

Bulletin

Editor: John W. Snead M.D.

July 2018 • Volume 42 • Issue 6



Physicians Caring for our Community



Bulletin

13370 Plantation Road, Ste. 1, Fort Myers FL 33912

The Lee County Medical Society Bulletin is published monthly with the June and August editions omitted.

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MANAGING EDITOR

Julie Ramirez, 239 -936-1645

E-Mail: jramirez@lcmsfl.org

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Valerie Yackulich • Kristine Caprella

PRINTER

The Print Shop

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Lee County Medical Society Mission Statement & Disclosure Policy

The purpose of the LCMS is to unite the medical profession of Lee County, FL, into one compact organization; extend medical knowledge and advance medical science; elevate the standards of medical education; strive for the enactment, preservation and endorsement of just medical and public health laws; promote friendly relations among doctors of medicine and guard and foster their legitimate interests; enlighten and alert the public, and merit its respect and confidence.

All LCMS Board of Governors and Committee meetings minutes are available for all members to review.

TABLE OF CONTENTS

Member News	3 & 4
President's Message	5
Donald E. Gerson Obituary	6
Health & Well Being	7
Lee County Friendship Centers - Call For Volunteers	8
Opiod Prescribing Law	9
As I Recall - Confusion	10
Operation Medicine Cabinet	11
Medicine Leads A Movement Toward Transparency	12
Stress Resilience is About How you Recharge	13 & 14
Friends in Medicine	15

Inserts:

21 C South Florida Surgical Oncology
Medical Space for Lease
Family Beach Day Flyer

COVER PHOTO BY PETER SIDELL, M.D.



Osprey with fish
at Bunche Beach,
Fort Myers, FL.
Photo by
Peter Sidell, M.D.

WORK-LIFE TIPS FOR PHYSICIANS

LET GO OF SOMETHING BEFORE YOU TAKE MORE ON.

Before you commit to do a favor, take on a new role, or add a new responsibility, ask yourself what you are willing to give up to make room for the new role. Adding more to your life without eliminating or delegating something else will only lead to more frustration and resentment. Give yourself time to think over your response before you commit too early and then later regret it.

To be continued in each upcoming Bulletins this year.

Save The Date

Thursday, August 23, 2018 — Women's Event Board & Brush — 6:30 p.m. - 8:30 p.m.
Limited to 30 guests — 14261 S. Tamiami Trail #18, Fort Myers, FL 33912

Saturday, August 25, 2018 — Family Beach Day - Sundial Beach Resort & Spa
1451 Middle Gulf Drive, Sanibel, FL 33957 (*See insert*)

Thursday, September 20, 2018 — September General Membership Meeting

Friday, Oct. 26, – Sun. Oct. 28, 2018 — Wellness CME cruise to the Bahamas
hosted by Palm Beach Medical Society

Future Dates

October — Men's Event — TBD

November — Retiree Luncheon — TBD

November 10, 2018 — Family Fun Picnic at Lakes Park

Thursday, November 15, 2018 — General Membership Meeting

MEMBERSHIP NEWS

Resigned

Mary Blue, MD
Jaime Alvarez, MD
Gary Correnti, MD
Wesley Faunce, MD
Priyanka Handa, MD
James Weiner, MD
Pierre Hyppolie, MD
Shawn Khan, MD
Donald Moyer, MD
Douglas Savage, MD
Brian Schultz, MD

Retired

Darius Biskup, MD

Leaving Practice:

Eileen deGrandis, MD
Vascular & General
Surgical
Specialists of SWFL

Nina Nordgren, MD
Southwest Florida Eye
Care

Practice Change

Milena Loukanova, MD
Internal Medicine
www.loukanovamedical.com

Adriana Loukanova, MD
Internal Medicine
www.loukanovamedical.com

Deceased

Donald E. Gerson, MD

Practice Location Change

Jeffrey S. Henn, MD
Joint Implant Surgeons of Florida
7331 College Pkwy., Ste. 300
Fort Myers, FL 33907
Tel: 239-337-2003 **Fax:** 239-337-3168

Angela Echeverria, MD
Naples Vascular Specialists
130 9th Street, N., Ste. 120
Naples, FL 34102
Tel: 239-649-0550 **Fax:** 239-649-1785

NEW APPLICANTS

Patricia Daneshmand, DO - Dr. Daneshmand received her medical degree from Nova Southeastern University in 2000. She completed a Family Practice internship and residency at MSU/Sparrow Hospital, Lansing, MI from 2000-2003. Dr. Daneshmand is in practice with LPG at College Pointe, 9131 College Pointe Ct., Fort Myers, FL 33919. Tel 239-343-9100 Fax: 239-343-9108. Board Certified: Family Practice.

