OKLAHOMA COUNTY MEDICAL SOCIETY

SEPTEMBER/OCTOBER 2014

THE BULLETIN

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Vice President

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Vice President

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THE BULLETIN

September/October Volume 87 Number 5
Six Annual Publications • Circulation 1500

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(Standing, left to right) Warren V. Filley, M.D. , Dean A. Atkinson, M.D., James R. Claflin, M.D., Richard T. Hatch, M.D., Gregory M. Metz, M.D., and Shahan A. Stutes, M.D., (Seated, l-r) Karen L. Gregory, DNP, Stefanie E. Rollins, APRN-CNP, Laura K. Chong, M.D., Patricia I. Overhulser, M.D.,and Florina Neagu, M.D.

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ABOUT THE COVER

The local Paddle for the Cure is a friendly dragon boat competition that benefits the Susan G. Komen Western and Central Oklahoma affiliate. This fall the OKC Paddle for the Cure in September will take place under the lights on the Oklahoma River during the inaugural Paddlefest Dragon Boat Festival on Saturday, Sept. 27. That weekend the Boathouse District also will host the 2014 ICF Canoe Marathon World and Pan Am Championships so the Oklahoma River will be a great destination for families that weekend. The Paddlefest competition features teams of 20 paddlers and one drummer; teams are separated into race categories based on skill level and age. OCMS is looking for physicians and their families and colleagues to participate in this fun event for a worthy cause! If you are interested, please call Jana Timberlake at 702-0500. Read more about the event here: http://boathousedistrict.org/festivals-races/paddlefest-dragon-boat-festival

IN MEMORIAM

Gary P. Dickinson, MD
1953-2014

Charles A. Bryant, MD
1946-2014

OKLAHOMA COUNTY MEDICAL SOCIETY

PRESIDENT'S PAGE

By Julie Strebel Hager, MD

It's that time again. A new class of first year medical students has arrived at the OU College of Medicine. This week they have been given stethoscopes, and in a ceremony later in the week will wear their white coats for the first time. I imagine that for some of us, those memories of that first week are still very vivid, even though they may have taken place long ago. The anticipation, fear, nervous excitement, and sense of accomplishment yet yearning so much to accomplish more ... these are palpable emotions which run wildly through the halls of the first year modules. They have already learned so much and worked so hard, yet there is so much more for them to do.

This issue of the Bulletin pays homage to our OU College of Medicine and some of its founders. Dr. Robert M. Bird, for whom our campus library is named, had a vision for what the OU College of Medicine should become. He was part of a group that dedicated tremendous time and energy to create what they hoped would be a state-of-the-art educational facility. I think Dr. Bird and the group of visionaries who designed our campus would be very proud of what they see today. Read more about Dr. Bird and the others starting on page 16.

Dr. Bird's story, along with many other stories of extraordinary physicians, medical practices, and milestones in the field of medicine in Oklahoma County, will be told by some amazing writers in a book that is scheduled to be published next summer and available to purchase in the fall. The proceeds will benefit the Oklahoma County Medical Society. John Compton, who has published similar books for other medical societies, has moved to Oklahoma City from Alabama to work on this project. His mobile office is currently housed at OCMS and he can be reached at 702-0500. If you have a story that you would like to tell or pay tribute to an aspect of medicine in Oklahoma County that has enriched all of our lives, please share it with John. His talented writers will record our history so that it will be preserved for generations to come.

And if you haven't taken time to visit our OU College of Medicine campus, please do. It is truly an impressive place of education, compassion, dedication, and courage. And if you come across one of those new first year medical students, share your memories and encourage them in their endeavors. They truly are shaping the future of medicine.

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living each day to the fullest.

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DEAN'S PAGE

By M. Dewayne Andrews, MD, MACP

In July we announced the appointment of Karl Hansen, MD, PhD, as chairman of the Department of Obstetrics and Gynecology in the College of Medicine. Dr. Hansen served admirably as interim chairman of the department from March 2013 through June 2014 and was subsequently appointed as chairman following a national search in which he proved to be an outstanding candidate for the position.

Dr. Hansen is a graduate of the OU College of Medicine where he also completed his residency in OB/GYN. This was followed by a fellowship in reproductive endocrinology and infertility at the University of Washington, Seattle. He joined the faculty of the College of Medicine in 2004. Dr. Hansen was chief of the Section of Reproductive Endocrinology and Infertility. His research interests are in reproductive aging, *in vitro* fertilization, and polycystic ovarian syndrome. He is currently the principal investigator on a large NIH cooperative multicenter reproductive medicine network grant. He will do a great job in leading this department.

