The Bulletin
OF THE HILLSBOROUGH COUNTY MEDICAL ASSOCIATION
Summer 2023

Michael A. Cromer, M.D.
120th HCMA President

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HCMA Executive Council Meetings
6:30pm
August 15, 2023
November 28, 2023
February 20, 2024

AMA Annual Meeting
Chicago IL
June 10-14, 2023

Resident Reception
Brio Italian Grille
June 29, 2023, 6:30pm

FMA Annual Meeting
Orlando, FL
July 27-30, 2023

National Physician Family Day
August 27, 2023
Details are forthcoming.

Membership Dinner
Westshore Grand Hotel
September 19, 2023, 6:15pm

Women in Medicine Reception
Palma Ceia Country Club
October 25, 2023, 6:00pm

Holiday Social for HCMA members
December 5, 2023, 6:30pm
At the home of Dr. & Mrs. Michael Cromer

Call the HCMA for more information about these events: 813.253.0471

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The Bulletin is YOUR publication. You can express your views and creativity by participating.

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VOLUME 69, NUMBER 1
Summer 2023

Executive Director
Debbie Zorian

Editor
David Lubin, MD

Managing Editor
Elke Lubin

Summer 2023

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Meet Your President

On May 9th, Dr. Michael Cromer was installed as HCMA President (for the second time). He served as HCMA president during the first year of the pandemic and led the Association by way of virtual avenues – a unique challenge at that time. This year, HCMA's 120th President will be able to connect with members firsthand while applying his efforts toward his objectives. Dr. Cromer is passionate about increasing member involvement and looks forward to meeting his colleagues at the various in-person events scheduled over the next year. He hopes to pique more interest in the government affairs component of organized medicine and welcomes your input.

Dr. Cromer is a family medicine physician in Tampa. He and his wife, Carol, have three children, Drew, Lance, and Chelsea.

We look forward to Dr. Cromer's leadership…Part Deux.

Departments

Photo Gallery

Features

The Bulletin is the official publication of the Hillsborough County Medical Association, Inc., 3001 W. Azeele St, Tampa, Florida 33609,(813) 253-0471.

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Terms began May 9, 2023 during the HCMA Installation Dinner

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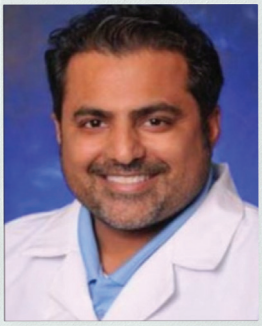

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President's Message

Can Physicians Become Replaceable?

Michael Cromer, MD
drmcromer@gmail.com

This is a question that I asked myself the other day as I was opening up an app on my iPhone to quickly obtain some medical information for a patient. It was sort of an ironic question when one thinks about how esteemed the profession of medicine once stood in our society … to now wondering if we could ever be replaced by robots (artificial intelligence), apps, or … nurse practitioners and physician assistants!

Venture capitalist Kai-Fu Lee told CNBC that "Artificial Intelligence (AI) will be bigger than all other tech revolutions, and robots are likely to replace 50 percent of all jobs in the next decade." A Silicon Valley investor Vinod Khosla said that "machines will substitute 80 percent of doctors in the future in a healthcare scene driven by entrepreneurs, not medical professionals."

If one thinks that our profession, or even some of our specialties, like primary care or radiology, could become a thing of the past, we must start now to guard against this from happening. What are some things we can do now to assure our existence in the future?

First of all, to show our worth we must remain highly trained. The training of physicians in this country has long been an arduous process, and so it should be. Society as a whole partly respects physicians because they know that we have received a lot of training to get where we are. We didn't get there by cutting corners or taking the fast track. People should be aware that there is a great difference in the number of clinical training hours received by a nurse practitioner (500), vs. a physician assistant (2,000), vs. a medical student by the end of their 4th year (6,000), vs. a physician with three years of residency training (15,000).

After residency or fellowship, stay relevant and up-to-date. Pursue staying current with Continuing Medical Education available to us and Maintenance of Certification required of us. These at least provide some sort of standards for society to know that their physicians have some ongoing accountability process.

As physicians gain experience, the more they realize that no two patients are exactly alike. Humans, unlike robots, can bring creativity and subjectivity into the exam room and more effectively narrow down differential diagnoses and treatment possibilities. Only we, as physicians, can apply critical thinking to best assess what the optimal treatment plan for a patient might be.

Next, we need to show compassion. Some of us have this innately in our personality, others of us have to work on it. It might be taught in medical schools, but it is rarely rewarded by corporate employers once we start working in the profession. It is, however, one of the ways that allows us to have an impact on patients' lives and one of the main things that our patients remember us by. Apps don't show compassion, artificial intelligence won't either. The compassion we give our patients will set us apart and be one of the reasons our patients will want to choose us.

A cousin to compassion is empathy – having the capacity to understand or feel what another person is experiencing from within their frame of reference, that is, the capacity to place oneself in another's position. An algorithm will not be able to build trust to help someone make an important decision for a loved one. A robot will not be able to walk a patient through a difficult medical crisis.

Be a leader on the healthcare team. At least in Florida, the dam was already broken when our legislators thought it was prudent to allow Nurse Practitioners to practice independently. However, there are many more settings where we physicians work as a part of a healthcare team that includes nurse practitioners, physician assistants, nurses, and medical assistants. A physician should always be the leader of that team. Not just in clinical acumen, but also in our work ethic, our moral ethic, and in how we treat others on the team. Be a role model that others look up to and try to emulate.

Attempt to control your destiny. Part of this is done by carrying out the three objectives above. But it also comes up in our choice of who we work for and being careful of what kind of employment contracts we sign. At present, over 50% of physicians are employed by hospitals or healthcare corporations. There are some companies more than others that value physicians and respect physicians' input. However, don't be lulled

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President's Message (continued)

into complacency believing that your employer will always make the decisions that are best for you or the medical profession. They will always look out for their own interests first.

Controlling your destiny also means being a part of the decision making when it comes to your profession. The latter often involves getting involved in your county medical society or specialty association. It may also include getting involved in the political arena. I encourage each of you to get involved in organized medicine before it is too late. As the saying goes, "if you don't have a seat at the table, you are more likely to be on the menu."

Don't misunderstand me, I know that more artificial intelligence will appear in healthcare in the next 10 years, many of it being helpful for physicians and improving health outcomes. As physicians, we need to speak up and get involved in how the automation happens and in what context it is best used. Due to AI, some tasks will disappear, while others will be added to the work routine. However, if we as physicians do the things we need to do now, there will be fewer opportunities where computers, either through a robot or an algorithm, will take our places.

From: Richard Lockey
Sent: Monday, April 24, 2023 11:43 AM
To: Michael Cromer, MD
Subject: Congratulations!

Mike, on behalf of the Division of Allergy and Immunology, I congratulate you on assuming the presidency of the Hillsborough County Medical Society. A great honor indeed.

I encourage my faculty to be active and members of the County Medical Society knowing full well how important it is to have physician representation in the politics of medicine. The Hillsborough County Medical Society has done so for the years I have been a member.

Good luck and best regards for your continued success. ~ Dick

Richard F. Lockey, M.D.
Distinguished University Health Professor
Joy McCann Culverhouse Chair of Allergy and Immunology
Professor of Medicine, Pediatrics and Public Health
Division of Allergy and Immunology
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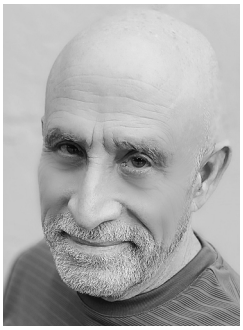
Editor's Page

Make these part of your vocabulary

David Lubin, MD
dajalu@aol.com



I hope you read Eva Crooke's President's column in the last issue of *The Bulletin*. To refresh your memory, she wrote about "moral injury," defined as "*the strong cognitive and emotional response that can occur following events where one engages in (commission), fails to prevent (omission), or witnesses acts that violate one's moral or ethical code, or when one experiences betrayal by trusted others*." Initially described in the military, Dr. Crooke described how moral injury can affect those of us in medicine as well as methods of treating the effects of moral injury under the premise of "physician wellness."

