

Bulletin

Editor: Mary C. Blue, M.D.

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LEE COUNTY
MEDICAL
SOCIETY INC.

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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LCMS March General Membership Meeting
LCMS RedSox vs Marlins Baseball game
Stevens Construction
LCMSA Doctor's Day Celebration

About the Cover: Photo by Dr. Dirk Peterson.
"Hanging out on Grand Cayman"



CALENDAR OF EVENTS

REGISTER ONLINE AT WWW.LCMSFL.ORG OR CALL 239-936-1645

Thursday, March 10, 2016 5:30pm-8:30pm

Society General Membership Meeting

Crown Colony Golf and Country Club

8851 Crown Colony Blvd, Fort Myers, FL 33908

Regions Bank Fraud Prevention Seminar

and Professional Photography by RCL

(see insert for details)

Saturday, March 12, 2016, 1pm

Red Sox Spring Training Picnic and Baseball Game

JetBlue Park, 11500 Fenway South Drive, Fort Myers, 33913

\$70 per person for food and ballgame

(see insert for details)

Thursday, March 31, 2016, 6pm-8pm

LCMS Alliance Doctor's Day Celebration

FineMark National Bank & Trust

12681 Creekside Lane, Fort Myers, FL 33919

(see insert for details)

Save the Dates!

April 7, 2016 - Women in Medicine Event - TBA

May 19, 2016 - General Membership Meeting with Steve Colgate
at Lexington Country Club

June 20-22, 2016 CME Conference in Lake Tahoe, CA
(RSVP deadline May 6, 2016)

June 30 - LCMS Residency Reception - TBA

MEMBERSHIP NEWS

NEW APPLICANTS

Shawn J. Khan, MD – Dr. Khan received his MD degree from McGill University, Montreal, Quebec, Canada in 1996. He completed an internship and residency at McGill University from 1996-2000, a residency at Albany Medical College, Albany, NY from 2000-2002 and a fellowship in Glaucoma at Wills Eye Hospital, Philadelphia, PA from 2002- 2003. He is board certified by the American Board of Ophthalmology in Ophthalmology. Dr. Khan is in group practice with Frantz EyeCare, 2100 Tamiami Trail N, Naples, FL 34102 Tel: 239-430-3939.

MEMBERSHIP CHANGES

Phone Number Change

LPG Family Medicine Center
Tel: 239-343-3831
Gary Goforth, MD
Christine Cavanagh, MD
Eileen Callaway, MD
Lee Coghill, MD
Lucia Huffman, MD
Roy Klossner, MD
Elizabeth Midney-Martinez, MD
Carl Nyberg, MD
Mohammad Sadat, MD

Cont'd

Alyson Sanchious, MD
Chelsey Scheiner, DO
James Toldi, DO

Relocated

James Teet, DO
NCH Physician Group Family
Medicine
3501 Health Center Blvd., Ste 2190
Bonita Springs, FL 34135
Tel: 239-624-0300

Relocated

Thomas Carrasquillo, MD
LPG Surgery
708 Del Prado Blvd., Ste 1
Cape Coral, FL 33990
Tel: 239-424-2755

NATIONAL DOCTOR'S DAY

MARCH 30, 2016



National Doctor's Day takes place on March 30, 2016. National Doctor's Day is commonly celebrated in healthcare organizations as a day to recognize the contributions of doctors to individual lives and communities. These events are typically organized by staff at a healthcare organization. Staff may organize a lunch for doctors, present the doctor with a gift, or coordinate a team lunch.

Doctors Day marks the date that Crawford W. Long, M.D., of Jefferson, GA, administered the first ether anesthetic for surgery on March 30, 1842. On that day, Dr. Long administered ether anesthesia to a patient and then operated to remove a tumor from the man's neck. Later, the patient would swear that he felt nothing during the surgery and was not aware the surgery was over until he awoke.

The first Doctors Day observance was March 30, 1933 in Winder, Georgia. Eudora Brown Almond, wife of Dr. Charles B. Almond, decided to set aside a day to honor physicians. This first observance included the mailing of greeting cards and placing flowers on graves of deceased doctors. The red carnation is commonly used as the symbolic flower for National Doctors Day.

In Memoriam

John W. Bartlett, M.D.

11/9/1942 - 2/15/2016



Our friend and colleague, John W. Bartlett, M.D. passed away suddenly on Monday, February 15, 2016.