Rebecca O'Connor, DO - Dr. O'Connor received her medical degree from Des Moines University, Des Moines, IA in 2006. She completed a Traditional Rotation/Osteopathic internship at Kirksville College, Northside Hospital & Health Institute, St. Petersburg, FL from 2006-2007. She also completed an Anesthesiology residency at

Virginia Commonwealth University Health System from 2006-2010. Dr. O'Connor is in practice with US Anesthesia Partners - Florida, 13350 Metro Pkwy., Ste. 301, Fort Myers, FL 33966. Tel: 239-332-5344 Fax: 239-332-7246. Board Certified: Anesthesiology.

Albert Smolyar, MD - Dr. Smolyar received his medical degree at Kursk Medical University, Kursk, Russia in 1991. He completed an Ophthalmology internship and residency at University of Louisville, Louisville, KY from 2002 – 2006. Dr. Smolyar is in practice with Southwest Florida Eye Care, 6850 International Center Blvd., Fort Myers, FL 33912, Tel: 239-768-0006 Fax: 239-768-0850. Board Certified: Ophthalmology.

NEW MEMBERS

Melanie Altizer, MD

LPG OB/GYN

15901 Bass Road., #100

Fort Myers, FL 33908

Tel: 239-343-6100 **Fax:** 239-343-9925

Board Certified: Obstetrics and
Gynecology



Catherine Law, MD

Florida Heart Associates

1550 Barkley Circle

Fort Myers, FL 33907

Tel: 239-938-2000 **Fax:** 239-938-0404

Board Certified: Internal Medicine and
Echocardiography



Michael DeFrain, MD

LPG Cardiothoracic Surgery, 9981 S.

HealthPark Dr., Ste. 120

Fort Myers, FL 33908

Tel: 239-343-6341 **Fax:** 239-343-6342

Board Certified: General Surgery and
Thoracic Surgery



Sualy Sosa-Perez, MD

Florida Heart Associates

1550 Barkley Circle

Fort Myers, FL 33907

Tel: 239-938-2000 **Fax:** 239-938-0404

Board Certified: Internal Medicine and
Echocardiography



Ricardo Orlando Escarcega, MD

Florida Heart Associates

1550 Barkley Circle

Fort Myers, FL 33907

Tel: 239-938-2000 **Fax:** 239-938-0404

Board Certified: Internal Medicine and
Cardiovascular Disease



Heidi Lewis, MD

Florida Radiology Consultants

8791 Conference Drive

Fort Myers, FL 33919

Tel: 239-938-3500 **Fax:** 239-938-3555

Board Certified: Radiology.



Shailaja Hegde, MD

LPG Internal Medicine

9131 College Pointe Ct.

Fort Myers, FL 33919

Tel: 239-343-9100 **Fax:** 239-343-9108

Board Certified: Internal Medicine



Gregory Sonn, DO

Iona Cannabis Clinic

15620 McGregor Blvd., Ste. 100

Fort Myers, FL 33908

Tel: 239-689-6819 **Fax:** 866-476-5645

Board Certified: Family Practice
and Hospice and Palliative Medicine.



Israel Guerrero Mantilla, MD

Florida Heart Associates

1550 Barkley Circle

Fort Myers, FL 33907

Tel: 239-938-2000 **Fax:** 239-938-0404

Board Certified: Cardiovascular Disease
and Nuclear Cardiology



David Johnson, MD

Florida Radiology Consultants

8791 Conference Drive

Fort Myers, FL 33919

Tel: 239-938-3500 **Fax:** 239-938-3555

Board Certified: Radiology



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www.lcmsfl.org

PRESIDENT'S MESSAGE

By F. Rick Palmon, M.D.

I had the opportunity last month to travel to Washington, DC for a congressional advocacy day on Capitol Hill for my subspecialty society, the American Academy of Ophthalmology. It was definitely an eye-opening experience, no pun intended. The Academy staff arranged meeting times with each of our elected representatives from both the House and Senate. An orientation session the night before reviewed the key issues we were to discuss the following day with highlighted bullet points to make our message focused and unified. Since our time was limited, it was necessary to be concise, organized and convincing. An experienced physician accompanied me to my first interview to guide me through the process. Each subsequent interview became easier and more comfortable. Each state society organized their physicians in groups to meet the various officials. We met with either the representative if they were available or with their legislative aide who was in charge of health care policy. The Academy focused our discussion on 5 key issues important to Ophthalmology and asked for support on 2 bills that had already been presented in the House. We discussed the importance of these issues and their impact on patient care, using concrete examples to illustrate our concerns. We highlighted how their constituents were affected by these problems. I felt empowered during the discussions and received positive feedback.