An incident occurred recently that made me think of moral injury in my own life, not directly affecting my well-being, but in general it was conjuring up what Dr. Crooke had described.

Two words that go hand-in-hand with moral injury are "responsibility" and "accountability." Like the inevitability of taxes and death, those two words are something that each of us faces in daily life, whether it be within our families, circles of friends, practices, or even complete strangers. We even have responsibility and accountability to ourselves. How many New Years have passed by with new resolutions made in a responsible fashion, only to fall to poor accountability until the list is made for the next year

I can think of numerous responsibilities that I have for which others are dependent. While Elke works at the HCMA and I enjoy retired life, it's my responsibility to be the main meal planner at the Lubins'. We like to cook together, but this way she doesn't have to worry about coming home, me pausing the TV and asking, "What's for dinner?"

But we, and others, can shirk responsibility and accountability and do things that might harm others, like driving impaired, texting while driving, or just trying to make that "yellow" light, or even worse, making it while it's red. Elke's car seems to be a magnet for that kind of irresponsibility. Elke's daughter, Samantha, got t-boned with her car being totaled, thanks to such irresponsibility. But I don't think drivers who feel the laws are not for them feel any moral injury. Or do you think the person who scraped your car, but didn't leave a note, feels any moral injury because it cost you $600 to get it fixed?

We as individuals need to accept responsibility and accountability, whether we are doctors, lawyers, athletes, coaches, judges (state, federal, or Supreme), surgeon generals, politicians, governors, Presidents, corporate CEOs, those with access to classified documents, TV anchors, newspaper columnists, police, firemen, other first responders…the list goes on and on.

Responsibility and accountability hit even closer to "home," thinking of the HCMA. Debbie Zorian has made the HCMA a first-class county organization and is accountable to the Board of Trustees. Her staff of Elke, Anni, Asta, and Jean are directly accountable to her. Elke and I have the responsibility of putting together *The Bulletin*, which we feel is one of the best county magazines in the state.

I've made membership calls, trying to get members to renew their dues, and get all kinds of reasons why they haven't. I've been trying with two members for nearly 5 weeks and can't figure out who in their office has the ultimate responsibility and accountability to get it done. It's like "let's do lunch one day," and no one gets to eat. If you don't want to, then don't suggest it, otherwise, make that call.

Elke sets up HCMA webinars for members. They are put on by our benefit providers and will take someone's time and effort. They often disseminate insurance or financial information with expert speakers. Elke might get 10 people signed up, but only 2 show up. That's embarrassing. I've scheduled HCMA Retirees' Zoom Lunches when I can get someone to serve as a "special guest." The guest takes an hour of their time, out of their schedule, for our entertainment. I've had Dean Charly Lockwood, Mayor Buckhorn, the Bucs' and Lightning docs, Brian Bradley from the Lightning, Mark Katches, Jim Verhulst, and Stephanie Hayes from the Times, and our last guest was Big Buc Nasty, the TB Bucs' Hall of Fame Super Fan. Including Big Nasty, there were about 6 of us. We sent out invites to at least 90 retirees and even invited active members through the E-news. That's embarrassing, and honestly, causes me moral injury.

But now to my case-in-point.

Our HCMA Foundation Golf Tournament was held March 30th at TPC, and although not raising as much money in the past, it was a great success on a beautiful day. And thankfully,

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Editor's Page (continued)

The Bulletin's $5000 prize for a hole-in-one can hit the course again next year. I thought golfers were supposed to be responsible. They're supposed to play at a reasonable pace, so as not to slow down the field. If a shot goes astray, aren't we supposed to hear "FORE!" or "DUCK!" or "LOOK OUT!"?

Dr. Crooke was driving me around as I shot pictures and, at one tee, she was taking a picture that included me. A ball skimmed the ground no further than a foot from her. No one heard a warning.

There was another "incident." It was reported that a cart hit, and broke, one of the signs indicating directions to two holes. It's not known who it was, but no one has taken responsibility or stepped up to be accountable and say, "Hey, we accidentally hit the sign, how much to repair?" And if someone saw them and didn't say anything, isn't that an act of omission? There was also a group, reported by the course marshall, which became somewhat belligerent when asked to speed up their game. Again, I don't know who they were, and wouldn't say if I did, but I'm just saying, that ultimately, this is a reflection on the HCMA and we would be held accountable for the actions of the individuals.

We all need to accept more responsibility and accountability.

TID BITS

In the "Aw, man" category…How many studies have we all read that said that a few drinks of alcohol a day were good for our health? Well, maybe not so now. The New York Times reports that meta-analysis of more than 100 studies, involving nearly 5 million adults, over the past 40 years, and showing that people who had less than two drinks a day did not have a lower death rate than teetotalers. The authors said most of the studies had flaws or were observational and could not prove cause and effect between light drinking and good health. They said there were a number of errors and once they were corrected for, "the supposed health benefits of drinking shrunk immediately," becoming statistically insignificant. The study also found that the risk of premature death significantly increases when women have two or more drinks a day and men have three or more. *Editor's note: Another glass of wine?*

The Washington Post reported that nearly 10% or 640,000 UTIs a year could be due to E. Coli found in chicken, turkey, and pork, based on sequencing strains of E. Coli in those meats in Flagstaff, Arizona. The study by researchers at George Washington University emphasizes the importance of careful handling of raw meats. It could also lead to widespread vaccination of animals against the E. Coli strains connected to UTIs.

Letters to the Editor can be submitted to:

David Lubin, MD

Dajalu@aol.com

Zoom meetings are just modern seances

"There's someone who wants to join us."
"Elizabeth,are you there?"
"We can't hear you."
"Can you hear us?"

Executive Director's Desk

April Showers Bring May Flowers…

DZorian@hcma.net

Unless you live in Florida where it's still dry season with more sunny days than during the summer months. The rainfall this April has been very minimal at best.

As I write my summer article at the end of this very warm and dry month, I reminisce on how April is associated with springtime and new beginnings as well as the various religious festivals celebrated by three of the major religions around the globe.

The month of April is also filled with birth dates for quite a few notable historical people such as Leonardo da Vinci, Shakespeare, and Queen Elizabeth II. Two of my favorite present day actors, Al Pacino and Jack Nicholson, were also born in April. Although not notable, except to me, one of my daughters was born on her actual due date, April 28, 1978.

One of the most well-known dates of the month is April Fools' Day. No one is sure where this originated from, but some believe it to be inspired by Geoffrey Chaucer's story in "Canterbury Tales" called "Nun's Priest's Tale." It is celebrated by many countries and pranks have been known to range from hilarious to disastrous. A favorite fast-food prank involved Burger King when they announced, on April 1, 1998, they would offer a version of the Whooper that had been carefully designed for left-handed folks. Surprisingly, they claimed to be flooded with orders for the non-existent left-handed burger.

While researching some important historical events that occurred during the month of April, I found the following of particular interest:

- On April 2, 1513, Spanish explorer Ponce De Leon sighted Florida and claimed it for the Spanish Crown after landing at the site of present-day St. Augustine.
- The American Revolutionary War began on April 19, 1775. The Civil War, Spanish-American War, and World War I all started in April.
- Our first President George Washington was inaugurated on April 30, 1789
- The United States Library of Congress was established in Washington D.C. on April 24, 1800.
- Noah Webster copyrighted the first Webster's dictionary on April 14, 1828.
- President Abraham Lincoln was assassinated on April 14, 1865, while watching a performance at Ford's Theater in Washington.
- The Civil Rights Bill of 1866 granting African Americans the rights of privileges of U.S. Citizenship was passed by Congress on April 9.
- After a 1,500-year break, the first Olympics of the modern era took place on April 6, 1896, in Athens.
- The world mourned the sinking of the Titanic on April 15, 1912.
- America's first astronauts were announced by NASA on April 9, 1959.
- On April 4, 1968, Civil Rights leader Rev. D. Martin Luther King was shot and killed by a sniper in Memphis, Tennessee.
- The explosion of the Chernobyl nuclear plant in Ukraine occurred on April 26, 1986, leading to the worst nuclear accident in history.
- On April 11, 1970, Apollo 13 was launched. Six days later, on April 17, potential tragedy turned to triumph as the astronauts touched down safely in the Pacific Ocean.

And then there is Administrative Professionals Day which is observed annually on the Wednesday of the last full week in April. It is a day observed in several countries to recognize the work of administrative assistants at all levels.