Dr. Bartlett joined the Medical Society in 1972 and remained a member for 43 years in the specialty of Pediatrics. Dr. Bartlett received his M.D. from the University of Florida, Gainesville, FL.

He completed his residency at University of Florida and University of California. He completed an internship at Jackson Memorial Hospital, Florida. Dr. Bartlett was in practice with Physicians Primary Care of SWFL.

The Members and Staff of the Lee County Medical Society express our deepest sympathy to his wife, Jeannine and family.

PRESIDENT'S MESSAGE

By SHARI SKINNER M.D.

No act of kindness, no matter how small, is ever wasted - Aesop



Kindness, so important to human interaction, is often forgotten in daily life. Every person wishes to be kind, but life gets in the way and sometimes we forget to be kind, don't we?

Recently almost two hundred people attended the Medical Society officers' installation, where we also honored Lee County physicians and others in the medical community with our Annual Medical Service Awards. The night was wonderful, with good food and live music and video interviews of the people who nominated the award winners. The stories of kindness, charity and civic duty among the honorees were beautiful and I know there were a few tears shed that night. The common

theme that night, it seemed to me, was kindness. All the honorees are hard-working, smart, charitable people who exhibited kindness in their work and in their generosity.

It got me to thinking about how we interact with people and how important it is to be kind and charitable, even when it's difficult to do. This time of year our roads are clogged with tourists who seem to have no particular place to go and no appointments to keep. It's easy to feel aggrieved, but there are few places so beautiful as Southwest Florida, and in the summer we have the roads, parks and restaurants to ourselves!

We physicians exhibit charity, generosity and kindness as part of our daily lives, and it's good to remember that. We are often portrayed as greedy and arrogant, and don't the media just love to point out when we're wrong! It's good, however, to celebrate from time to time our kindness toward our patients and our neighbors. That's what we did at the installation dinner and awards ceremony. I hope you'll consider attending next year – it's refreshing and uplifting.

Practically every physician I know gives away services for free – it's just one way we fulfill our professional and civic duty, and it just feels good. The added liability that comes along with our charity is a burden we should not have to bear, so I'd like to offer one possible solution: I am proud to have been one of the first doctors to sign up to volunteer with We Care of Lee County. The late Doctor John Fenning, who was very kind, was the driving force to establish this program that provides specialty medical care free of charge, with the added benefit of sovereign immunity protection for the providers, for what that's worth. The good people who fall through the gaps may find themselves unable to afford specialty medical care: this program seeks to cover them.

We Care of Lee County focuses on those folks that don't qualify for assistance from any other source. The program is run by the Salvation Army and United Way. If you're interested in gaining sovereign immunity for the work you're probably already providing free of charge, I hope you'll consider this or other options for helping the people whom Medicare, Medicaid, Obamacare and all the other programs fail.

It's my hope also that this message may help remind you that you are one of the kind ones: medical providers who help people as part of their daily lives. Thank you for that.



LCMS FRIENDS IN MEDICINE



LCMS Friends in Medicine program is open to area businesses that can offer member only benefits and discounts. We encourage our members to patronize these businesses that have been selected by the LCMS for their outstanding services and products.



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YOUR SUPPORT IS NEEDED FOR THE MCCOURT SCHOLARSHIP FUND



The Lee County Medical Society sent five Lee County children in the summer of 2015 to the Florida Camp for Children and Youth with Diabetes (FCCYD) through the McCourt Scholarship Fund. The McCourt Scholarship Fund was named in honor of the first endocrinologist in Lee County, Dr. Jerome McCourt, and his family. Dr. McCourt's family and colleagues established a fund that has since been administrated by the Lee County Medical Society and Lee County physicians personally contribute each year to the scholarship fund. It was the wish of all parties concerned that monies be extended to help defray the expenses of sending a child or youth to Diabetic Camp each summer. To date, the Medical Society has sponsored over **116** children and youths for over **\$48,335.00**

The FCCYD is a non-profit organization that helps children and youth learn about how to manage and deal with their diabetes in fun environment. Please call (352) 334-1326 for more information on Diabetes Camp.



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

59TH ANNUAL THOMAS ALVA EDISON KIWANIS SCIENCE & ENGINEERING FAIR AWARD WINNERS



The 59th Annual Thomas Alva Edison Kiwanis Science and Engineering Fair was held on January 23rd at the Alico Arena on the FGCU campus. The fair was a great success again, and much of the kudos for this success belongs to the dedicated professionals who volunteer every year to judge the student projects, including those from our local medical community. We truly appreciate the help of the Medical Society in recruiting volunteers to judge every year and the dedication of all of the medical professionals who volunteer.