Witnessing firsthand how congress works was enlightening and a bit intimidating. I visited the offices of four members of congress, including House representatives Francis Rooney from Naples and John Rutherford from Jacksonville, and Senators Marco Rubio and Bill Nelson. While there, I saw other lobbying groups, including a large contingent from the recording music industry and the independent insurance agents.

Was our effort worthwhile? The answer is a definite yes. Organized medicine can make a difference. A number of our issues were enacted from the year prior. I know I sound like a broken record but if you aren't part of the process physician views will never be heard. Unfortunately, money talks and political action committees need your support in order to get pro medicine candidates elected and to sponsor and support legislation vital to the practice of medicine. Congressional advocacy days allow us to introduce our agenda to Congress and pave the way the Academy's staff to continue to apply pressure on the dialogue with the representative or aide. Meeting the representative when they return to Florida is another important method to keep the dialogue going and provide

ongoing education on the topic. If you have a chance to participate in an advocacy day at the state level in Tallahassee or at the national level in DC, you should take it.



An interesting fact I learned is that Florida has the only "State Embassy" in Washington. Rhea Chiles, wife of Senator Lawton Chiles, helped raise money to purchase a dilapidated Victorian style row house next to the Supreme Court building in 1973. Using private donations, the house was renovated and supports Florida citizens and causes. Florida House is located at 1 2nd St NE and is visited by 15,000 Floridians per year. If you're visiting our nation's capital and want to take a break while on Capitol Hill, stop in for a glass of orange juice and get the free tour and relax for a few minutes. It is strategically located half way between the Senate and House office buildings with a beautiful view of the Library of Congress and the Supreme Court building.

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To learn more about these exciting opportunities contact:

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DONALD E. GERSON

FEB. 12, 1943 - JUNE 12, 2018

It is with broken hearts and immense sorrow that we announce the passing of Donald E. Gerson. After a difficult battle with Parkinson's Disease, he passed peacefully in his own bedroom surrounded by his loved ones, having had visits from friends from all parts of his life, including his best friend from childhood.

Don was born and raised in Dayton, Ohio – part of a large household of 3 brothers and a sister, his mother Beatrice, his grandmother Bessie, and his father Samuel, who himself struggled with Parkinson's. His backyard abutted that of another large household of cousins, aunts and uncles. His first job, as was that of his siblings and cousins, was at the family hardware store.

Don attended Harvard College as a physical anthropology major. After graduating in 1965, he was awarded a Shaw Fellowship, which provided for a year of travel around the world.

This was a formative experience for him that provided him with incredible stories his family begged him to tell and retell for 50 years.

He returned to Boston after that year to attend Harvard Medical School. In his first year there, he met Sylvia Chase, a PhD student whose first year of study involved classes with the med students. They were married in Boston in 1971 and lived there while he completed his internship and residency in Radiology.

In 1976, he got a call from his brother Bobby, also a radiologist, to come down and check out a group he had joined in Fort Myers. Bearing in mind that my mother had grown up in Paris and might not take to Fort Myers in the 1970s, they agreed to go for a year.

They never left.

They had two children, Lisa and Samuel. They traveled extensively as a family. Don enjoyed great food and French wine, building a wine collection he loved to share. To say he read a lot is an understatement. He tore through eclectic areas of knowledge ranging from literary theory to the evolution of trilobites to the engineering and construction of long-span bridges. He loved mysteries and detective novels.

Don had a brilliant mind, a keen wit, and an encyclopedic knowledge, but most important, he was kind to everyone he met. He had deep empathy and a real gift for making people feel heard and understood. Although he was never judgmental, he never wavered from his moral compass, and he taught his children to always "do the right thing" even when it was hard – especially when it was hard. He loved family above all. In his last years he took immense joy in his young grandchildren.