"The background of Administrative Professionals Day began during World War II when there was a shortage of skilled administrative personnel in the United States due to Depression-era birth-rate decline and booming post-war business. The National Secretaries Association, founded in 1942, was formed to recognize the contributions of administrative personnel to the economy, support their personal development, and to help attract workers to the administrative field.

The official period of celebration was first proclaimed in 1952 as "National Secretaries Week", which was held the first week in June. In 1955, the observance date was moved to the last full week of April. There were two more name changes in the 80's and 90's and then in 2000, the name changed once again to Administrative Professionals Week to encompass the expanding responsibilities and wide-ranging job titles of administrative support staff in the modern economy."

I would like to end my article by acknowledging the HCMA's administrative staff, a group of ladies who are essential in main-

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taining office decorum and seamless day-to-day operations. Their collaborative efforts make up the essential "team" I'm so very fortunate to supervise and I extend my sincere appreciation for all their hard work and dedication.

- Elke Lubin, Executive Assistant & Managing Editor of the *The Bulletin*. Elke's long-term service to the HCMA extends over 35 years.
- Jean Repass, HCMA bookkeeper, has been employed for 9 years.
- Anni Blackwell, Project & Event Coordinator, began her employment 2½ years ago.
- Asta Orthman, Membership Coordinator, recently celebrated her 1-year anniversary at HCMA. I am delighted she joined the HCMA team.

To celebrate Administrative Professionals Day, I decided to do something a bit different this year. I hired a virtual painter who, for 90 minutes, tried her best to help us create a work of art. Prior to beginning our artistic undertaking, we set the mood by putting on our painting aprons and fashionable berets. We then set up our easels, canvases, and paints but not before covering the HCMA boardroom table with an appropriate painting cloth. Our chosen painting was entitled "Splash of Paradise."

We enjoyed a fun-filled evening amidst sighs, self-criticism, and tons of laughter about our painting talents. Except for Anni dabbling in paints with her preschooler, the rest of us have zero experience and somewhat dreaded the outcome of our wishful masterpieces.

When it was all said and done, it was unanimous that we keep our day jobs!

Photos displayed on page 34.

Physician Wellness

The antidotes to toxic burnout: Grit and resilience

Charles J. Lockwood, MD, MHCM
cjlockwood@usf.edu

We've all heard reports of the alarming numbers of physicians, especially our younger colleagues, suffering symptoms of burnout. Some 45 to 60 percent of medical students and residents report symptoms such as depression, debilitating stress, and emotional exhaustion, according to the National Academy of Medicine's Action Collaborative on Clinician Wellbeing and Resilience.

I'm sure many of us have talked with, and tried to help, young physicians experiencing these issues, especially given the stresses of caring for patients during COVID.

But what if we've been offering them the wrong kind of help?

To attack the problem of burnout, we need to start by recognizing that young physicians' troubles mirror those of society at large. In 2021, the U.S. Surgeon General declared a "national mental health crisis" for young people. From 2009 to 2019, high school students reporting persistent feelings of sadness or hopelessness increased by 40%, affecting one in three students. Between 2007 and 2018, suicide rates among those aged 10-24 years increased by 57%.

As an educator, I am alarmed by this breakdown in child and young adult mental health. And I fear that, paradoxically, the more we tell young people they are fragile and need special treatment, the more fragile, depressed and burned out they become.

Today's young people undoubtedly face challenges we never dreamed of at their age: social media-induced anxiety and harassment, increased academic and global economic competition, information overload and a breakdown of civic and community norms. But too often, we respond to these and other challenges by overprotecting them rather than encouraging them to meet such challenges themselves, and in doing so becoming more resilient. This is the premise of authors Greg Lukianoff and Jonathan Haidt in their excellent book, *The Coddling of the American Mind*.

Last fall, New York University fired an award-winning organic chemistry professor after students complained his classes were too hard. Cornell University students recently asked for trigger warnings before professors teach any material deemed too distressing. Lukianoff and Haidt describe such phenomena as "safetyism" - a belief that young people need to be protected from as many risks as possible, both physical and emotional. That includes not being exposed to novel ideas or situations that make them uncomfortable. Safetyism also moves the locus of control from one's self to external agents – stripping young people of agency and self-reliance. Unfortunately, both learning and resilience occur when we reach outside our comfort zone – and thus our societal dilemma.

Worse, this kind of coddling exacerbates the problems it is meant to solve. We have taught our young people to exaggerate danger, magnify emotional reasoning, and cultivate dependency on authority figures to solve their problems and eliminate potential discomfort. This same philosophy promotes emotional choices, heuristic rather than deep reasoning, and the search for quick fixes, accounting for the accelerating propensity of young people to abuse opioids, blame others for their failures, and refuse to be accountable for poor choices.

What can we do better? We can teach our children, young adults, medical students, protégés and new associates the importance of grit and resilience. We all acquire grit the hard way: by learning the value of sustained and deliberate practice, by accepting new challenges and by a commitment to lifelong learning. Rather than "lawnmower parenting" (and mentoring) – mowing down every obstacle in a child or protégé's way – we need to help them learn the ancient Stoic philosophy that, in fact, the obstacle IS the way (as explained in the excellent book by that title from author Ryan Holiday). Difficulties present them with a challenge to overcome – and overcoming challenges makes them psychologically stronger, more adaptable and innovative, more efficient and effective and more joyful!

How do these lessons apply to young physicians? As we describe coping strategies, we can look backwards.

In talking with young obstetricians, I recently described the challenges confronted by those who came before. For

(continued)

example, the first female obstetrician, Agnodice of Greece had to pretend to be a man to help women deliver. When her gender was discovered, she was put on trial for her life. Ignaz Semmelweiss discovered that obstetricians themselves were responsible for their patients dying of childbed fever (Group A streptococcal sepsis), was vilified by his peers and lost his job.

My own generation came of age practicing a 120-hour resident work week. We had only primitive ultrasound imaging, no MRI or CT scans, and no surgical robots. As OB residents we performed lots of mid-forceps and breech deliveries (often by ourselves) – and while the Cesarean rate was only 5 percent, rates of cerebral palsy were about the same as they are today!

I say all this not to minimize the stresses that today's generation of physicians face, but to help them draw confidence from their strengths as they rise to meet the next obstacle. After all, they've already faced down a global pandemic – I'm pretty sure they can handle whatever the future brings.

When our residents or junior partners face challenges, ask them to remember why they went into medicine. Whether their motivations stem from finding a cure for the disease that robbed their family or helping patients improve their lives, remembering the "why" is surprisingly effective in moving past daily frustrations. Practicing empathy and humanism are also important, not only because they make us better doctors but because they make us feel better about ourselves and help stave off stress.

And finally, as simple as it sounds, practicing gratitude is a powerful antidote to burnout. On days when my work seems too demanding, I remind myself how truly fortunate I am. Every healthy baby I have delivered in my career has given me a sense of joy and wonder and the privilege of witnessing a new miracle. Recently, a prior patient sent me a picture of her daughter whom I had helped deliver after an exceedingly difficult pregnancy. The young woman had just found out she had matched in Surgery at a top national program - really, what could be better?

Dr. Lockwood is the executive vice president of USF Health and dean of the USF Health Morsani College of Medicine. As a high-risk obstetrician, he has delivered more than 5,000 babies; as a research scientist, he has authored more than 300 scientific publications and received multiple grant awards from the National Institutes of Health, the March of Dimes, and other agencies.

History of Medicine

The Well-Attired Physician…Through the Ages

S. Aaron Laden, MD, MBA
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Imagine that you are a physician. You arise in the morning and prepare to dress. What will you wear? What you choose to wear will likely depend on when you get dressed.

In medieval times, as when the Black Death devastated Europe, Asia, and Africa, killing an estimated 75 million victims, you might wear a black, neck-to-foot gown, a wide-brimmed black hat, gloves, glass goggles, and a beak. Yes, a beak, containing vinegar or aromatic spices and herbs to mask the stench of decaying flesh. This, of course, is the costume doctors wore when combatting an outbreak of the plague and is perhaps an early forerunner of today's "hazmat suit." The most famous outbreak of the plague occurred in Europe in 1348, having likely originated in China in the 1330s.

