

# Bulletin

*Editor: John W. Snead, M.D.*

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LEE COUNTY  
MEDICAL  
SOCIETY<sup>INC.</sup>

*Physicians Caring for our Community*



## Bulletin

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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.*

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### Inserts:

LCMS Annual Holiday Party, December 14, 2015  
LCMS Annual Medical Service Awards, January 29, 2016  
LPG - Weekend work is Available -Join LPG  
**LCMS 2016 Officers & Committees**

*About the Cover: Photo by Dr. Peter Sidell, Naples Botanical Gardens*



## CALENDAR OF EVENTS

### Monday, December 14, 2015

*Holiday Party at Gulf Harbour Yacht and County Club*

*14500 Vista River Drive, Fort Myers, FL 33908*

*7:00pm-10:00pm*

*RSVP by Dec. 11th online at [www.lcmsfl.org](http://www.lcmsfl.org) or by phone at 239-936-1645*



### Save the Date!

*Friday, January 29, 2016*

*Annual Medical Service Awards and 2016 Board Installation Dinner*

*Crowne Plaza, Fort Myers, FL*

*Entertainment by Clearly Avocado*



# MEMBER NEWS

## NEW MEMBERS



**Anthony J. Anfuso, MD**  
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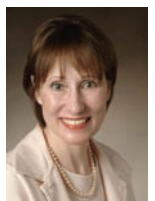
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## MEMBERSHIP CHANGES

### New Location

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### Moved out of area

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## PRESIDENT'S MESSAGE

BY ANDREW OAKES-LOTTRIDGE, M.D.



### *When do guidelines and practice disconnect?*

While not always clear to the lay public, as providers we are all too familiar with the confusing truth that practice guidelines are numerous and sometimes conflicting. The recent renewed discussion over mammogram screening is just one example. The confusion and controversy over PAP smear testing is yet another. Guidelines released in 2012 dramatically changed the recommendations for routine PAP smear cytology screening, and yet many of us have yet to adopt those recommendations. To further confuse the situation, there is very little, if any, disagreement regarding the PAP smear screening recommendations, which leads the question of why more of us and our patients are not aware of, or not following them? When do guidelines and medical practice disconnect?

Just to be clear, when I write that there is not significant disagreement over the changed guidelines for PAP testing, I am including well-respected and diverse organizations such as the American College of Obstetricians and Gynecologists, the U.S. Preventive Services Task Force, the American Cancer Society, the American Society for Clinical Pathology and the American Society for Colposcopy & Cervical Pathology. While some of the details may differ, they all generally agree on PAP smear cytology testing every 3 years for women age 21 to 29, and the additional option of extending it to every 5 years for women age 30-65 if they get HPV testing as well. This dramatic departure from annual PAP smears is due to the improved wet-prep technology and the increasing use of the HPV vaccine.

So why the resistance among patients and providers to adopt these changes? First of all, guidelines are just a guide. They are not set in stone and passed down from above, so if we chose to support a patient's preference for more frequent testing, or recommend in favor of more frequent testing, it certainly is not incorrect. After all, we went to school and residency to help make educated decisions, not simply follow a flow sheet.

In regards to PAP testing, it is also critical that we make sure our female patients know they shouldn't disappear for 3-year intervals. The PAP smear screening is only a single brief part of the annual check up. There is still a lot that needs to be addressed during the annual visit: breast examination, screening for skin cancer, review of laboratory testing such as cholesterol, discussions about lifestyle choices and safety, etc...

For my own practice, I have noticed a growing acceptance among my otherwise healthy female patients for the new guidelines. Once explained and offered, almost all have gratefully adopted the new guidelines.

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From left: Nina Burt, O.D.; E. Trevor Elmquist, D.O.; Kate Wagner, O.D.

Starting December 1st, our LCMS website will be introducing a Job Listings/Advertisement Page. For \$100, we will accept Editor approved job openings or offices for sale/ lease that you would like posted for 30 days. (<http://www.lcmsfl.org/en/category/19>) We want to get the word out that Lee County is a great place to work and play!