*“... he taught
his children
to always
“do the
right thing”
even when
it was hard
– especially
when it was
hard.”*

He is survived by his wonderful wife of 47 years, Sylvia; his daughter Lisa; his son Samuel, Sam's wife Nan, and their children Madison, Max and Mara. He was cared for with love, gentleness, and dignity by Lotte Ritzert, who has been with our family for 41 years. He is also survived by his sister Linda, her husband Theo and their children Stephanie and Daniel; his brother Leonard; his sister-in-law Nancy and her children David and Debra; his sister-in-law Viviane and her husband Leon, and their children Julie, Benjamin, and Jonathan. He is preceded in death by his parents, Beatrice and Samuel, and his brother Bobby – Aunt Nancy's late husband – Don's brother, best friend, and business partner, who he missed every single day for the past 15 years.



A service was held on Friday, June 15 at 9:30 AM at Temple Beth-El, 16225 Winkler Road, Fort Myers; burial took place immediately following at Fort Myers Memorial Gardens, 1585 Colonial Boulevard, Fort Myers.

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HEALTH AND WELL BEING REMINDER

By JON BURDZY, M.D., PAST PRESIDENT

In April the American Academy of Family Physicians (AAFP) held their inaugural "Physician Health and Well Being Conference" in Naples. Over 450 family physicians attended this four day event. I returned feeling energized and reassured that medicine is my true calling and that I am put on earth to be a family physician. It was the only conference I recall that focused more on the physician than the patient. I am still processing and attempting to apply what I learned.

Starting with a definition, "Burnout - A syndrome characterized by a loss of enthusiasm for work, feelings of cynicism, and a low sense of personal accomplishment ... an erosion of the soul ...", Christina Maslach, PhD.

Physician burnout is endemic. Fortunately it is now being addressed by our Colleges and Associations. There is a growing awareness of the 'quadruple aim' which incorporates the health of physicians and providers into the IHI's famed 'triple aim' [improving the patient experience of care; improving the health of populations; and reducing the per capita cost of health care.] With hope, the message will soon reach our government and payors. Conferences such as the AAFP's are critical to our profession as they remind us healing starts with the healer.

Below are my 'take home' points from the conference, and some measures I am taking to become healthier.

1) You are not alone. All physicians are somewhere on the burnout spectrum. All have had devastating experiences. All can, and must, learn better ways to process them. Regardless of how competent we are bad stuff happens. It always will.

2) Burnout also impacts our staffs. They feel much of the same stress we do. Severely burned out physicians and staffs provide suboptimal care. We have all seen it and know the offices and providers it affects the most. They need help. All of us need help. Our health is as important as our patient's.

3) Yoga/Exercise. There is growing evidence that exercise/flexibility/mindful activities such as yoga and tai chi have measurable positive impacts on health. Each day of the conference featured yoga sessions. I went to one. It was the first yoga class I had been to in several months. It proved how much flexibility I lost during my hiatus, and how calming and energizing yoga can be. I resolved to start regularly practicing yoga again, but not at a

class immediately following lunch, downward dog sucks on a full stomach.

4) Mindfulness. Yes mindfulness, that elusive quality. To be aware, to be in the moment, to acknowledge what we are feeling and accept it without judgement. To let the negative moments pass. To grab the exam room door handle and take a deep breath, in and out, before turning it. To learn to meditate.



Seeking a way to implement mindfulness, I tried the 'Calm' app for iPhone. I plugged in my headset and started the app. Birds tweeted, a faint ripple of water in the background, a soothing, slow, well enunciated and calming female voice. My first thought was 'Ye Gods! Not more of this crap!' But I put aside the cynicism and flowed with the session. And it worked. I completed the intro '7 Days of Calm' and then '7

Days of Managing Stress'. Each session lasts about 12 minutes (but passes by in what seems like three) and I am calmer afterwards. This inner calm persists into my office hours the following day.

5) The system. Delivering great care to our patients needs to be easier. There are too many systemic barriers that harm the doctor/patient relationship and waste incredible amounts of time and resources. There is not much we can do as individuals to change this. We have supported our professional associations and candidates for office. We have changed our practice design and workflows. Despite our efforts we have seen little improvement. We cannot cease striving to better the system, but must accept the status quo while doing so. Learning to practice effectively in our current environment is one of the greatest challenges we face.

Intuitively, all physicians realize healthier docs provide better care. Intellectually, none of the concepts underlying wellness are difficult to grasp. We can all describe a healthy diet, know we need to exercise regularly, keep calm in the face of adversity, get enough sleep, treasure our relationships, and find a meaningful underpinning for it all. The challenge for both our patients and ourselves, is the application. We must ritualize these practices and make them a part of our daily lives. As we become healthier, we deliver better care, which in turn leads to healthier patients.

“My first thought was ‘Ye Gods! Not more of this crap!’ But I put aside the cynicism and flowed with the session.”

