TO SHARE?

**Courtney:** I want to express my gratitude to all my co-workers. I feel so lucky on the unit where I work. And to the patients we've taken care of in the past: I don't forget you. I think of you all the time. I dream about you. I dream about certain things that happened during that first wave of the pandemic, and I remember certain events and they just stick with me and I dream about it all the time.

**Jaime:** Or what we could have changed.

**Courtney:** I want the community to know that we are doing our best and we care so much about what we do.



## Corissa Oberlin, RN

Corissa Oberlin has been a nurse for over seven years, typically working in surgery. When the pandemic started and elective surgeries were temporarily shut down, she filled other roles throughout the hospital in ER, guest services, and on the COVID unit.

### ? HOW DIFFERENT WAS IT FOR YOU WORKING IN THE COVID UNIT COMPARED TO WORKING IN SURGERY?

**Corissa:** I had never worked the floor before, so it was a completely new world for me. The charting is all different, patient care is totally different; it can be very overwhelming for someone who doesn't typically do that. It was hard to watch people struggle. In surgery, you put people to sleep, then you wake them up, then they go home. So it's not my typical world. It's a lot different.

### ? HOW WOULD YOU DESCRIBE WHAT IT'S LIKE WORKING IN THE COVID UNIT?

**Corissa:** Some nights weren't as bad because you had a little bit more stable people, and they'd go home in the next day or two. But some people that teeter when they're at that stage where they're going to start to get better or start to go downhill, I feel like was always the nerve-racking shift to do.

### ? AFTER A ROUGH NIGHT IN THE COVID UNIT, HOW DO YOU DECOMPRESS?

**Corissa:** I typically don't go home after a shift; I go to my 'day job.' I'll work 16 hours, coming in at 11 p.m. and get off at 3 p.m. the next day, and then we still have call shifts for surgery that we have to complete. I think doing that almost helps, though, because you get off that shift, shower, and then you're already busy because you already have another patient or procedure and normal stuff to do. I think that almost helps because you're distracted, and then for me, I'm tired after that so I just go home and sleep. I also haven't had it nearly as often or as bad as some of the other nurses have. So, for me, the picking up is the tiring part, but they're so short-staffed.

### ? WHAT ELSE DO YOU WANT TO SHARE?

**Corissa:** I think that being kind to each other and kind to the people who are taking care of your family is the most important thing, whether you're vaccinated, or believe in masking, or not. It doesn't really matter. Just being kinder and more understanding. I think that can go a long way.

“ I THINK THAT BEING KIND TO EACH OTHER AND KIND TO THE PEOPLE WHO ARE TAKING CARE OF YOUR FAMILY IS THE MOST IMPORTANT THING. ”  
— CORISSA OBERLIN, RN

## Andi Shipman, RN

Andi Shipman has been a nurse for seven years and works the med-surg unit at Bryan Hospital. In addition to caring for non-COVID patients, she also cares for COVID patients in isolation on the med-surg unit as well as within the COVID unit.



### ? WHAT WAS YOUR JOB LIKE BEFORE THE PANDEMIC, AND HOW HAS IT CHANGED IN THE PAST COUPLE OF YEARS?

**Andi:** Typically, as a med-surg nurse, we see a variety of patients, whether they're surgical or generalized sickness, and that's pretty much what we saw until COVID. And now it's completely different than what anybody has ever known. It's different now with the COVID unit where you're in your PPE all day long; you work your 12 hours, and you stay in your PPE. You feel kind of isolated in the unit and do everything you can to keep the patients in good spirits, but they feel isolated back there, too, so that's challenging at times.

### ? HOW DO YOU PROCESS THE ADDED STRESS OF WORKING WITH COVID PATIENTS, AND THE INCREASE IN CRITICAL ILLNESS AND DEATH YOU HAVE SEEN OVER THE PAST COUPLE OF YEARS?