#### *Leadership Academy III*

This past month we had Health Care day, Education day and Tourism day. We had the great pleasure of touring the construction of Golisano's Children's Hospital at Healthpark. Having been a construction manager in the past, I was impressed most in the safety measures that the managers took to keep their workers safe! They are right, you don't want anyone hurt while working on a hospital!



Education day had us visit and job-shadow a public school teacher for 4 hours. I got to shadow a 1st grade teacher and I was amazed. I was so proud of this teacher and the way she taught and cared for her 25+ students. I was in such awe, that it prompted me to call up and volunteer for my daughter's teacher. Tourism day proved that tourists are a huge part of our economy. Five million visitors come to Lee County a year; 74% are returning (snowbirds); 1 in 4 jobs in Lee County are dependent on the tourist industry! We are so blessed have our beautiful weather and beaches!



## AIRCRAFT EMERGENCY DRILL AT SOUTHWEST FLORIDA AIRPORT

BY BENJAMIN ABES, DEPUTY CHIEF, OPERATIONS, LEE COUNTY EMS



More than 500 emergency responders, agency staff members, and moulaged victims staged an aircraft emergency at Southwest Florida International Airport in October. The drill was part of the airport's responsibilities under FAA regulations to test emergency plans, mutual aid agreements, and emergency systems every three years.

In less than three hours, responders simulated an aircraft declaring an emergency, a simulated aircraft crash at the airport, and the subsequent response. This response included staff from Lee County EMS, more than a dozen fire districts, the District 21 Medical Examiner's Office, and other area health care organizations. Lee Memorial Health System also simulated receiving patients at one of their campuses, with similar exercises continuing throughout the month to provide the same opportunity for learning across their facilities.

The scenario brought a number of challenges to the incident commanders and responding agencies. These challenges included more than 150 simulated patients, many of which would require stabilization at the scene and subsequent transport to area hospitals. Included were a number of "walking wounded" that would also require evaluation and triaging to the area health care facilities.

The Southwest Florida Health Care Preparedness Coalition used the exercise as a test of the emergency communications system used by Lee County Emergency Management. This exercise message asked for coalition members to advise what resources they could bring to the scene or make available at their practice locations to help manage the large number of casualties at the scene. The response was overwhelming, and included more than 30 organizations identifying areas where they could contribute to the response.

In August, the Lee County Port Authority also exercised their Families FIRST program, which helps support those waiting for loved ones that may be affected by an aircraft emergency and improves coordination with airlines that serve Southwest Florida.





## A lighthearted interview with Dr. Bo Kagan.

**Q** Interesting...An orthopedic surgeon talking about the brain. I learned in medical school that orthopedic surgeons only have half a brain at best! What are YOU doing talking about brains?

**A** LOL!, typical orthopedic joke but seriously: we encounter concussions often in our experiences taking care of sports injuries. I have been working with The Lee County School Board, the Lee County Medical Society, Lee Memorial Health system, The Florida State University Family Residency Program and Orthopedic Comanagement to put together a sports medicine program for Lee County. This is a comprehensive multidisciplinary program with the goal of improving the sports medicine care to Lee County's student athletes. The concussion program is only a part of it but is a very important part.

**Q** We hear a lot about concussions these days in the lay press, on television, and our patients and parents are asking about them. How common are concussions?

**A** Pretty common, we're just beginning to gather statistics on our experience here in Lee County. For example, so far, this year Lee County school board trainers have diagnosed 36 concussions, 29 in football. Two years ago the number was 77 for the entire year. At the end of this school year we will have more accurate numbers.

Nationwide there are between 1.6 and 3.8 million sports related concussions each year leading the Center for Disease Control (CDC) to conclude that sports concussions in the United States have reached an epidemic level. High school athletes sustain an estimated 300,000 concussions per year.