LEE COUNTY FRIENDSHIP CENTERS - CALL FOR VOLUNTEERS

By THOMAS LOGIO, M.D.

In Lee County there are approximately 45,000 patients that are uninsured and cannot afford basic medical care. If there were a way you could help thousands of people in Lee County who have no health care, would you want to know about it? And would you want to help?

For more than 40 years the wellness clinic at Friendship Centers of Lee County (which is a 501c3 non-profit health care organization) has provided health care at no charge to patients ages 50-64, who have incomes below 200% of poverty level (earning \$2,000 or less per month). Patients receive a complete physical examination and a comprehensive laboratory evaluation. Volunteer physicians at Friendship Centers (FC) renew and prescribe medications (diabetic, heart and blood pressure meds) that have lapsed because of unaffordable care. The FC clinic treats general medical conditions and refer patients who have more involved conditions to the specialists at Salvation Army's We Care program.

Part of Friendship Center's goal is to provide preventive care to patients and to keep them out of the emergency departments of our local hospitals. We service between 400 and 600 patients per year. That amounts to over \$250,000 of free care per year.

Our goal is to double the number of patients we see in 2019. To achieve this goal, we need to increase our number of volunteer physicians from 5 to 10. As a volunteer physician, you are covered by the State of Florida with Sovereign Immunity and are protected from malpractice liability. In addition to volunteer physicians, we could also use: a volunteer director of marketing and development, dentists, nurses, and simple administrative help (intake information, answering the telephone, pulling charts, etc.) Just a few hours a week or month can change the health of our community. Some time is better than no time.

A great example of a life changed, was of a patient who had lost his way. Recently divorced, this man was involved in alcohol, drugs and ended up living at a friend's house. During an altercation with this friend, he was shot in the face. He was admitted to the hospital and treated. Upon discharge he was advised to seek the care of an ophthalmologist. After months of living in pain and having no insurance, his mother brought him to the clinic. Evaluation revealed that his right eye was dead and he needed to have it removed. With an urgent referral to Salvation Army's We Care

program, he was able to see an ophthalmologist who would treated him pro bono. Some months later he returned to our clinic. He was a different man and had an entirely different approach to life. He was reunited with his wife, had returned to church, was seeking employment, and was no longer involved with drugs or alcohol. "I don't know what would have happened to me, if it was not for Friendship Clinics." He has since found a job and now has health insurance of his own.



Because of the volunteer time that a few physicians gave, this man's life was changed forever. Will you consider changing lives with your time?

If you are interested or know someone who might be interested in volunteering, please contact us at www.friendshipcenters.org Or call 239-656-0221.



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AT THE 2018 FMA ANNUAL MEETING AUG. 3-5, 2018**



F. Rick Palmon, M.D.
Delegation Chair
Southwest Florida Eye Care



Stephen Hannan, M.D.
Pulmonary, Critical Care, Sleep Med
Spec SWFL



Stuart Bobman, M.D.
Radiology Regional Center



Michael Katin, M.D.
21 Century Oncology



Jon Burdzy, D.O.
Physicians Primary Care of SWFL



Andres Laufer, M.D.
LPG Hospitalist Group



Scott Caesar, M.D.
University Urology



Richard Macchiaroli, M.D.
Lee Health Emergency Physicians



Stefanie Colavito, M.D.
Cape Coral Hospitalist



Peggy Mouracade, M.D.
Associates in Nephrology



Elizabeth Cosmai, M.D.
Florida Heart Associates



Tracy Vo, D.O.
Physicians Primary Care of SWFL



Daniel de la Torre, M.D.
LPG Hospitalist Group



Julie Ramirez, Executive Director
Lee County Medical Society

OPIOID PRESCRIBING LAW - What you need to know about the new law

PRESIDENT'S MESSAGE

The bill was signed into law in April 2018 and will go into effect on July 1, 2018. It was created in response to the rising number of opioid-related deaths in Florida. The law is intended to reduce the amount of opioid prescriptions in Florida while using state dollars to fund addiction recovery and treatment programs.