We are in the midst of developing a new fourth year "capstone" course in the medical school curriculum. This will be complimentary to the capstone course that concludes the second year of the curriculum. Directing this development is Steve Blevins, MD, professor of Medicine and assistant dean for curriculum development. He is working with Dr. Chris Candler, senior associate dean for academic affairs, and various faculty members on this project. The purpose of the capstone course is to unify the knowledge, skills, experiences, attitudes and behaviors learned by students during the four years by presenting them with a series of clinical case study vignettes that requires them to integrate all of that background as the cases unfold with student efforts, learning, and problem solving. Initial reception by students and faculty has been very positive.

A national search has been underway for several months for the position of Dean of the School of Community Medicine campus in Tulsa. The process is going well, first visits of initial candidates have been completed, and a short list of finalist candidates has been identified by the search committee. These finalist candidates will be returning soon for more in-depth visits. We hope to bring this search to conclusion in the late fall of this year and have the new Tulsa campus dean on board sometime in the first quarter of 2015.

In mid-August 165 new and eager students began their first year of medical school. Their first three days were spent in medical school orientation sessions including the special anatomical donor luncheon. During this luncheon students meet family members of the individuals who donated their bodies for anatomical study and to whom students have been assigned for anatomy lab studies. This special program began about 15 years ago amidst considerable anxiety over how it might be perceived by both families and students. The result was amazing then and continues

Continues on page 8 …

Continued from page 7 …

to be each year. It provides the remaining family members useful insights and comfort; it helps alleviate the students' anxiety and gives them sensitivity about the lives lived by their anatomical donor "teachers." It is a very positive and humanizing experience for students and family members alike. The orientation week always concludes with the meaningful and impressive *White Coat Ceremony* in which students are formally brought into the study of medicine and the family of medicine. The ceremony was held at the National Cowboy and Western Heritage Museum in northeast Oklahoma City. The start of each new class of medical students is always a special occasion!

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MEMBER NEWS

Dr. R. Murali Krishna was recognized with the Public Health Innovator Award at the 17th Annual Turning Point Conference and Policy Day in early September. The award was created to honor those at the state level who have made a lasting and positive impact on the health and quality of life in Oklahoma. Oklahoma Commissioner of Health Terry Cline, PhD, presented the award to Dr. Krishna. Last year's award was presented to Gov. Mary Fallin.

OCMS 2014-15 LEADERSHIP ACADEMY BEGINS

Class V of the OCMS Physician Leadership Academy begins Saturday, Sept. 27, with 14 participants.

The popular Leadership Academy brings together a group of Oklahoma County physicians for leadership and community education. Topics and presenters this year include:

- "Different Environments of Medicine," Stanley F. Hupfeld, former President/CEO, Integris Health, and Charles L. Spicer Jr., OU Medical System
- "Finance," Erin Batey, Quail Creek Bank, and Jason Claborne, Modern Wealth Management
- "Board Leadership," Frank Merrick, Foundation Management Inc.
- "Non-Profits," Miki Farris, Infant Crisis Services, and Marnie Taylor, Oklahoma Center for Nonprofits
- "Political Process," Jim Dunlap. Wes Glinnsman and Pat Hall
- "Importance of Organized Medicine," OSMA & OCMS Leadership and Staff
- "Legal/Estate Planning," Lauren Ottaway, Esq., Crowe & Dunlevy
- "Partnership," Marshall Snipes
- "Community," Peter Dolese, Arts Council of OKC
- "Technology," Elaine Hamm, i2E
- "Media Relations," Erielle Reshef, KOCO-TV
- "Business Community," Peter Delaney, OG&E

The Leadership Academy meets six Saturday mornings during the fall and spring. Class members are invited to attend and are recognized at the OCMS presidential naugural dinner in January.

Congratulations to Class V!

- Roy Bankhead, MD
- Doug Beacham, DO
- Jason S. Breed, MD
- Joshua P. Carey, MD
- Michael Holzer, MD
- Vikas Jain, MD
- Aubrey A. Kavanaugh, MD
- Natasha Neumann, OCMS Alliance
- Patrick Pickett, MD
- Rajesh Singh, MD
- Jeffrey M. Sparling,MD
- Harper Ward, MD
- Alyson Willis, DO
- Sarah Yoakam, MD

Many thanks to the Leadership Academy Planning Group: Larry A. Bookman, MD; Sam Dahr, MD; Tabitha Danley, DO; Elizabeth Jett, MD; Savannah Stumph, DO; and Sheleatha Taylor-Bristow, MD.