The fair is open to all middle (Junior Division) and high school (Senior Division) students in Lee and Charlotte counties, including public, private and home school students. A total of 60,000 students were eligible this year. Since it is a regional fair, the participants must first be chosen as winners at their own schools and ten to fifteen thousand students entered projects at their school level; 321 students were chosen by their schools to compete at the regional fair.

The top award winners were:

Senior Division:	Best of Fair:	Emily Schwartz, Canterbury School
	1 st Runner-Up:	Jay Chandar, Canterbury School
	2 nd Runner-Up:	Sean O'Connor, Canterbury School
	3 rd Runner-Up:	Lizzie Swiersz, Southwest Florida Christian Academy
Junior Division:	Best of Fair:	Maya Chandar, Canterbury School
	1 st Runner-Up:	Annalisse VanZanten, Fort Myers Christian School
	2 nd Runner-Up:	Nate Mertz, Saint Andrew Catholic School

Thirty students, including these top award winners will be advancing to the 61st annual State Science and Engineering Fair of Florida on March 29. The 3-day state-wide event will be held at the Lakeland Center concluding late Thursday evening, March 31 with an Awards Ceremony. These students have already won scholarships to Florida Gulf Coast University at the Kiwanis Science and Engineering Fair. A complete list of these 30 students appears at the end of this article.

At stake for about 900 of Florida's 67-county middle and senior school finalists (having already competed in one of 37 Regional Science and Engineering Fairs) are research programs, scholarships, cash prizes, special awards and trophies. Approximately 250 judges from the Florida science community will be on hand to interview students for honors in 13 different categories.

The experience of participating with other aspiring scientists and innovators at this advance level has proven to be a life-enriching opportunity. There will be chances to compete against students from all over the state, to win state-wide recognition and highly coveted prizes, to have some fun on Science Field Trips and opportunities to make new friends. The four Senior Division top award winners will also advance from the State Science fair to International competition in May at the Intel International Science and Engineering Fair to be held in Phoenix, Arizona.

The trips to the State Science and Engineering Fair of Florida and the Intel International Science and Engineering Fair are made possible largely by the generous donations and longstanding commitment of the Fort Myers Kiwanis Club.

The Thomas A. Edison Regional Science and Inventor Fair (TAERSIF) Steering Committee works year-round to organize and conduct the Thomas Alva Edison Kiwanis Science and Engineering Fair and the Thomas A. Edison Festival of Light Regional Inventors Fair that host more than 700 local students. TAERSIF is the signature event of the Fort Myers Kiwanis and a sanctioned event of the Edison Festival of Light. Other key partners of TAERSIF include Lee County and Charlotte County Public Schools, numerous private and parochial schools, Florida Gulf Coast University, The Edison & Ford Winter Estates, Hodges University, Florida Southwestern State College, the James and Eleanor Newton Scholarships, Imagine Solutions Conference, Caloosa Bromeliad Society, The Imaginarium Science Center, Southwest Florida Community Foundation, Caloosa Veterinary Medical Society, Florida Power and Light, Edison Pageant of Light, Sony Electronics, the Entrepreneurs Society of Naples, the Scientist Society of Southwest Florida, Lee Memorial Health Systems, the Lee County Medical Society and numerous private donors and volunteers.

**LCMS Members: our sincere appreciation to those physicians that
gave their time for the Kiwanis Science & Engineering Fair**