This applies to all MD, DO's, DDS, DMD with a Florida DEA-registered prescribers of controlled substances

*(NOTE) these are highlights of the new law, and are not intended to constitute legal advice. Read the full bill at <https://bit.ly/2J2nkrU>



3 - Day Limit

- Applies to all acute pain Schedule II opioid prescriptions

Does not apply to:

- Pain related to cancer
- Terminal conditions
- Palliative care
- Certain severe traumas

7-day supply allowed if:

- Script includes "Acute Pain Exception"
- Reason for exception documented on chart

No limit for chronic pain patients, but you must add "Nonacute Pain" to the script and maintain patient data including:

- Complete medical record
- Controlled substances agreement
- Driver's license

PDMP

- The E-FORCE state Prescription Drug Monitoring Program (PDMP) must be accessed for every Schedule II-V prescriptions
- Only exception is Schedule V non-opioid
- PDMP may be accessed by designated staff with individual login
- If the PDMP is down at the time of the script, you must document the script, time, and reason you are unable to access.

July 1, 2018

Law Takes Effect

For More Information

Visit website:

<http://www.flhealthsource.gov/FloridaTakeControl/faqs>

CME

- All physicians with a Florida Medical License and a DEA License must complete a two-hour mandatory CME course before Jan. 31, 2019
- CME must be completed for each subsequent license renewal
- By law, the CME course is only accessible from certain state-wide medical societies
- The FMA and FOMA will offer online courses at a discount or free to FMA/ FOMA Members.

IMPORTANT

As of May 31, 2018 The Following Entities Are The Only Ones Currently Approved To Give This Course:

No Other Entity Has Been Approved By The Board Of Medicine To Offer This Course At This Time.

Florida Medical Association - <https://flmedical.org/florida/>

Florida Academy of Family Physicians - <https://www.fafp.org/>

Florida College of Emergency Physicians - <http://www.emlrc.org/>

Florida Osteopathic Medical Association - <http://www.foma.org/>

You can also go to the Board of Medicine website for additional information:

<http://www.flhealthsource.gov/FloridaTakeControl/>

CONFUSION

The title for this article raised questions in my mind as to the derivation of the word "confusion", and my first deduction was that it came from Confucius a 500 B.C. Chinese philosopher. I am unable to substantiate my theory, but it seems that if one spelled his name Confucion and changed the "c" to "s" we would derive an explanation for the word "confusion". Please realize that this is only a confused area of mine (should it be mind?) and your thoughts on my deductions would be appreciated. Let's see where we were, oh yes! This is an article about confusion.

The first case to report occurred sometime after we moved from the old Lee Memorial in 1968 to the new (current) Lee Memorial Hospital. Mrs. F was a seventyish-year-old patient of mine who had just a few days earlier undergone a major abdominal procedure and was still on IV's and nasogastric suction. I made rounds on the fifth floor (the surgical ward), when I questioned her, she seemed confused as she related that she had gone to visit her son Bill the previous night at his home on McGregor Boulevard across from the Firestone home. Physically she was in excellent postoperative condition but obviously she was confused regarding her home visit the previous night. When I have a confused patient, I simply follow along with their state of confusion, so I asked her how Bill was doing, and she replied that he was fine & they enjoyed a cup of coffee together. At the nursing station, I told the nurses of her delusions and confusion and to my surprise the nurses stated that she did visit Bill last night! It seems that she disconnected everything, went the five floors down the back-fire escape (indoor) and out the emergency door. She walked barefooted to Bill's house (1/2 mile) in her open-back hospital gown around two o'clock in the morning. (Not much early A.M. traffic in those days.) She rang Bill's doorbell, he answered the door and to his surprise his mother appeared so soon after surgery and at that time of morning. He called the nursing station and they were very relieved to locate the lady who had disappeared. Bill returned her to the hospital. So, who's confused now?

Case number two occurred when a quite elderly

gentleman brought his wife to Health Park in the very early A.M. for outpatient surgery. He wanted to know if he might go get something to eat, and then come back for his wife. I told him that would be OK, as we would probably have her about three hours. The three hours passed, and the patient was ready for discharge, but the husband had not returned. We waited and waited and waited even longer, and still no husband appeared. After eight hours of waiting the patient was put to bed in the hospital and about four hours later the confused husband returned! He had no idea of where he had been, but said he was driving all day, but a gasoline receipt was found in his pocket from Miami, Florida, dated the date of the surgery. Apparently, he had driven all the way to Miami and back (300 miles) looking for the hospital! The couple was happily reunited and left the hospital, headed home but with no certainty that they would make it. I did call them two hours later to be sure that they made it home.



He had no idea of where he had been, but said he was driving all day, but a gasoline receipt was found in his pocket from Miami, Florida, dated the date of the surgery.