If you are interested in joining Class VI starting in September 2015, please contact Jana Timberlake, 702-0500 or jtimberlake@o-c-m-s.org.

SAVE THE DATE!

Fall Membership Meeting Nov. 17, 2014

All OCMS members should plan to attend the fall Membership Meeting on the evening of Monday, Nov. 17, 2014.

The keynote speaker will be Dr. Murali Krishna, president of Integris Mental Health, who will speak on "Physician Burnout: Cause, Identification and Prevention Tools." The 2015 OCMS officers also will be elected at this meeting. Dinner will be provided and will begin at 6:30 pm after a wine and cheese reception.

Please look for an invitation in the mail to this event. Contact OCMS at 702-0500 if you have additional questions.

BOARD NOMINEES

OCMS Board Nominees Announced

These OCMS members are board nominees for 2015. Ballots have been mailed. Return ballots must be postmarked no later than Sept. 30. To be sure your vote counts, please mark your ballot and return it immediately.

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Two nominees for Position I: Deaconess/Baptist

R. Kevin Moore, MD

- Specialty: Pediatrics
- Date of Oklahoma license: 1987
- Medical School: OU School of Medicine
- Internship: Children's Hospital of Oklahoma
- Residency: Children's Hospital of Oklahoma
- Member, Academy of Breastfeeding Medicine and La Leche League
- AAP Breastfeeding Coordinator for Oklahoma
- Board-certified in Pediatrics

Troy A. Tortorici, MD

- Specialty: Anesthesiology
- Date of Oklahoma license: 1995
- Medical School: OU School of Medicine
- Internship: University of Oklahoma-Tulsa
- Residency: Ohio State University-Anesthesiology, and University of Oklahoma-Anesthesiology
- Medical Director, Foundation Surgery Center
- Chairman, Department of Anesthesiology, Integris Baptist Medical Center, 2004-2008

Two nominees for Position II: Edmond/Mercy

Mark F. Kowalski, MD

- Specialty: Orthopedic Surgery
- Date of Oklahoma license: 1982
- Medical School: OU School of Medicine
- Internship: University Hospital, OKC
- Residency: Barnes Hospital, St. Louis, Orthopedic Surgery
- Clinical Instructor, Orthopaedic Surgery, OUHSC
- Past Section Chief, Orthopaedic Surgery, Mercy Hospital
- Board-certified in Orthopaedic Surgery, with added certification in Sports Medicine, Orthopaedic Surgery

James A. Totoro, MD

- Specialty: General and Vascular Surgery
- Date of Oklahoma license: 1976
- Medical School: OU School of Medicine
- Internship: University of Oklahoma
- Residency: University of Oklahoma-General and Vascular Surgery
- Board-certified by American Board of Surgery
- Fellow, American College of Surgeons

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OKLAHOMA COUNTY MEDICAL SOCIETY

BOARD NOMINEES

Two nominees for Position III: OU Medical Center

Jason S. Lees, MD

- Specialty: General Surgery/Acute Care Surgery
- Date of Oklahoma license: 1999
- Medical School: OU School of Medicine
- Internship: University of Oklahoma
- Residency: University of Oklahoma-General Surgery
- Fellowship: Jackson Memorial Hospital, University of Miami-Critical Care
- Research Fellowship, Association of Surgical Education
- Associate Professor, Department of Surgery, Section of Trauma and Critical Care, OUHSC
- Surgery Residency Program Director, Robert D. Gordon, Jr., Chair in Surgery, Department of Surgery, OUHSC
- Co-Surgical Director, Clinical Skills Education and Testing Center, OUHSC
- Board certified in Surgery and Surgical Critical Care

Robert C. Salinas, MD

- Specialty: Family Medicine
- Date of Oklahoma license: 1995
- Medical School: American University of Caribbean
- School of Medicine, Plymouth, Montserrat British West Indies
- Internship: OU Health Sciences Center
- Residency: OU Health Sciences Center-Family Medicine
- Fellowship: OU Health Sciences Center-Geriatric Medicine
- Fellowship in Faculty Development, Stanford Medical School
- Faculty Scholars Program, Palliative Care, Harvard Medical School
- Associate Professor, Department of Family Medicine; Director, Community Medicine; and Medical Director for Palliative Medicine, OUMC.
- Board certified: American Board of Family Medicine, with two additional certificates in Geriatric Medicine and Hospice and Palliative Medicine