The outfit (ensemble) also included leather breeches to protect the legs, a long black overcoat that covered everything not covered by the hat and beak, and a wooden cane for communicating directions and for examining patients.

Seems unlikely to have been popular with the patient population.

With the subsidence of the bubonic plague, the beak costume undoubtedly became uncomfortable and inconvenient. The beak and long coat were hot, and the goggles and gloves made physical examination difficult. Only the black coat survived, and it became the standard of dress for physicians for centuries. Black was the color of formal wear and added gravitas to the image of the doctor.

Black fabric also masked the stains from blood and other bodily fluids that doctors encountered in their work. A black suit was the standard dress for physicians until the turn of the twentieth century.

In the final decades of the nineteenth century – the age of the giants of medical science – there was another transformation in manner of dress of physicians. With Louis Pasteur's (1822-1895) experiments disproving spontaneous generation, Ignatz Semmelweis' (1818-1865) demonstration of physical transmissibility of disease, Joseph Lister's (1827-1912) exhibition of aseptic surgical technique, Robert Koch's (1843-1910) postulates explicating the germ theory of disease, and Rudolph Virchow's (1849-1919) elaboration of the gross and microscopic correlates of disease, a revolution in medicine shook the "principles and practice of medicine" (to appropriate William Osler's (1849-1919) expression). The era of scientific medicine was underway.

This revolution in medical thinking led to a transformation in the public image of the physician and in his/her manner of dress. Contributing to this transition were several failures of the medical establishment:

1. To the poor reputation of physicians. They were associated in the public mind with death and gore. Many standard treatments were detrimental: purging, phlebotomy, scarification, application of leeches, use of mercury-containing calomel.
2. Ignorance of the nature and causation of disease. Illness was attributed to an act of God or of gods, miasma, imbalance of humors, spells cast by witches.
3. Lack of effective therapeutic options. One cannot direct a treatment to the cause of a disease when that cause remains unknown.

With the adoption of the germ theory of disease, cleanliness became the watchword, and the pure white lab coat became the epitome of cleanliness and the symbol of scientific medicine. The lab coat also identified the physician as the apex of the medical hierarchy. The white coat is so emblematic of physician status that nearly all U.S. medical schools hold a symbolic "white coat ceremony" as initiation into the practice of medicine.

With the understanding of the germ theory of disease, it became clear that the physician was potentially a vector of disease dissemination. Studies of hospital acquired infections such as Clostridium difficile and methicillin resistant Staph aureus implicated the examining physician as a potential culprit. Neckties, sleeve cuffs, and pockets sometimes may have come into direct or indirect physical contact with patients and spread germs to others.

(continued)

In recent years, the doctors' daily outfit has been modified in certain circumstances to mitigate these dangers. The scrub suit has replaced the lab coat as the "go to" outfit for many physicians. The short sleeves and streamlined fit limit the clothing potentially in contact with patients. Moreover, short sleeves permit handwashing to extend to the elbows.

Attire within the surgical suite underwent a parallel transformation from the nineteenth century black long-sleeve smock to the short sleeve white jacket at the turn of the twentieth century. Finally, today's blue or green scrub suit with mask, head covering, and sterile gown is the standard surgical clothing.

Scrub suits offer additional advantages in that they are often available to wear for free and even laundered for free by the hospital or other institution. They are available in a wide variety of snappy colors, and they can be personalized with logos and embroidered identification.

The revolution in the science and practice of medicine led directly to a transformation in the image of the physician and in his/her manner of dress. The physician is no longer perceived as that of an unsavory sawbones but is instead seen as a medical scientist.

In summary, the clothing worn by physicians, not surprisingly, has changed dramatically through the ages and has reflected the larger themes in each era of medicine:

1. The paranoia and fear of an unknown killer was reflected in the plague doctors' costume.
2. The formal attire of the subsequent period, extending to the end of the nineteenth century, reflected the physicians' attempt to attain status and respect.
3. The white lab coat paralleled the advent of scientific medicine and the need for cleanliness with the newfound awareness of disease-causing germs.
4. The adoption of the scrub suit indicates a greater understanding of the microbial threat and a practical approach to dealing with it.

What will be the future of physicians' wardrobes? Whatever it turns out to be, it will most likely reflect the contemporary nature of medical practice. Will telemedicine permit shorts and a t-shirt on the pool deck? Will new antibiotic-infused fabrics help to reduce disease transmission? Will the metaverse spawn a host of avatars for every occasion? It will be entertaining and educational to find out.

HCMA In Brief

HCMA BENEFIT PROVIDER IS TOP RANKED

HCMA long-time supporter and Benefit Provider, The Bank of Tampa, has been named a top-50 bank in the S&P Global Market Intelligence's list of Top 50 Community Banks in the United States with assets of $3-10 billion. Their performance is a result of the long-term relationships they have built throughout the communities they serve. The Bank of Tampa prides itself on truly knowing its clients —their businesses, and their families. The HCMA congratulates The Bank of Tampa and looks forward to working together for our members for many years to come!

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The HCMA has a very dynamic partnership with the USF medical students. Students have asked to shadow members in their offices to gain early clinical exposure. If you would like to be a mentor and allow a student to shadow you during 5 office days, email Elke at the HCMA (ELubin@hcma.net) with your name, specialty, office address and phone, your cell number, and the maximum number of students you will mentor at one time. You will be contacted by medical student representatives to coordinate your mentor/mentee schedule.

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Volunteering at your favorite charity, with your family, or in other countries is a very personal pursuit. We would like to showcase how our members give back. Send us a photo of you along with a description of how and where you volunteer and watch for it in a future edition of Enews or *The Bulletin*.

Practitioners' Corner

Obesity, Every Physician's Responsibility

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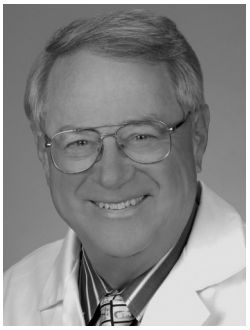
Natalia Weare-Regales, MD


Richard F. Lockey, MD

"If there were a pill for weight loss, you would look out the window and all you would see is [people that look like] walking sticks," said Dr. Frank Diamond to a mother of an obese child during my (Dr. Weare-Regales/NWR) pediatric rotation in the last year of endocrinology fellowship (2011-2012). The mother wanted a magical weight loss medication, something that did not exist.

Obesity was first recognized by the American Medical Association as a disease in 2013 with the goal of prevention and advancing its treatment. Per data from the Center of Disease Control, in 2013, 28.3% of adults in the United States were obese. This increased to 33% by 2021. Obesity is defined as the body mass index (BMI) ≥ 30. A study published in 2015 indicates that the odds of returning to an ideal body weight, BMI 20 to 25, for men and women are 1 in 210 and 1 in 124, respectively. These odds worsen for every higher BMI category. Simply put, once obese, always obese.

Since obesity affects multiple diseases, its diagnosis and treatment is the responsibility of ALL physicians, regardless of specialty. How should the obese patient be approached? First, when possible, remove culprit medications, and second, evaluate the patient for hormonal-associated etiologies. Many patients believe they have a metabolic etiology for their obesity, rarely true. Finally, focus on the psychological factors.

I (NWR) recall evaluating an obese female in her late 30s. She "could not lose weight". I treated her slight thyroid abnormality. No weight loss occurred. Subsequently, she was diagnosed with sleep apnea and began using a CPAP; again, no weight loss. Then one day she came into the clinic and had lost 10 pounds. I was ready to celebrate, however, in reality, she had consulted with a psychotherapist, started on medication for chronic anxiety, and lost weight.

In a society where food is taken for granted, individuals become obese from over-eating. Like it or not, our metabolism is evolutionary "programmed" to resist weight loss making it frustrating to attempt to do so. So, what's the solution? Perhaps it is in new medications proven to cause weight reduction with minimal side effects.

Glucagon Related Peptide-1 (GLP1) receptor agonists have been used to treat diabetes since 2005 (Table 1). As formulations changed through the years from a twice-a-day, then once-a-day, and finally, to weekly injections, noted improvement in gastrointestinal tolerability occurred. Weight loss, attributed to decreased gastric emptying, was a welcome benefit for diabetics. Although generally safe, with both renal and cardiovascular benefits, these medications rarely cause pancreatitis, in particular, for those at risk. Based on mouse studies, medullary thyroid carcinoma is also a theoretical concern.