2016 Thomas Alva Edison Kiwanis Science and Engineering Fair Grand Awards

LAST NAME	FIRST NAME	SCHOOL	GRADE	DIV.
Barkhurst	Morgan	North Fort Myers AA	7	JR.
Chandar	Maya	Canterbury School	6	JR
Chandar	Jay	Canterbury School High	11	SR
Dougherty	Conor	Cape Coral High School	9	SR
Frost	Iris	Six Mile Charter School	7	JR
Hansen	Kelsey	Lemon Bay High School	11	SR
Humpel	James	Saint Charles Borromeo Catholic School	7	JR
Konopasek	Lorrie	Lemon Bay High School	9	SR
Kucera	Anna	Canterbury School High	10	SR
Kvaternick	Brooke	Lemon Bay High School	11	SR
Marchese	Melissa	Canterbury School High	11	SR
Maschmeier	Carson	Saint Michael Lutheran School	7	JR
McIlvanie	Skylar	Lemon Bay High School	12	SR
Mertz	Nate	Saint Andrew Catholic School	7	JR
Novella	Colton	Crestwell School	8	JR
O'Connor	Sean	Canterbury School High	10	SR
Ortiz	Elisabet	Oasis Middle School	8	JR
Reid	Noah	Port Charlotte High School	9	SR
Rusher	Harley	L.A. Ainger Middle School	8	JR
Scharlau	Ryan	Saint Michael Lutheran School	7	JR
Schuler	Joshua	Charlotte High School	9	SR
Schwartz	Emily	Canterbury School High	11	SR
Shovlin	Connor	Canterbury School	8	JR
Singh	Arjun Dave	Canterbury School High	9	SR
Suroski	Charlie	Saint Michael Lutheran School	7	JR
Swiersz	Lizzie	Southwest Florida Christian Academy High	9	SR
Tashchyan	David	Dunbar High School	11	SR
VanZanten	Annalisse	Fort Myers Christian School	8	JR
Varshney	Simrun	Canterbury School High	9	SR
Zingel	Joshua	Evangelical Christian School	8	JR



THERE'S AN APP FOR THAT

BY ROBIN DIAMOND, MSN, JS, RN, SENIOR VICE PRESIDENT OF
PATIENT SAFETY AND RISK MANAGEMENT, THE DOCTORS COMPANY

With over 100,000 mobile health apps now available—in addition to many new tools that allow physicians to remotely monitor their patients' conditions—physicians now have to handle an increasing amount of constant data and patient information that they did not have in the past.

Mobile apps offer many potential benefits to doctors and patients:

- Mobile apps can help patients self-monitor their conditions and can alert them and their physicians to problems before they become serious medical issues.
- Mobile apps help patients remember important information about their healthcare.
- Mobile apps can engage patients in their healthcare.

But not all of the apps currently on the market are approved or regulated by the FDA, use of mobile apps does not come without liability risks.

Physicians could face allegations of failing to educate the patient/family about the risks and limitations of the app or failing to act appropriately if the app goes offline or malfunctions. Injuries could occur if:

- The physician receives information from a mobile app and does not act on this information. Physicians have a legal duty to review real-time data direct from the patient and respond. Mobile apps raise patient's expectations of how a physician will act—the patient/family expect that the patient is monitored 24/7 and the physician will respond “within a moment's notice.”
- The readings received from a mobile device are wrong and treatment is prescribed based on the wrong data.

Consider limiting your patients to one mobile app that you agree to monitor. This will make it easier to control the incoming data and help make the best use of the app. Other important considerations include:

- Consider whether the two-way communication between you and your patient is secure and, therefore, HIPAA/HITECH compliant. Ask the vendor for assurance that the app is HIPAA-compliant and that data is encrypted for security.
- Know the app:
 - Vendor information, such as updates, downtime, and critical value alerts.
 - How will it interface with your EHR?
 - Is the device regulated by the FDA as a medical device?
 - Will you get alerts by e-mail or a phone call from the vendor when the app isn't working?
- Clearly communicate and educate the patient/family the purpose of the app and how and when the data is transmitted to the clinician.
- Avoid assuring the patient that the app will “take care of everything.” Educate the patient/family about the limitations of app, with specific examples of instructions for the patient to follow.
- Identify a contact person within your organization to troubleshoot and be available to address technical problems.
- Have the patient/family sign a consent form that describes the risks, benefits, and purpose of the app.



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One of the most commonly overlooked components of a managed care contract is the definitions section despite the fact that what is contained here will affect the contracted provider on a daily basis. Contract terms that are too generic so that they are not clearly defined and understood as they relate to a particular area of practice can have a direct influence on clinical decision making. A patient may need a higher level of care but be approved for a lower level only. The provider knows that a patient may suffer if the level approved will not treat the illness or that the patient's condition could deteriorate without a higher level of care.


Let's take, for example, the definition of medical necessity in a contract. Who decides medical necessity? Is it the provider or is it the managed care organization (MCO)? Many contracts state that the term "medical necessity" relates only to the issue of reimbursement. Further, that the approval or denial of a claim is "for reimbursement purposes only" and should not affect the provider's judgment on whether treatment is appropriate to treat the illness, symptoms or complaints of the patient.

A definition of medical necessity that clearly gives the provider the final decision on what is medically necessary for the patient will support the provider being able to advocate a better outcome. Providers should advocate for their patients if the treatment is medically necessary from a clinical perspective and meticulously document the patient's chart to support the need for a higher level of care.