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BOARD NOMINEES

Two nominees for Position IV: St. Anthony

Anureet K. Bajaj, MD

- Specialty: Plastic Surgery
- Date of Oklahoma license: 2003
- Medical School: University of Pittsburgh School of Medicine
- Residency: Loma Linda University-Plastic Surgery
- Fellowship: University of Texas, MD Anderson Cancer Center-Microsurgery
- Board-certified by the American Board of Plastic Surgery
- Member of the American Society of Plastic Surgeons, American Society of Aesthetic Plastic Surgery, and American Society for Reconstructive Microsurgery
- Fellow, American College of Surgeons

Renee H. Grau, MD

- Specialty: Dermatology
- Date of Oklahoma license: 2002
- Medical School: OU School of Medicine
- Internship: University of Oklahoma-Internal Medicine
- Residency: University of Oklahoma-Department of Dermatology
- Medical Director, Saints Dermatology
- Assistant Professor, OU Department of Dermatology
- President-elect, Oklahoma State Dermatology Society
- Medical Director, Saint Charles Free Dermatology Clinic

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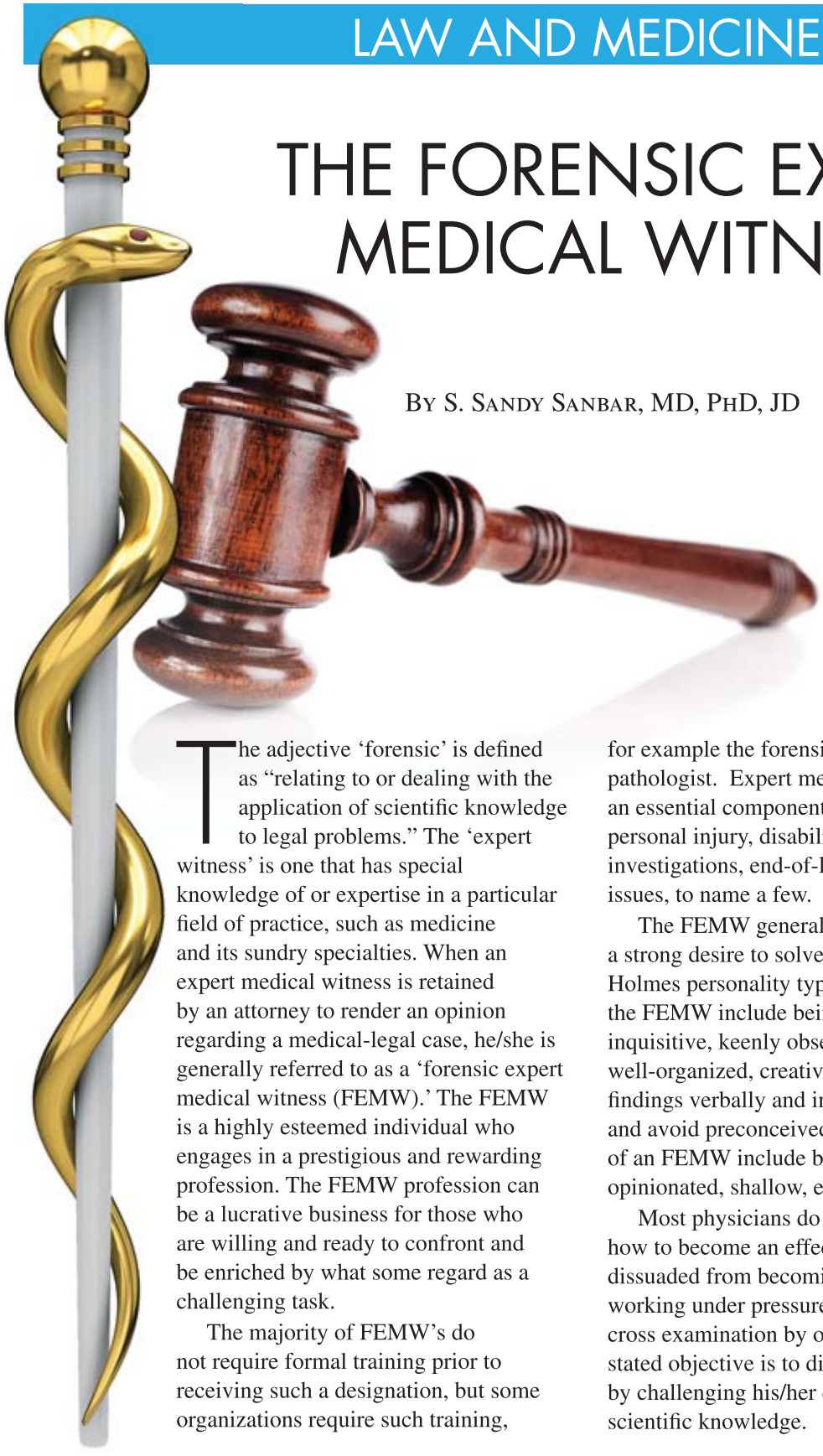
THE FORENSIC EXPERT: MEDICAL WITNESS