GLP1 agonists cause an average weight loss of 7-14 pounds in diabetics. However, to achieve such weight loss, lifestyle interventions matter. I (NWR) discovered this from another patient, Mrs. G., who started a GLP-1 agonist for better glycemic control but no weight loss. "Mrs. G., did your appetite decrease?", "Yes!" she exclaimed. "But you have not lost weight?" "Well," she explained, "I eat a lot of cookies and ice cream." I had not emphasized that lifestyle changes are necessary, even with these medications. Information on how to portion food and caloric intake is necessary for all patients no matter what medication is prescribed.

Liraglutide (Saxenda®) and semaglutide (Wegovy®), 2 GLP-1 agonists, previously approved only to treat diabetes, are now FDA-approved for weight management for non-diabetics. The medications are identical but the indications for obesity versus diabetes differ (Table 1). Semaglutide is preferred because it only requires weekly injections. In a 68-week study, after equal food lifestyle programs, the treatment group lost 15% (~35 pounds) versus 2.4% on placebo. Today, semaglutide is one of the most sought out weight reduction medications for good reason, it works!

Tirzepatide, a dual Glucose-Dependent Insulinotropic Polypeptide (GIP) and GLP-1 agonist, was approved for di-

(continued)

abetes management in May 2022 (Table 1). My (NWR) first experience with this medication was with Mr. M, a 48-year-old diabetic who has lifetime morbid obesity. He was being evaluated for bariatric surgery and taking semaglutide and daily insulin, ~248 units/day. He agreed to start tirzepatide. As of February 2023, still not on the maximum dose, he is off insulin, lost 64 pounds, and no longer is in need of bariatric surgery. A clinical trial of tirzepatide in non-diabetics showed an average weight loss of 52 pounds at 72 weeks5. Tirzepatide has received U.S. FDA Fast Track designation for weight management, expected sometime in 2023.

A new era of obesity management is upon us. Diet alone to treat obesity for most patients does not work. Excessive weight is a comorbid condition for many illnesses: asthma, hypertension, breast cancer, heart disease, sleep apnea, and gastroesophageal reflux, just to name a few. All physicians and other healthcare professionals should make these medications accessible to the hundred million plus Americans who are obese. They also should be used for patients at risk for overweight comorbid conditions. NWR would not mind looking out the window and just seeing walking sticks.

TABLE 1
Available GLP-1 receptor Agonists*

Generic Name	FDA Approved for weight management?	Brand Name(s)	Prescribing instructions**
Exenatide	no	Byetta©	DM: Start 5mcg SQ BID 60 minutes before meals; may increase to 10mcg after 1 month.
Exenatide XR	no	Bydureon©	DM: 2mg SQ weekly
Liraglutide	Yes	Victoza©	DM: Start 0.6mg SQ daily for 1 week then increase to 1.2mg SQ daily. If glycemic goals are not reached may increase to 1.8mg Sq daily after 1 week.
		Saxenda©†	WEIGHT MANAGEMENT: Start 0.6mg once daily for 1 week and increase by 0.6mg SQ daily at weekly intervals to a target dose of 3mg SQ once daily.
Lixisenatide	no	Adlyxin©	DM: Start 10mcg once daily for 14 days then increase to 20mcg SQ once daily.
Dulaglutide	no	Trulicity©	DM: Start 0.75mg SQ weekly; may increase after 4-8 weeks to 1.5mg once weekly. If additional glycemic control is needed, further increases to 3mg and 4.5mg weekly may be considered.
Semaglutide	Yes	Ozempic©	DM: Start 0.25mg SQ weekly x 4 weeks, then increase to 0.5mg weekly. If glycemic control not achieved after at least 4 weeks, consider increase to 1mg then 2mg.
		Wegovi©†	WEIGHT MANAGEMENT: Start 0.25mg SQ weekly x 4 weeks, then increase to 0.5mg weekly. Every 4 weeks continue to increase dose as tolerated to max dose of 2.4mg weekly.
		Rybelsus©	DM: Oral formulation; take ≥30 minutes before the first food, beverage, or other medications of the day. Start with 3 mg once daily for 30 days, then increase to 7 mg once daily; may increase to 14 mg once daily after 30 days on the 7 mg dose prn for glycemic goals.

Dual GLP-1 and GIP Agonist*

Generic Name	FDA Approved for weight management?	Brand Name (s)	Prescribing instructions**
Tirzepatide	No‡	Mounjaro©	Start 2.5mg SQ weekly x 4 weeks, then increase to 5mg SQ weekly. May increase dose in 2.5mg/week increments every 4 weeks if needed to achieve glycemic goals (maximum 15mg/week).

GLP-1 = Glucagon Related Peptide-1 (GLP1); GIP = Glucose-Dependent Insulinotropic Polypeptide (GIP);
SQ = subcutaneously; FDA = Food and Drug Administration; DM = Diabetes Mellitus
* Cash Cost per Good Rx from $800-1,300/month (searched 4/9/2023)
** Following titration instructions is necessary to avoid gastrointestinal side effects
† Saxenda and Wegovi brand devices deliver the doses approved for weight management
‡ Currently on FDA Fast track designation for weight management approval

History of Medicine

Rudolf Virchow – the Father of Pathology

Robert Norman, DO
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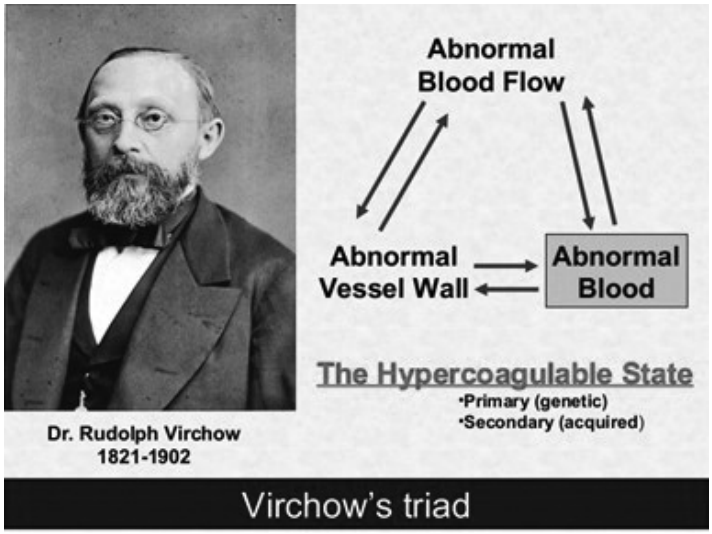
"Medicine is a social science, and politics is nothing more than medicine on a grand scale."

My first biography, *Rudolf Virchow - The Father of Pathology*, was recently published. For about three years I worked with my editors and reviewers to create a clear and concise picture of this amazing polymath. Most of my hours were spent working in a pattern reminiscent of Henry Moore, who carved out wondrous figures from enormous raw materials. I had to whittle away at tens of thousands of words written about Virchow or written by Virchow to create a worthy narrative.



A 19th-century Renaissance man, physician, academic, writer, biologist, scientist, anthropologist, politician, and public health advocate, Rudolf Virchow (1821–1902) was perhaps best known for his significant achievements in pathology and social medicine. Virchow was a leading figure in the medical, political, and intellectual life of Germany in the second half of the 19th century. Virchow wrote numerous books and edited several prestigious journals, including "Virchow's Archive," and was a member of numerous professional societies.

The words and research of Rudolf Virchow have been used not only to describe disease but to save countless lives throughout the world. His scientific writings alone exceed 2,000 in number. Virchow was the first to describe and name diseases such as leukemia, embolism, thrombosis, chordoma, and ochronosis. Virchow discovered the nematode that caused trichinosis (all pork eaters please now applaud) on his journey to revolutionizing pathology.

He coined biological terms including chromatin, parenchyma, neuroglia, agenesis, osteoid, amyloid degeneration, and spina bifida. Among his eponymous medical terms are Virchow's node, Virchow's angle, Virchow's cell, and Virchow's triad: the classic factors which precipitate venous thrombus formation—endothelial dysfunction or injury, hemodynamic changes, and hypercoagulability.