**Andi:** At the beginning of COVID, I did not process it well. It was a very dark time. But now I try my best to leave work at work — you're still going to think about your patients and hope they're doing well — but I do my best to leave it here, go home, and be with my family. It takes a toll on your mental health. I've got a lot more anxiety than I used to. You get to know the patients because typically the long-haulers have been here for weeks on end and you watch them go through the good and the bad, and you do it with them.

### ? WHAT ELSE DO YOU WANT TO SHARE?

**Andi:** Most people will see their friends or family who are at home with COVID, and they deal pretty well with it, so that's what their mindset is of COVID, which is great, that does happen sometimes. But it's hard for them to know what's happening here inside the hospital since they're not here witnessing it. Sometimes that's hard if people can't accept the fact that COVID can be much more, and it is an awful thing. I just want people to know we're fighting this to the best of our abilities, and we'll continue to do so.

## Heavin McLaughlin, RN

Heavin McLaughlin has been an RN for six years and works in the ICU/telemetry unit at Bryan Hospital, often treating patients in the COVID unit.



### ? WHAT ARE THE BIGGEST CHANGES YOU'VE SEEN IN YOUR JOB SINCE THE PANDEMIC STARTED?

**Heavin:** In the worst of COVID, I was seeing, on average, a patient I had taken care of every day dying. Prior to that, maybe one to two patients a year that you took care of would die here in the hospital while you were giving them care. So it's definitely taken a toll, a lot of days feeling defeated, feeling like I could not do enough for my patients. Before, I would get to know a patient for two to three days. With COVID, I'm getting to know a lot of patients for two to three weeks or a month. So that patient becomes a friend. For several weeks you're the only person from the outside world that they're seeing, so they get to know you on a deeper level.



## Karen Wise, RN

Karen Wise has been an ICU nurse at Bryan Hospital since 1992 and has spent a significant amount of time caring for patients in the COVID unit over the past couple of years.

### ? HOW HAS NURSING CHANGED FOR YOU SINCE THE PANDEMIC STARTED?

**Karen:** We have a variety of patients we take care of, mostly cardiac patients, heart failure, COPD, surgery. And when COVID started last year, everything really turned upside down. I'll never forget the patients that I took care of, and I think it's helpful to remember that this has been a unique time in history. Sometimes I remind myself that someday we'll be able to look back on this and be proud that we were working ICU; we were part of something really unique. We had a closeup view of what was happening to people, and we were in the position to be helpful, right at the bedside, walking with people in their illness, and we were an important part of this. When I reflect on the last year, that's what I think about a lot.

### ? HOW DO YOU COPE WITH THE STRESS AND THE INCREASED AMOUNT OF CRITICAL ILLNESS AND DEATH YOU HAVE SEEN SINCE THE PANDEMIC STARTED?

**Karen:** I don't think I've coped very well. Last year after COVID waned, I was really depressed. I think a lot of us were. It was really hard to keep going. We have a strong core of staff, and really the ones that can be most supportive of you are your fellow nurses. It's a very compassionate group of staff, and we have really grown close through this. I walk two miles a day, trying to keep myself healthy. At times when I feel myself burning out and picking up too much extra time, I cut back on that. But we all have to pick up extra because there are so many holes in staffing.

### ? HOW DO YOU COPE WITH THE HIGHER RATES OF SEVERE ILLNESS AND DEATH YOU HAVE WITNESSED THROUGHOUT THE PANDEMIC?

**Heavin:** It varies day to day. If it's a day that the patient gets better and they're well enough to go home, it's a really good day. The patients are in good spirits; they get to reunite with their families. Then there are days where we lose patients. And those days are the hardest. I still have not gotten over losing them because I'd gotten to know them so well. But a lot of days you just pick up the pieces and move on, and you have to put your best foot forward for the next patient. Those days are a lot tougher. A lot of tears.