Some years ago (I'm confused as to how many years) a bright individual started "modern" Confucius sayings that were jokes but true. There must've been, 1000 or more of these going around during that time and here are a few of the clean examples. (There was also many "shady" ones!) "Confucius say: man who drive like hell bound to get there; man with one chopstick go hungry; man who run behind car get exhausted; man who run in front of car get tired; man who eat too many prunes get good run for money; he who crosses ocean twice without washing, dirty double crosser; condoms should be used on every conceivable occasion; man who jumps off cliff jump to conclusion; man who stand on toilet high on pot; wife who put husband in doghouse soon find him in cathouse", and I had better close this now before I'm in the doghouse with the editors!

By Popular request & with Dr. Roger Scott's permission, The Society has been asked to reprint some of Dr. Scott's previous Bulletin articles.



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West District

15650 Pine Ridge Road
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8951 Bonita Beach Road #565
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STRESS RESILIENCE IS ABOUT HOW YOU RECHARGE. NOT HOW YOU ENDURE

BY SHAWN ACHOR, MICHELLE GIELAN

As constant travelers and parents of a 2-year-old, we sometimes fantasize about how much work we can do when one of us gets on a plane, undistracted by phones, friends, and Finding Nemo. We race to get all our ground work done: packing, going through TSA, doing a last-minute work call, calling each other, then boarding the plane. Then, when we try to have that amazing work session in flight, we get nothing done. Even worse, after refreshing our email or reading the same studies over and over, we are too exhausted when we land to soldier on with the emails that have inevitably still piled up.



Why should flying deplete us? We're just sitting there doing nothing. Why can't we be tougher — more resilient and determined in our work — so we can accomplish all of the goals we set for ourselves? Based on our current research, we have come to realize that the problem is not our hectic schedule or the plane travel itself; the problem comes from a misunderstanding of what it means to be resilient, and the resulting impact of overworking.

We often take a militaristic, "tough" approach to resilience and grit. We imagine a Marine slogging through the mud, a boxer going one more round, or a football player picking himself up off the turf for one more play. We believe that the longer we tough it out, the tougher we are, and therefore the more successful we will be. However, this entire conception is scientifically inaccurate.

The very lack of a recovery period is dramatically holding back our collective ability to be resilient and successful. Research has found that there is a direct correlation between lack of recovery and increased incidence of health and safety problems. And lack of recovery — whether by disrupting sleep with thoughts of work or having continuous cognitive arousal by watching our phones — is costing our companies \$62 billion a year (that's billion, not million) in lost productivity.

And just because work stops, it doesn't mean we are recovering. We "stop" work sometimes at 5PM, but then we spend the night wrestling with solutions to work problems, talking about our work over dinner, and falling asleep thinking about how much work we'll do tomorrow. In a study released last month, researchers from Norway found that 7.8% of Norwegians have become workaholics. The scientists cite a definition of "workaholism" as "being overly concerned about work, driven by an uncontrollable work motivation, and

investing so much time and effort to work that it impairs other important life areas."

We believe that the number of people who fit that definition includes the majority of American workers, including those who read Harvard Business Review (HBR), which prompted us to begin a study of workaholism in the U.S. Our study will use a large corporate dataset from a major medical company to examine how technology extends our working hours and thus interferes with necessary cognitive recovery, resulting in huge health care costs and turnover costs for employers.

The key to resilience is trying really hard, then stopping, recovering, and then trying again.

INSIGHT CENTER

The misconception of resilience is often bred from an early age. Parents trying to teach their children resilience might celebrate a high school student staying up until 3AM to finish a science fair project. What a distortion of resilience! A resilient child is a well-rested one. When an exhausted student goes to school, he risks hurting everyone on the road with his impaired driving; he doesn't have the cognitive resources to do well on his English test; he has lower self-control with his friends; and at home, he is moody with his parents. Overwork and exhaustion are the opposite of resilience. And the bad habits we learn when we're young only magnify when we hit the workforce.

In her excellent book, *The Sleep Revolution*, Arianna Huffington wrote, "We sacrifice sleep in the name of productivity, but ironically our loss of sleep, despite the extra hours we spend at work, adds up to 11 days of lost productivity per year per worker, or about \$2,280."

The key to resilience is trying really hard, then stopping, recovering, and then trying again. This conclusion is based on biology. Homeostasis is a fundamental biological concept describing the ability of the brain to continuously restore and sustain well-being. Positive neuroscientist Brent Furl from Texas A&M University coined the term "homeostatic value" to describe the value that certain actions have for creating equilibrium, and thus wellbeing, in the body. When the body is out of alignment from overworking, we waste a vast amount of mental and physical resources trying to return to balance before we can move forward.