In his most famous textbook, *Cellular Pathology*, he argued that the study of disease should focus on cellular abnormalities and that cells arise only from other cells, disagreeing with the predominant theory of spontaneous generation.

What is perhaps most characteristic of Virchow is that he looked at life in the most microscopic detail (he was called the "Father of Pathology") and simultaneously from a much larger cultural and public health perspective. One of the most celebrated statements spoken by the 19th-century German physician was: "Medicine is a social science, and politics is nothing more than medicine on a grand scale."

He saw medicine as a metaphor for understanding all of society and looked at it as an ailing patient that needed fixing. Virchow treated society with a disease model and later in life added insights from anthropology and social science.

Particularly fascinating is the role Virchow played in studying morphology and race during the time of an emergent socialist movement, rising anti-Semitism, and cultural superiority in Germany. In 1885, he launched a study of craniometry, which gave surprising results contradictory to contemporary scientific racist theories on the "Aryan race." Virchow supervised a study of seven million German schoolchildren and disproved the existence of a predominantly blond-haired, blue-eyed, Aryan racial type. He was a teacher of Franz Boas who used his new insight to promote Virchow's ideas within anthropology, including an expansion of Virchow's research on cranial measurement and race, for which he won international acclaim.

Virchow's passion for knowledge and discovery took in all aspects of human beings and included archaeology and physical anthropology. While excavating with the noted archaeologist Heinrich Schliemann, he arranged for an-

(continued)

cient treasures to be relocated to museums in Berlin. He was the editor of Germany's most important scholarly journal of ethnology and in 1869, he founded the Society for Anthropology, Ethnology and Prehistory.

All in all, it was an amazing time to live in such a robust scientific era and Virchow's plentiful intellectual energy and ambition propelled him into the center of the action. I believe the time of Virchow was at least as inventive and intoxicating as our own. And in certain cases, such as with Pasteur, Darwin, and Faraday, and later in life for Virchow and others, these scientific heroes were clearly recognized on a larger scale. The scientific entrepreneurs who accomplished amazing achievements, such as Virchow and his contemporaries, would change the world forever in positive, lasting, and world-revolutionizing ways. The political revolutions of the time would fade into the dust of collective memory.

In his talk on *"Anthropology in the last Twenty Years"* (Anthropological Papers of 1891), Rudolf Virchow wrote, "If different races would recognize one another as independent co-laborers in the great field of humanity, if all possessed a modesty which would allow them to see merits in neighboring people, much of the strife now agitating the world would disappear."

Over and over, while writing this book, I reflected on how prescient Virchow was about our current times, ones filled with highly charged political and medical turmoil. At the present time, we have had many years of divisiveness within our political system and our nation, and at the end of 2019, a nasty virus arrived center stage—COVID-19. Common sense has often lost out to political agendas. Virchow's statement that "politics is nothing more than medicine on a grand scale" echoes across our world, and many are doing everything they can in terms of using public health techniques and developing vaccinations to prevent more deaths.

Alliance News

Meet Lauren Swoboda

Michael Kelly, Secretary/Treasurer
michael19452000@ yahoo.com

The HCMA Physician Family Alliance is pleased to announce that Lauren Swoboda is now our Chair of Membership and Outreach.

A native of Lakeland, Lauren Swoboda earned a degree in public relations from Florida State University. Post-graduation, Lauren spent two years as PR & Marketing Specialist/REALTOR® for the number one producing luxury real estate team in Tallahassee, Florida, where she was responsible for maximizing online exposure, community awareness and keeping the agency current with the latest industry technology. After spending five years as a public relations executive, Lauren joined a top-producing Washington, DC, real estate team in 2016, relocated back to the Tampa market in 2018, and brought with her a blend of public relations, brand development, and real estate sales experience. In addition to working with a wide variety of clients, Lauren specializes in relocations -- physician families are a passion due to personal experience. Lauren was an original Moving Medicine Partners member (https://movingmedicinepartners.com/). Moving Medicine Partners is a national network of vetted physician-spouse real estate specialists dedicated to serving exclusive medical clientele with personalized attention, marketing and tech prowess, market expertise, and knowledge specific to the medical realm.

Lauren Swoboda

Lauren met her husband, David, when they both were undergraduates at Florida State University, they were introduced by a mutual friend. They dated for all four years of college and got engaged after graduation. Before getting married, they dated for two more years during medical school in Tallahassee. They then rotated to Daytona Beach where David worked and trained at the Daytona campus. Their next stop on their medical family journey was Washington, DC, for David's fellowship training in internal medicine at Georgetown. With six months remaining at Georgetown, their first daughter, Ava, was born. Then, it was back to Tampa for David's fellowship training at Moffitt.

Their second child, Nora, was born in October of 2020, "right in the middle of the pandemic," as Lauren recalls, and both parents and daughters have made it through and are enjoying being back in Tampa and close to family. Dr. David Swoboda is now employed by the Tampa General Hospital Cancer Institute as a hematologist oncologist who specializes in malignant hematology.

We look forward to the energy, enthusiasm, and new ideas that Lauren will bring to the HCMA Physician Family Alliance. She can be reached directly at lswoboda1023@gmail.com.

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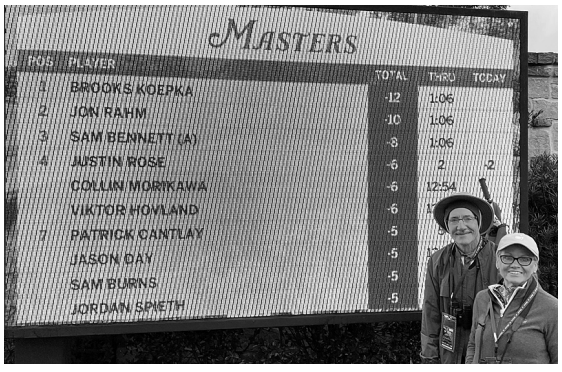
Travel Diary

A Masters Experience

Bruce Shephard, MD
shephardmd@verizon.net

In 1974 I was an Ob/Gyn Chief Resident at Jackson Memorial Hospital in Miami. I hadn't played much golf since high school but followed the PGA on TV and often attended the nearby Doral Open, played on the famed "Blue Monster" course which is now a Trump property. Having enjoyed these outings I decided to sign up for tickets to The Masters, a list that was available between 1972 and 1978, briefly in 2000, and never since. I was busy, ready to start my practice, and promptly forgot all about it.

Dr. Bruce, Coleen, and Carl Shephard.



Fast forward 20 years. In late 1994, now in private practice in Tampa, I received a letter explaining my number got punched and my wife and I had become patrons for all four days of the Masters tournament—the equivalence of being season ticket-holders to the Tampa Bay Bucs. I was astounded and felt like I'd won the lottery to have yearly access to the second hottest ticket in sports after the Superbowl. Ticket-holders are forbidden from selling tickets for more than face value (now $450 each) but some still do it knowing the price for two tickets for each of the four days can easily bring five figures. Today, an actual lottery for Masters tickets is held each year, but it's only for one day of the tournament. These tickets are relatively scarce and oftentimes multiple family members bid individually hoping to land one.

Augusta National was founded in 1932 by Bobby Jones and Clifford Roberts on a 365-acre site of a former fruit orchard/antebellum plantation. Jones wanted to develop a world-class golf course and since 1934 The Masters has been one of golf's four "majors". The tournament is also unique in being the only one of these four "majors" that never rotates location.

My impressions of The Masters in 1995 on my first visit were much the same as those of other first-timers—breathtaking in every aspect from the manicured, tree-lined fairways to the surrounding flowering plants, especially the iconic azaleas, and dogwoods. You can't really appreciate the slopes and drops on the TV coverage of this undulating course which favors golfers who know where to "leave" the ball on the approach to any given green.

Over the years, my wife Coleen and I have developed some routines when we visit Augusta, starting with staying at a very ordinary motel, favored by its one-mile proximity to the north gate of the tournament property. Proximity means higher prices and huge demand so we always book a year in advance. Every morning it's up by 5 am to get in line at the outer gate by 5:30 am. Even then a few hundred patrons have lined up ahead of us for the fast-walk ritual that enables early risers and fast walkers to better position the chairs around their chosen green. Running can get you removed from the premises but all us early birds manage to walk-run a bit. Once I was warned by an official who huffed and puffed to catch up to me warning I was about to lose my badge if I continued running. This year, as usual, we managed each day to arrive in time for two front-row chairs on green #2, of a dogleg par 5 where a strong second shot can reach the green--and sometimes land in the gallery.