**Q** We have a concussion law in Florida?

**A** We do! You're probably familiar with the Florida High School Athletic Association guidelines for concussion (FHSA). These guidelines state that any athlete who sustains a concussion must be evaluated by a medical professional and cleared to begin a graduated return to sport. Once the athlete has completed the graduated return to sport, a physician must clear him/her to return to full activities. But there is also a law which states that any child participating in any sport who sustains a concussion must be seen by a physician. This refers to Pop Warner football, Little League, soccer, volleyball, hockey-basically any sport the kids participate in.

**Q** What is a concussion?

**A** Here's a definition that even an orthopedist can understand: it's a traumatic brain injury that interferes with the functioning of the brain. It is generally not a structural injury but rather a metabolic problem which arises from injury. There are no findings on MRI or CT scan. Most concussions occur without loss of consciousness. Symptoms can be vague and include headache, fatigue, visual changes, light or noise sensitivity, balance problems, nausea, feeling "foggy", difficulty with attention concentration and memory, feeling slowed down or feeling dizzy.

**Q** How do you diagnose a concussion?

**A.** Signs of a concussion include an athlete who moves clumsily, appears dazed or confused, has difficulty remembering plays or assignments, becomes more emotional, shows changes in balance, forgets events before / after the initial traumatic event, loses consciousness, vomits. Since imaging is not helpful, functional testing of the brain is used to diagnose and follow concussions. Some commonly used testing protocols include ImpACT, King-Devick, and SCAT.

**Q.** How are concussions treated?

**A.** It is vital to prevent re-injury to the brain until complete recovery has occurred. Athletes who sustain a re-injury are more likely to have another concussion. Repeat concussions have been linked to chronic traumatic encephalopathy.

The mainstay of concussion treatment is rest. No sports, protection, reduced stimulation in school, no video games, computers, texting. We are recognizing that concussions can involve different parts of the brain including vision and vestibular systems and have different manifestations including balance, ocular, sleep, fatigue, mood and cervical issues. Specifically designed treatment programs can speed recovery, and return the athlete to play earlier. Research continues into whether certain medications can be helpful.

Cont'd

**Q.** What is this concussion program you mentioned?

**A.** For many years, the Lee County Medical Society has provided volunteer physicians to cover high school football games. About two years ago, we began to formalize this program again. The Lee County School Board employed four athletic trainers to cover 13 high schools athletic programs. It became clear we were short handed. Through Lee Memorial Health Systems, three more athletic trainers were hired so that now we have close to a 1 trainer/ 2 school ratio. We realized that concussion management was very important in protecting our student athletes, and that concussion care was fragmented. The concussion program is a joint effort with the FSU family residency program to try to address that need. This will involve organization of resources and education of physicians, nurses, coaches, parents and athletes. We will partner with Lee Memorial Health System Trauma Services to bring this to our community.

**Q.** That's cool! How can I help?

**A.** Stay tuned. Once we have the basics of this program outlined, we will be looking for anyone interested in helping us.

\*\*\*\*\*

Concussion myths –

- You lose consciousness when you have a concussion (False – most are without loss of consciousness)
- You're more likely to have a concussion during a game than practice (False – three or four times as many practices)
- You have to have a hit to your head to have a concussion (False – hit to the body can cause violent head movement as in car crashes without contact)
- If someone has a concussion you don't let them sleep (False -You allow them to rest, awaking every ¼ hr. for first two hours, then every ½ hr. the next two hours, then hourly.



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# EIGHT PRINCIPLES OF AN EFFECTIVE PATIENT SAFETY TEAM

BY SUSAN SHEPARD, MSN, RN, DIRECTOR, PATIENT SAFETY EDUCATION, THE DOCTORS COMPANY

**Teamwork**—an essential part of a safety culture—has come to the forefront as the most effective way of catching individual errors before they occur and of mitigating system failures. The team approach is not new, but its value and definition are changing. Good communication, along with a focused team approach in dealing with problems, can make a positive difference in any outcome.