MCOs make decisions about medical necessity that go unchallenged every day. Providers should consider these key factors when reviewing a proposed contract: 1) Does the contract provide for a quick review, grievance or appeal process so that providers are in a position to challenge denial of authorizations for medically necessary treatment? 2) Does the contract provide for a peer to peer review process so that medical directors are reviewing medical necessity criteria from a clinical perspective and not only for reimbursement purposes? Keep in mind the accreditation standard of the National Committee for Quality Assurance provides that only a physician can make a denial.

Inaccurate definitions that are not clearly tailored for the provider's practice can lead to outcomes which are not in the best interest of the provider or the patient.

"I say luck is when an opportunity comes along and you're prepared for it." Denzel Washington



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LISTEN TO THIS DOCTOR'S ADVICE TO MEDICAL STUDENTS

BY SUSAN HECKER, MD

It's been six years since I graduated from internal medicine residency. Enough time to give me some perspective, but short enough to still remember the highs and lows vividly. I recently had the opportunity to talk with a bright and energetic group of medical students. (Really, though, is there any other kind? The conversation turned to any advice that I had or maybe I felt obligated to give some as part of the natural discourse between the novice and the survivor. These students were smart, so they already knew to work hard, get good grades, get into a good residency. So I decided to be honest.

- 1. People die; it's not a personal failure on your part.** Our interventions and therapies can make disease more manageable and prolong life, but death will always be the ultimate and natural conclusion of our efforts.
- 2. Your choice of specialty will not determine your ultimate life happiness.** You are not doomed to misery should you chose not to sub-specialize nor are you guaranteed happiness if you do. Choose something you enjoy, something in which the mundane doesn't zap your will to live. Choose a specialty that provides a lifestyle congruent with your values. But don't confuse intellectual intrigue with life happiness; there is so much more to the latter that has nothing to do with medicine.
- 3. Remember what it means to be a normal person.** To retain a sense of awe in what you now get to do on a regular basis. To be able to explain things in non-medical terms the way you learned them before being indoctrinated. To feel — sadness, joy, grief, loss, elation. To remember the viewpoint of suffering.
- 4. Keep friends outside of medicine.** You'll be more human. And more interesting.
- 5. Guidelines are helpful, but they are not strict rules.** Don't try to meet every guideline while losing site of the big picture. You wouldn't want your 95-year-old grandma on a high dose statin to prevent a heart attack "some day," metformin for the elevated fasting glucose only apparent within the past year and three blood pressure pills that make her feel dizzy all the time to achieve some magic number that no one agrees on anyway. Don't subject someone else's grandma to that either.
- 6. Retain your humility.** When family members say, "Something's not right with Grandpa," listen. They are usually right. Ask questions when you don't know the answer. It can be especially humbling to do so in front of your colleagues, but your pride is no longer your priority, it is the best care of your patient.
- 7. Be kind in your comments about the "outside community doctor."** There is a high likelihood you will be that person at some point in your career. They usually aren't as dense as you might think; they are just struggling to provide the same perfect care you are in a very imperfect system.
- 8. Burnout is inevitable.** Plan for it. Write down what drew you to medicine in the first place and review on a regular basis. And then review some more.
- 9. Other services are not your enemy.** Be kind when someone calls you with a "dumb consult"; you have likely called one yourself.
- 10. Avoid perpetuating the cycle of abuse.** Just because you were demeaned and humiliated as a student or resident does not mean you are entitled to do the same to your younger colleagues. They are no more "unmotivated," "lazy," or "arrogant" then you were.
- 11. Think about how your orders affect your patient.** How they may actually contribute to their suffering and discomfort. Nurses have been asking for us to do this for years; it's time we took note.
- 12. Be mindful of the habits you cultivate.** How you speak to patients, families, nurses. How you treat your family when you are stressed. Your eating habits, your spending habits, your sleep habits. These will follow you past residency, for better or for worse. Make sure they have been chosen with intention.
- 13. Medical training has likely put you in debt.** Just because you have a big salary out of residency, doesn't mean that you are wealthy. Wealth = assets – debts. Do the math and avoid the temptation to increase your debt further immediately on graduation with a huge new house, car or other toys. A few years of frugal living will pay dividends later on.
- 14. It doesn't automatically get better after residency.** Hate to break it to you, but it's the truth. But it can be great if you prioritize what's really important. Just pick those priorities carefully.