After watching all the golfers come through hole #2, we select other places to watch for a while—holes #10 and #16

(continued on page 27)

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Travel Diary (continued from page 25)

are favorites-- knowing if we leave our chairs, they'll be there when we return, although others are welcome to use the chairs if unoccupied. Breaks for the well-known pimento or egg salad sandwiches are a must, and at $1.50 each, the price is right. By sundown, play is over and we often head for TBonz, a steakhouse that has become a rite-of-passage for Masters patrons over the years. Packed every night, the popular restaurant's walls are covered with Masters memorabilia. A few years ago, I managed to get a photo with Rich Lerner, a well-known analyst from the Golf Channel.

I've had many wonderful golf memories of Augusta over the years, such as Tiger Woods' win in 1997 at age 21, becoming the youngest player to win the Masters, doing so by a then-record 18 strokes in his first professional appearance there. Some unbelievable shots I've witnessed include back-to-back hole-in-ones on the par three 16th hole by Kirk Triplett and Padraig Harrington in 2004 and Louis Oosthuizen's double-eagle 2 on the 2nd hole, in 2012, the only time it's ever been done on that hole at the Masters.

The 16th hole has been the site of much drama over the years and is second only to the 18th in popularity among chair-setting patrons. Coleen and I were fortunate enough a few years back to see Tiger hit that iconic chip onto the green on #16 where the ball momentarily froze showing the Nike logo just before falling into the cup. That shot soon became a popular TV commercial.

By coincidence, 2023 was Tiger's 25th Masters as a player and my 25th Masters as a patron. Since 1995, I've only missed four times-- twice due to COVID-19 when they had limited or no patrons, and twice due to scheduling issues. This year's Masters was special as my middle child, Carl, coordinating with Coleen, showed up at our hotel for a surprise pre-birthday visit and a half-day of father-son bonding at the tournament the next morning.

Each of my offspring has had at least one visit to the Masters and each is ready to return at a moment's notice. But there can be challenges in keeping everyone happy every year. After all, it's one of the toughest tickets in sports.

Benefit Provider

Favorite Healthcare Staffing
Does Your Practice Struggle with Staff Retention? (Part Two)

Jeff Welch
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Employee onboarding: The four Cs and what they mean to your practice.

In part one, I discussed how the benefits of effective onboarding led to higher rates of employee retention and satisfaction. In this article, I'll offer practical guidance to help practices struggling with staff retention. The Society of Human Resources Management (SHRM) recommends using the four C's: compliance, clarification, culture, and connection as a strategy to ensure successful onboarding.

Compliance

The aspect of compliance is addressed when the new employee attends the new hire orientation. For small practices, this might mean meeting with a practice manager. Here, the employee has an opportunity to learn about the basic rules and policies of the organization. Time is also set aside for the employee to complete any necessary paperwork related to taxes and employee benefits like health insurance and retirement savings.

Typically, the organization's human resources team is tasked with addressing those compliance issues. According to Kristel Haynes, director of human resources at Favorite Healthcare Staffing and a 20-year HR veteran, the new hire orientation event "gives the employee an opportunity to review policies in a conversational manner versus simply giving them an employee handbook."

Clarification

New employees must fully understand their new roles and responsibilities. This understanding typically takes place during the clarification phase of onboarding. Unlike the compliance-based, new-hire orientation, the clarification phase is not a one-time event. For an employee to get clarity on their new role, they might job shadow a colleague for several days to a week. They'll likely have multiple "check-in" conversations with their immediate manager or supervisor. And they might even attend various job-related training courses offered by the organization's learning and development department.

Culture

For new employees to feel the most engaged within an organization, "they need to understand the dynamics of the organization and the cultural expectations," says Haynes. An effective onboarding process gives the new employee insight into the shared values, practices, and norms of the organization.

For a greater understanding of company culture, new employees should be given opportunities to watch and listen. This could range from being given a tour of the building or campus to observing meetings and project groups without the responsibility of assignments. New employees should be made aware of employee resource groups, e.g. women, veterans or LGBTQ networking cohorts. Lastly, they should also be allowed to freely ask questions in an effort to understand the organizational culture.

For smaller independent medical practices, it might be helpful to define your values in a 'mission statement' that can be shared with all employees. The Society for Human Resources Management (SRHM) defines this as "a concise explanation of the organization's reason for existence. It describes the organization's purpose and its overall intention. The mission statement supports the vision and serves to communicate purpose and direction to employees, customers, vendors, and other stakeholders." Also, think of ways that new employees can gain an understanding of the culture and feel open to asking questions.

Connection

The connection phase of onboarding allows the new employee to develop relationships with other members of the organization. Since this phase is where the employee begins to feel included and part of the team, some argue that the connection phase is the most important part of the onboarding process.

In this phase, the new employee should be introduced to as many people as possible from their immediate co-workers to leadership. When it comes to interacting with members of leadership, "it's important the new employee gets to know the person, not just their title. This gives them an opportunity to understand the leader and their vision for the organization," says Haynes.

Events related to the connection phase are usually formal and take place within the workplace. However, don't underestimate the power of informal meetings that occur outside

(continued)

the workplace. New employees should be encouraged to go to lunch, attend team outings and join in social mixers with their new colleagues and associates.

Some organizations even have mentoring programs that are part of their onboarding process. To round out the connection phase, new employees are often assigned a mentor or buddy to answer questions and serve as a networking resource.

The four C's allow an organization to address onboarding from a holistic approach. And the concept is most impactful when the new employee reports to a traditional office environment.

But what about remote employees? The coronavirus pandemic has led to an increase in teleworking opportunities in many companies and organizations across the globe. Therefore, special considerations must be made when onboarding remote employees.

While the four C's are still applicable, according to Haynes, building and establishing personal relationships are even more critical in the case of remote workers. "You never want those employees to feel like they're on an island. Extra effort must be made when onboarding a remote employee, so they're made to feel like a real person—not just someone on a computer screen," says Haynes.

Lastly, if time and budgetary resources allow remote employees to travel, it's recommended they make periodic visits to the main office. These visits allow them to establish those ever-important face-to-face connections.

As we discussed in part one data suggests that having a formalized process in place will help your practice can lead to improved employee retention. For medical practices of all sizes using the four C's can help successfully retain new employees by making them feel like a member of the team

Jeff Welch serves as director of learning and development as well as director of diversity and inclusion for Favorite Healthcare Staffing. He holds a Bachelor of Arts degree in broadcast journalism and speech communications from Western Kentucky University. Welch currently resides in Atlanta, GA.

HCMA members receive preferred pricing for staffing and personnel services, including short-term coverage as well as temp-to-perm and permanent placement solutions, from Favorite Healthcare Staffing. If you have staffing needs, mention your HCMA membership when you contact Favorite's staffing experts via email at medicalstaffing@FavoriteStaffing.com or 813-327-5500. You can learn more about Favorite Healthcare Staffing by visiting www.FavoriteStaffing.com.

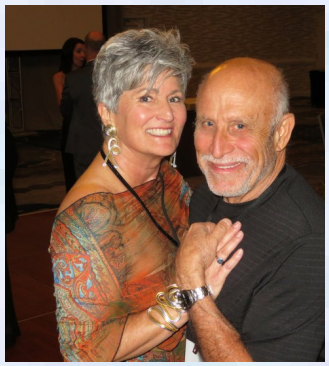
References available upon request.

Dr. Madelyn & Bill Butler.

Debbie Zorian (HCMA Executive Director), Bill Carter, & Anni Blackwell (HCMA Event Coordinator).

Jean Repass (HCMA Bookkeeper) & Kay Mills.

Asta Orthman (HCMA Membership Coordinator) & Samantha Johnston.



Dr. David & Elke Lubin dance to the stylings of Don Juceam, Florida's Frank Sinatra!

Drs. Barry Verkauf, Dennis Agliano, and Lazaro Hernandez.

Dr. John Sinnott, Lauren Swoboda (Alliance Membership Outreach), Dr. David Swoboda, & Dr. Malcolm Root.