A healthy culture focused on safety and effective communication is essential to developing a high-functioning team. It becomes challenging when factoring in each team member's different personality, skills, agenda, style, and objectives. The team approach depends on each member's ability to:

- Anticipate needs of others.
- Adjust to each other's actions and the changing environment.
- Have a shared understanding of how a procedure should happen in order to identify when errors occur and how to correct for these errors.<sup>1</sup>

## Characteristics of an Effective Team

Improving patient safety through emphasis on the team approach requires an understanding of the factors that make a team successful. An effective team recognizes and accepts the following principles:

1. Each team member contributes his or her individual talent, skill, and experience and acknowledges other team member contributions.
2. When issues are complex, there is often more than one right way to solve a problem.
3. The team's combined decision is greater than the needs of its individual members.
4. Any team decision must be just and ethical.
5. Once problem solving is complete and a decision has been reached, the decision must be implemented and monitored for effectiveness.
6. The team must be ready and open to changing its action if the resolution proves ineffective.
7. Each team member is accountable for the team's decisions, even if it was not his or her first (or individual) recommendation.
8. Open communication is necessary to promote empowerment in getting the job done and accepting team decisions.


## Effective Team Communication

Standardizing communication practices facilitates stronger team communication. Tools, such as the team brief or "huddle," can be implemented to promote information exchange and team cohesion. Huddles allow the team to meet briefly on a daily basis to discuss patients' needs and determine what tasks need to get done and by whom. Maintain vigilance by promoting situational monitoring among team members. When team members actively scan and assess what's going on, they gain information about the situation and can identify deviations. Conveying this information to fellow team members can prevent small errors from becoming big errors. In the OR, part of this approach includes a statement by the surgeon encouraging communication, such as, "If you see, suspect, or feel that something is not right, please speak up."

Communicating in a closed-loop fashion ensures the entire team is aware of what is occurring and helps to retain the shared mental model. Acknowledging comments and questions ensures that communications have been heard and understood. Repeating back essential information confirms that the sender's message has been received.

Using teamwork to resolve problems and concerns can foster a better understanding of the problem and ensure a more unified, informed approach to problem resolution. The result is a safer and improved environment for all patients and staff.

Contributed by The Doctors Company. For more patient safety articles and practice tips, visit [www.thedoctors.com/patientsafety](http://www.thedoctors.com/patientsafety). Reference 1 Agency for Healthcare Research and Quality, Team STEPPs Fundamentals Course, Module 1.

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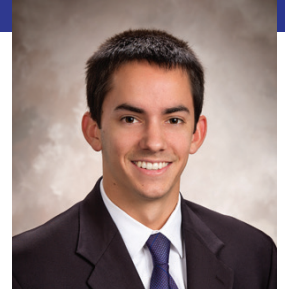


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## Learning How To Play Baseball

When I was in the 6th grade, I had always dreamed of making my school's varsity baseball team as a Freshman. Standing at 5'4" and 100 pounds, I shared this goal with my father. Looking back, he probably thought my chances of making the team were slim given my frame compared to most varsity high school athletes who were much bigger than I was. However, he decided to undertake my dream as his own and we both trained as hard as we could for the next 3 years until I reached high school.

Each day when my father came home from work, he and I went down to the baseball field to practice. I was a pitcher and shortstop which, unfortunately, meant that I had to focus on all aspects of the game (hitting, fielding, arm strength/accuracy, etc.). This often required us to practice for hours at a time. Unfortunately, my hard work did not always carry over into the actual games. There were times when I made errors at shortstop, or gave up so many runs as a pitcher that I had to be taken out of the game. I often questioned whether I had what it took to achieve my goal. However, my father simply reminded me that I needed to work harder if I wanted to achieve better results. Instead of practicing for an hour, we would stay and practice for 2, or 3, or however long it took for me to improve my performance.

I eventually went on to make the varsity baseball team as a freshman and, by the end of my high school career, pitched a perfect game in route to making Florida's All State Baseball Team. What I learned during that period of my life would eventually propel me past some of the most difficult struggles that I would face in my future.