By S. Sandy Sanbar, MD, PhD, JD

The adjective 'forensic' is defined as "relating to or dealing with the application of scientific knowledge to legal problems." The 'expert witness' is one that has special knowledge of or expertise in a particular field of practice, such as medicine and its sundry specialties. When an expert medical witness is retained by an attorney to render an opinion regarding a medical-legal case, he/she is generally referred to as a 'forensic expert medical witness (FEMW).' The FEMW is a highly esteemed individual who engages in a prestigious and rewarding profession. The FEMW profession can be a lucrative business for those who are willing and ready to confront and be enriched by what some regard as a challenging task.

The majority of FEMW's do not require formal training prior to receiving such a designation, but some organizations require such training, for example the forensic psychiatrist and forensic pathologist. Expert medical witness consulting is an essential component in workers' compensation, personal injury, disability determination, crime scene investigations, end-of-life issues and professional liability issues, to name a few.

The FEMW generally has an inquisitive mind and a strong desire to solve complex problems, a Sherlock Holmes personality type. The desirable qualities of the FEMW include being confident and articulate, inquisitive, keenly observant, responsive, truthful, honest, well-organized, creative, imaginative, able to explain findings verbally and in writing, able to adhere to facts and avoid preconceived ideas. Counterproductive traits of an FEMW include being impatient, argumentative, opinionated, shallow, egotistical and sarcastic.

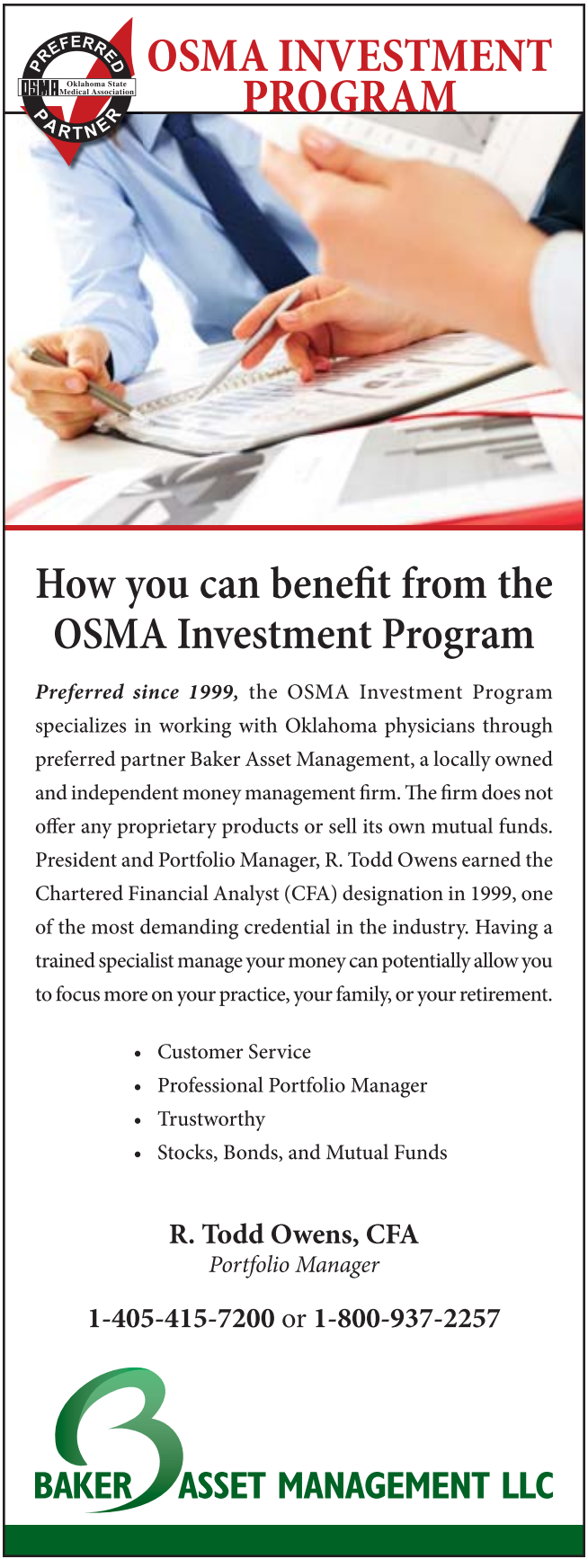
Most physicians do not have the opportunity to learn how to become an effective expert witness. Others are dissuaded from becoming an FEMW because they abhor working under pressure and giving testimony during cross examination by opposing counsel, whose goal and stated objective is to discredit the opinion of the FEMW by challenging his/her qualifications, competence and scientific knowledge.