As Jim Loehr and Tony Schwartz have written, if you have too much time in the performance zone, you need more time in the recovery zone, otherwise you risk burnout. Mustering your resources to "try hard" requires burning energy in order to overcome your currently low arousal

Cont'd page 14

CONT'D FROM PAGE 13 STRESS RESILIENCE

level. This is called upregulation. It also exacerbates exhaustion. Thus the more imbalanced we become due to overworking, the more value there is in activities that allow us to return to a state of balance. The value of a recovery period rises in proportion to the amount of work required of us.

So how do we recover and build resilience? Most people assume that if you stop doing a task like answering emails or writing a paper, that your brain will naturally recover, such that when you start again later in the day or the next morning, you'll have your energy back. But surely everyone reading this has had times where you lie in bed for hours, unable to fall asleep because your brain is thinking about work. If you lie in bed for eight hours, you may have rested, but you can still feel exhausted the next day. That's because rest and recovery are not the same thing. Stopping does not equal recovering.

If you're trying to build resilience at work, you need adequate internal and external recovery periods. As researchers Zijlstra, Cropley and Rydstedt write in their 2014 paper: "Internal recovery refers to the shorter periods of relaxation that take place within the frames of the workday or the work setting in the form of short scheduled or unscheduled breaks, by shifting attention or changing to other work tasks when the mental or physical resources required for the initial task are temporarily depleted or exhausted. External recovery refers to actions that take place outside of work—e.g. in the free time between the workdays, and during weekends, holidays or vacations." If after work you lie around on your bed and get riled up by political commentary on your phone or get stressed thinking about decisions about how to renovate your home, your brain has not received a break from high mental arousal states. Our brains need a rest as much as our bodies do.

If you really want to build resilience, you can start by strategically stopping. Give yourself the resources to be tough by creating internal and external recovery periods. In her upcoming book *The Future of Happiness*, based on her work at Yale Business School, Amy Blankson describes how to strategically stop during the day by using technology to control overworking. She suggests downloading the Instant or Moment apps to see how many times you turn on your phone each day. The average person turns on their phone 150 times every day. If every distraction took only 1 minute (which would be seriously optimistic), that would account for 2.5 hours of every day.

You can use apps like Offtime or Unplugged to create tech free zones by strategically scheduling automatic airplane modes. In addition, you can take a cognitive break every 90 minutes to recharge your batteries. Try to not have lunch at your desk, but instead spend time outside or with your friends — not talking about work. Take all of your paid time off, which not only gives

you recovery periods, but raises your productivity and likelihood of promotion.

As for us, we've started using our plane time as a work-free zone, and thus time to dip into the recovery phase. The results have been fantastic. We are usually tired already by the time we get on a plane, and the cramped space and spotty internet connection make work more challenging. Now, instead of swimming upstream, we relax, meditate, sleep, watch movies, journal, or listen to entertaining podcasts. And when we get off the plane, instead of being depleted, we feel rejuvenated and ready to return to the performance zone.

*Shawn Achor is New York Times bestselling author of *The Happiness Advantage* and *Before Happiness*.*

*Michelle Gielan, a national CBS News anchor turned UPenn positive psychology researcher, is now the bestselling author of *Broadcasting Happiness*. She is partnered with Arianna Huffington to research how transformative stories fuel success.*



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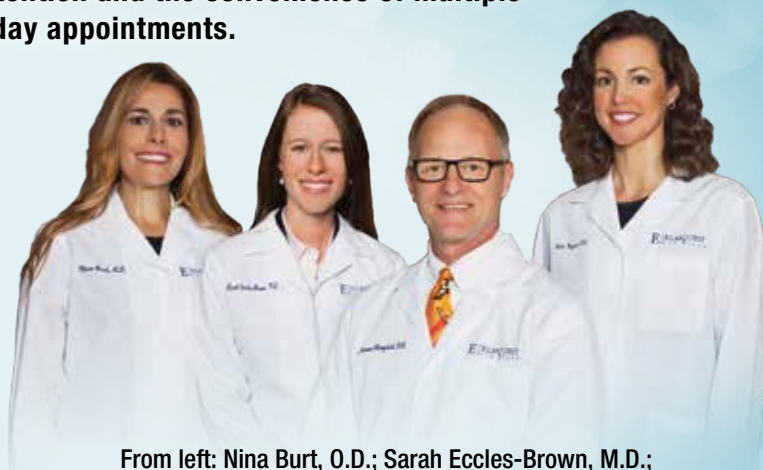
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