Susan Hecker is an internal medicine physician in Spokane, WA.



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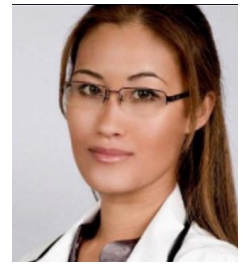
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My friends back home know me as “the nomad”. Since I started medical school, I have essentially lived out of a suitcase. Like a game of Tetris, everything I owned fit neatly in my reliable Honda Civic and it allowed me to travel anywhere at the drop of a hat. I started off living in the Cayman Islands for 2 years, which was an unforgettable experience as life moves at a much slower pace. Jerk chicken and reggae became the norm and Burger King was beachfront. I remember my first month in the Caymans; I was at a secluded beach sun tanning when a man walked past me and dove into the ocean. A few seconds later, he resurfaced with a fresh lobster in each hand and nonchalantly walked away.



After my adventures on the island, I left with an awesome sun-kissed tan and not a care in the world. Unfortunately, that didn't last long as I headed back to reality in Portland, Maine where I finished the last segment of my medical core training. Witnessing Maine's famous fall foliage is like having a mural right outside your window, with the leaves changing ever so slightly right before your eyes. The transition of colors and different hues is truly mesmerizing. I also experienced my first adventure ice fishing and of course, ate tons of lobster. However, the best souvenir from Maine is my fiancé Jeffrey Poirier.

After Maine, I started my medical rotations in Chicago, IL. As a medical student new to the area, I remember when I witnessed my first snowfall in Chicago and my car was completely buried the next morning. Like a bat in the night, I was able to track my 4-wheeled companion by the faint muffled sounds of the car alarm. The sheer amount of snow was incredible. At that moment, I remember feeling giddy because all I could think about was how much I missed snowboarding. I grew up in Northern California where the snow is like powder and a 2 hour drive brought us back to the warm sunny valley. While I'm standing in the parking lot daydreaming about slopes, I suddenly realized that my brand new ice scraper was tucked away in my buried frozen trunk. I thought, “Oh well, I don't know how to use that thing anyways”. I felt silly when my friend showed me for the first time how to scrape ice off my windows. I thought my windows were going to break. It was so cold there that my teeth hurt. After weeks of refusing to buy a heavier coat, I finally caved and purchased my first down jacket, thermal socks and boots with the fur. It was starting to become a little ridiculous. Nonetheless, living in Chicago was an amazing experience and it had one of the best skylines I had ever seen. The variety of food can keep any girl happy and Ethiopian cuisine quickly became one of my favorites.

My journey has been an interesting ride and my recovering skin hasn't quite figured out if it should produce oil or not. I started my medical residency at a rural program affiliated with the University of Cincinnati in Ohio. Unfortunately, the hospital decided to discontinue the rural program after my first year. So the nomad life continued and we chose to come to Fort Myers, Florida to finish my residency training. We have been here for the past 2 years and couldn't be happier. The unopposed FSU residency program has been a great learning experience and the Lee County Medical Society has really made me feel welcome as a new emerging physician. Just recently, we purchased our first home and I am proud to announce that I plan to practice in the area after residency. It's been a long road but I'm happy to finally be able to settle down and call this home. I look forward to experiencing my many first adventures in Florida, as I have yet to see an alligator. Perhaps it's true that not all who wander are lost. I think everything happens for a reason and truly believe I'm right where I'm supposed to be. That's just how I roll.



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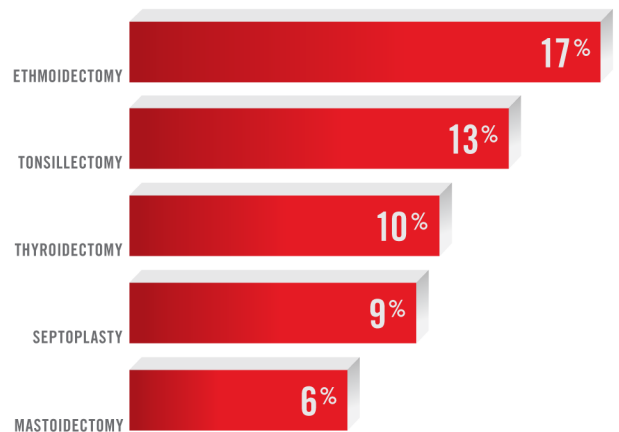
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