### ? WHAT ELSE DO YOU WANT TO SHARE?

**Heavin:** The most frustrating thing is that people do not believe in the severity of COVID. When I try to explain what I'm seeing each day, they don't want to acknowledge it; they think, 'Well, that was just that person.' And it really is not just one person; it's many people that this is affecting so deeply. Not everybody gets deathly ill from it, but those who do ... I have patients I took care of last year who are still suffering from effects of COVID a year later. It needs to be taken seriously. It should be taken seriously.

### ? HOW DO YOU DESCRIBE WHAT IT'S LIKE WORKING IN THE COVID UNIT?

**Karen:** You need to prepare yourself mentally to go into the COVID unit. We're notified an hour and a half ahead of time that we're going in there, so you need to come early so you can make sure that you've gone to the bathroom, that you eat a little something, that you drink a good glass of water. You need to put all your garb on and try to dress lightly underneath that because it's pretty hot with all the layers you have on. Some shifts it gets really exciting where we're able to wean down the amount of oxygen and patients get so excited, and they think, 'I can go home pretty soon.' That's really fun. And then there's other days where the patient continues to deteriorate and sometimes it's as severe as somebody has been lying on their stomach and just to shift to their side, just that little amount of movement will send them into a coughing spell and severe work of breathing where it becomes an emergency.

### ? WHAT ELSE DO YOU WANT TO SHARE?

**Karen:** I think for a lot of people, COVID is just an inconvenience, but we are walking beside people that it's not an inconvenience to them; it's their reality. They are in this bed in isolation, and they're afraid and they're struggling, and sometimes it doesn't go well. I think we can be really thankful that most of the time when people get COVID, it's like a cold and isn't that wonderful? But there is a percentage of people that when they get COVID, they are extremely, extremely sick. And you don't know who is going to be that sick or not. I always think that it's so much easier to prevent COVID than to try to recover from it.



# CHWC WELCOMES Dr. Arun Baskara, General Surgeon



## LEARN MORE

about the CHWC General Surgery  
Clinic by visiting [chwchospital.org/  
general-surgery](https://chwchospital.org/general-surgery), or to make  
an appointment, call  
**419-630-2290.**

**D**r. Arun Baskara was warmly welcomed to the General Surgery Clinic at Community Hospitals and Wellness Centers (CHWC) in the fall of 2021. Dr. Baskara is providing a wide range of surgical care to our community.

"I believe that 100% commitment will bring the best outcome in whatever we do," Dr. Baskara states. "I love what I do, and it is very fulfilling when I see my patients recover from their illness."

### ABOUT DR. BASKARA

Dr. Baskara is board-certified by the American Board of Surgery. He earned his medical degree from Stanley Medical College in India; completed general surgery residencies at both Northern Ireland Deanery in the UK and at Mercy Catholic Medical Center in Darby, PA; an internship in general surgery at Bronx Lebanon Hospital in Bronx, NY; and a fellowship in advanced laparoscopic and bariatric surgery at St. John Hospital and Medical Center in Detroit.

Having suffered from severe asthma during his childhood, Dr. Baskara explains his interest in medicine was likely discovered due to the amount of time he spent in hospitals. "I spent most of my winters in hospitals as a child getting corticosteroid injections — nebulizers were unheard of in the 80s in India — for status asthmaticus. Hospitals were like my second home; when I joined medical school, I loved anatomy, which propelled me eventually into the surgical field," Dr. Baskara says.

To those who may need surgery or are putting off addressing a health issue, Dr. Baskara states that, "Health is wealth. If we lose our health, it not only will affect us, but also our near and dear ones. It is normal to feel anxious at doctors' or surgeons' offices. Being at a surgeon's office doesn't mean that you always need to undergo surgery. It will help you to understand the issue, identify the source of the problem, and rectify it surgically if needed."

## A WIDE RANGE OF SURGICAL CARE

At the General Surgery Clinic at Bryan Hospital and Archbold Medical Center, our team specializes in:

- Hernias
- Appendectomies
- Gallbladder conditions
- Bowel surgeries
- Fistula repairs
- Endoscopy
- Laparoscopy
- Cysts
- Trauma
- And much more