Representatives for event co-sponsors, MCMS Insurance Trust and Florida Blue.

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Drs. Robert Maddalon, Manuel Carmona, Edwin Melendez, David Tulsiak, Anthony Pidala, and Jayant Rao.

Drs. Jairo Parada, Michael Yarnoz, and Hernan Leon.

Photos by Dr. David Lubin & Bill Carter

2023 Presidential Installation Dinner

May 9, 2023

Dr. Michael Cromer was installed as the HCMA's 120th President - with his family and friends present! Dr. Eva Crooke ended her presidency graciously and turned the HCMA gavel over to Dr. Cromer. Special guests included Chris Clark, FMA CEO, and Dr. Joshua Lenchus, FMA President. Don Juceam, Florida's Frank Sinatra, provided the entertainment. Many thanks to the evening's exhibitors and to our sponsors: The Bank of Tampa, MCMS Insurance Trust, Florida Blue, and The Standard. Visit our Facebook page (HCMADocs) for all of the photographs!

Dr. Michael Cromer, front/kneeling, was installed as the HCMA's 120th President. Family and friends were present to cheer him on!

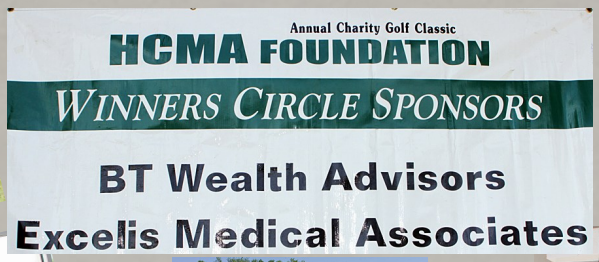
Dr. Michael Cromer was installed as the HCMA's 120th President by FMA President, Dr. Joshua Lenchus.

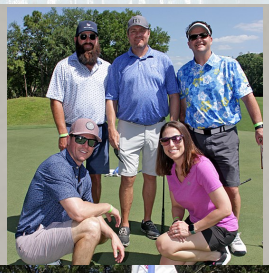
Dr. Cromer surrounded by his son, Lance, wife, Carol, daughter Chelsea, and son, Drew.

Dr. Michael Cromer with his step-mother, Fran, and his father, John Cromer.

Prior to presenting Dr. Eva Crooke with the Past President's plaque, Dr. Joel Silverfield honored her for her outstanding service as the 119th President.

Dr. Arun Kalava (HCMA Secretary), Damian Caraballo (President-Elect), Debbie Zorian (Executive Director), Dr. Michael Cromer (President), Dr. Eva Crooke (Immediate Past President), and Dr. Joshua Lenchus (FMA President).





HCMA Foundation's 25th Charity Golf Classic March 30, 2023

TPC's course was in prime shape and the weather was fantastic for our 102 golfers! Everyone had a great time - the opportunity to win not one but two hole-in-one contests made for an exciting day! MANY thanks to our amazing sponsors, golfers, volunteers, and contributors who made our 2023 golf fundraiser another success.

Winners: First place/gross: Team Sumner, Locklear, and Shea. First place/net: Team Subko, L. Martin, Keith, and Petty. Second place/gross: Team Batt, Sanders, Gasca, and Howell. Second place/net: Team Connelly, M. Martin, Bryant, and J. Martin.

Closest to the holes: Roger Fox, Mike Shea, Chris Maher, and Chris Leto. Closest to the serpentine line: Michael Orthman. Putting contest: Carleton Compton (24"). Park 3 Poker: David Kuper. Scratch-off fantasy golf: Sandra Ellis (score 70).

Visit the HCMA's Facebook page, /HCMADocs, for a complete list of 2023 sponsors, supporters, volunteers, and more photos. If anyone has photos from the event, please share them with Elke at the HCMA (ELubin@hcma.net) to post in this album.

Photos by David Lubin, MD

Advocacy for all Sciences

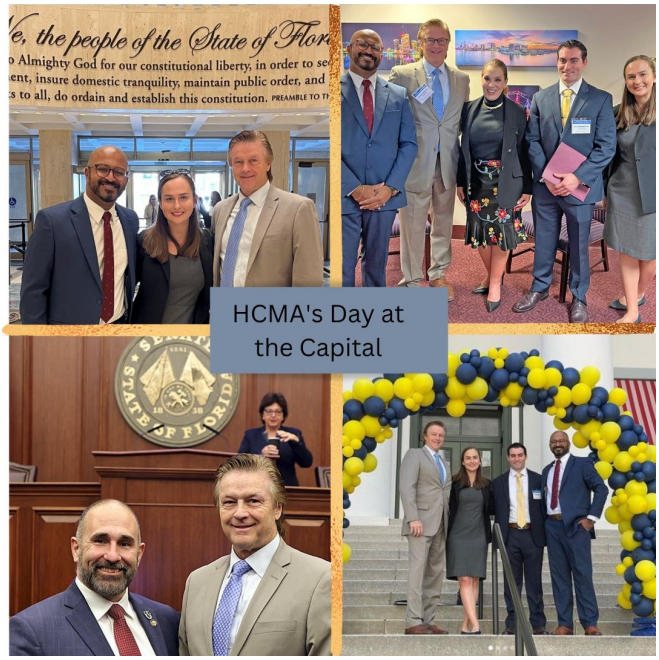
Hippopotamucratic Oath: Inspired by HCMA Advocacy

Samantha Johnston, MS
Fish, Wildlife, & Conservation Biology
samantha.johnston0110@gmail.com

A recent HCMA social media post showcased pictures of members making the trek to Tallahassee to advocate for physicians and the relevant issues affecting their patients across Florida. It was inspiring to see doctors from Hillsborough County exhibit drive and initiative to speak up for the change they wish to see for those who practice medicine. It got me thinking that science and policy should not be so separate. In one of my graduate courses this semester, I am learning about conservation policy, law, and administration. The course covers the nuances of conservation policy and the nightmarishly long process of funding conservation projects and programs, and let me say, there are times when the class content is skull-crushingly dull. In short, the foundation of my course is based on the idea that science informs policy. However, the science itself cannot speak up, it's not enough for the latest science to be published quietly in a peer-reviewed journal article. It's also not enough to rely on the cute faces of megafauna such as the panda or the Florida panther to carry the burden of conservation awareness. Science requires advocates to reach the desks of policymakers and legislators. The HCMA has a dedicated number of doctors that are doing just that - making it their responsibility to ensure the issues facing physicians and their patients are being heard and deliberated.

In a paper titled "How to Lose Your Political Virginity while Keeping Your Scientific Credibility," author David Blockstein states that professional responsibility is a public responsibility. Our ethical code compels us to help an injured person should we ever find ourselves in a position to do so. As a certified lifeguard, I feel professionally compelled to administer help to my level of training, and doctors have codified their professional responsibility as the Hippocratic Oath.

Inspired by the HCMA's determined doctors' "march on (Florida's) Capitol Hill," I think it's time that biologists, ecologists, and conservationists develop their own codified oath to bridge the gap between science and policymaking. Like the Hippocratic Oath, the Hippopotamucratic Oath could be the call to action to protect not just the charismatic megafauna like dolphins, polar bears, and the American bison, but seek to protect all biodiversity on this planet. Scientists in the realm of natural sciences can take a page or two from the book of the HCMA's doctors who've taken a step beyond science and moved into advocacy, where the ability to affect change is limitless.



HCMA members traveled to Tallahassee to visit our representatives and senators. Dr. Michael Cromer, who also served as Doctor of the Day in the senate, along with Dr. Neil Manimala and HCMA medical student representative, Alexandra Mazur-Pincus spent April 18th at the capital making connections and educating our legislators on medicine's priority issues.

Dr. Barry Bradley, a family medicine resident at Tallahassee Memorial Hospital joined Dr. Cromer in his Doctor of the Day duties. The FAFP matches up a resident who shows interest in the legislative process with a Family Doctor for the Doctor of the Day experience.

1) Dr. Neil Manimala, Alexandra Mazur-Pincus, & Dr. Michael Cromer. 2) Our group and Dr. Barry Bradley met with Representative Karen Gonzalez-Pittman. 3) Dr. Cromer with Senator Jay Collins. 4) On the steps of the Capitol.

Executive Director's Desk (continued from page 13)

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