Medical school, to be honest, was the biggest challenge that I have faced. I struggled in the beginning to keep up with the demanding workload and sheer volume of information that I was expected to learn, retain, and interpret on a daily basis. In fact, the first exam that I took in medical school turned out to be the lowest score I have received throughout my entire academic career. I clicked the "submit" button at the end of my first Anatomy exam and, after calculating my score for a few seconds, my computer promptly presented my score: 48%. Panic immediately set in and I began to question whether I had the mental capacity to keep up with the challenges set before me. However, I remembered how I felt as a 6th grader who dreamed of making the varsity baseball team and I applied the same principles towards my studies that I previously utilized to achieve my goals. I eventually went on to receive a B in Anatomy and finished medical school on our school's honor roll.

My experiences in life, thus far, have taught me one thing: no one can take your dreams away from you except for yourself. I will admit that I have had lofty goals throughout my life and, being honest with myself, probably set the bar a lot higher than what I was capable of achieving at the time. I did not have the skills as a 6th grader to make an All Star team for my own age group, let alone the varsity baseball team and, as my first Anatomy exam in medical school showed me, I was not prepared for medical school when I began.

When I started medical school, my class had 135 first year students. We graduated with 47. Many of my colleagues that I graduated with were not the most gifted members of our original class. However, we all shared one thing in common: we refused to fail. The human race has proved throughout history that we are capable of extraordinary accomplishments if we put our minds to it. It is often not the most talented people who achieve these accomplishments, but the ones who desire them the most. One of my favorite quotes is by Coach Jim Valvano, given just 2 months before he passed away from his battle with cancer. In an auditorium full of celebrities during an awards ceremony, he said "Cancer can take away all of my physical abilities. But it cannot touch my mind, it cannot touch my heart, and it cannot touch my soul. And those three things are going to carry on forever. Don't give up, don't ever give up."

Each of us are presented with challenges on a daily basis, and I believe how we respond to them defines us and predicates how we will respond to others in the future. We have all been through struggles and times of doubt on the way to our respective careers, but it was our desire to succeed that eventually resulted in our success in overcoming those challenges.

When I have found myself overwhelmed, stressed, or tired, I have tried to remember why I was working as hard as I was. I set my goal years ago that I wanted to make a difference in the lives of those around me and, just like my goal to make the varsity baseball team years ago, I refuse to fail.

I encourage all of us to occasionally go back in time and remember what our original inspiration was for choosing the particular fields of medicine that we choose, as I believe doing so provides us all with the greatest chance of achieving our goals that we established so long ago and have worked so hard since to attain.

# NOVEMBER PHOTOS

ALLIANCE POTLUCK IN PARADISE, NOVEMBER 7, 2015



## NOVEMBER PHOTOS, CONT'D



NOVEMBER SOCIETY GENERAL MEETING, NOVEMBER 19, 2015





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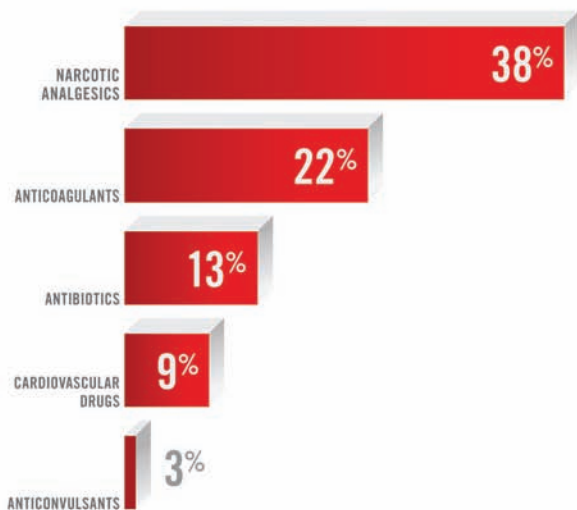


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