FEMWs must be qualified by the judge to testify. He/she should learn some basic elements of the law, learn how to extract evidence systematically from the medical records, produce exhibits and demonstrative evidence that assist the jury and judge in comprehending the medical issues, conduct pertinent literature reviews, write professional medical reports for the attorneys, and speak eloquently and persuasively in a public forum and in court.

The following are some suggestions for every FEMW:

- Be sure that your expertise permits handling a given case properly.
- To avoid surprises in court, reveal relevant skeletons in your closet.
- Request a copy of the complaint and read it before accepting a case.
- Enter into a written agreement with the attorney, and insist on a retainer.
- Find out who is responsible for payment of your invoices. Do not extend credit to the attorney.
- Always obtain permission of the client attorney before giving information to opposing attorney.
- Carefully mark down all appointments for deposition and trial dates and continuances.
- Prepare exhibits to give persuasive testimony, after discussion with the attorney.
- Estimate the number of hours needed to complete the case, and include literature search, conferring with attorney, writing a report and trial time.
- If special tests are needed, estimate their cost, discuss with the attorney, and obtain approval and advance billing.

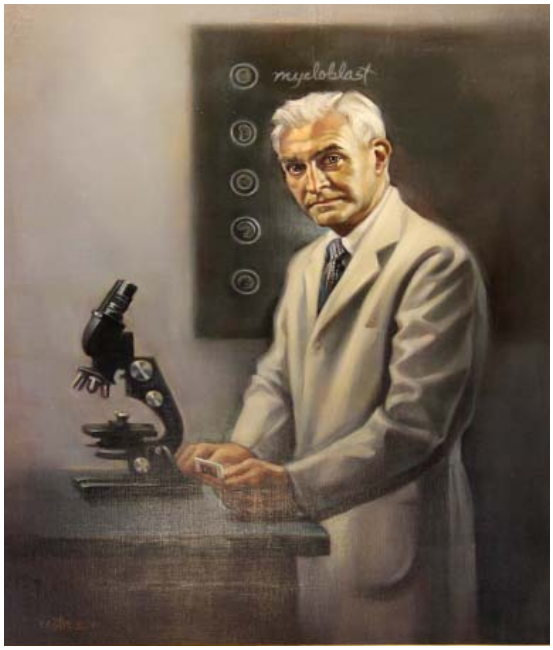
The FEMW may greatly benefit the client-attorney by educating him/her about the medical facts of the case and providing an authoritative and impartial opinion without being an advocate. The opinion must be supported by objective medical evidence, which includes medical testimony that rests on reliable scientific, technical or specialized knowledge, and assists the Court to understand the evidence or to determine a fact in issue. And, the opinion must be stated within a reasonable degree of medical certainty, which is the legal burden of proof.



[1] *Materials for this article were derived in part from the Expert Witness Manual, by Jess E. Dines, Copyright 2004, Pantex International Ltd, publisher.*

DR. ROBERT M. BIRD:
Physician, Teacher, Visionary

By Gayleen Rabakukk



When sifting through historical records and old newspaper articles, personalities can sometimes be buried beneath an avalanche of dates and events. Professional accolades and achievements often overshadow the human traits that define our personalities.

Such is the case with Dr. Robert M. Bird. Thousands of medical students use the library named in his honor, but few people know the personal side of the man who gave so much of his life to creating the Health Sciences Center.

Dr. Bird was 37 when he arrived at the OU Medical School in May 1952. His preceding post had been assistant professor of physiology at Cornell University Medical College. He was the first recruit of Dr. Stewart Wolf, who had also been teaching at Cornell. The doctors had long been friends, training together at New York Hospital. Prior to 1952, the OU Medical School faculty was composed primarily of local doctors who taught part time in addition to running their own practices.

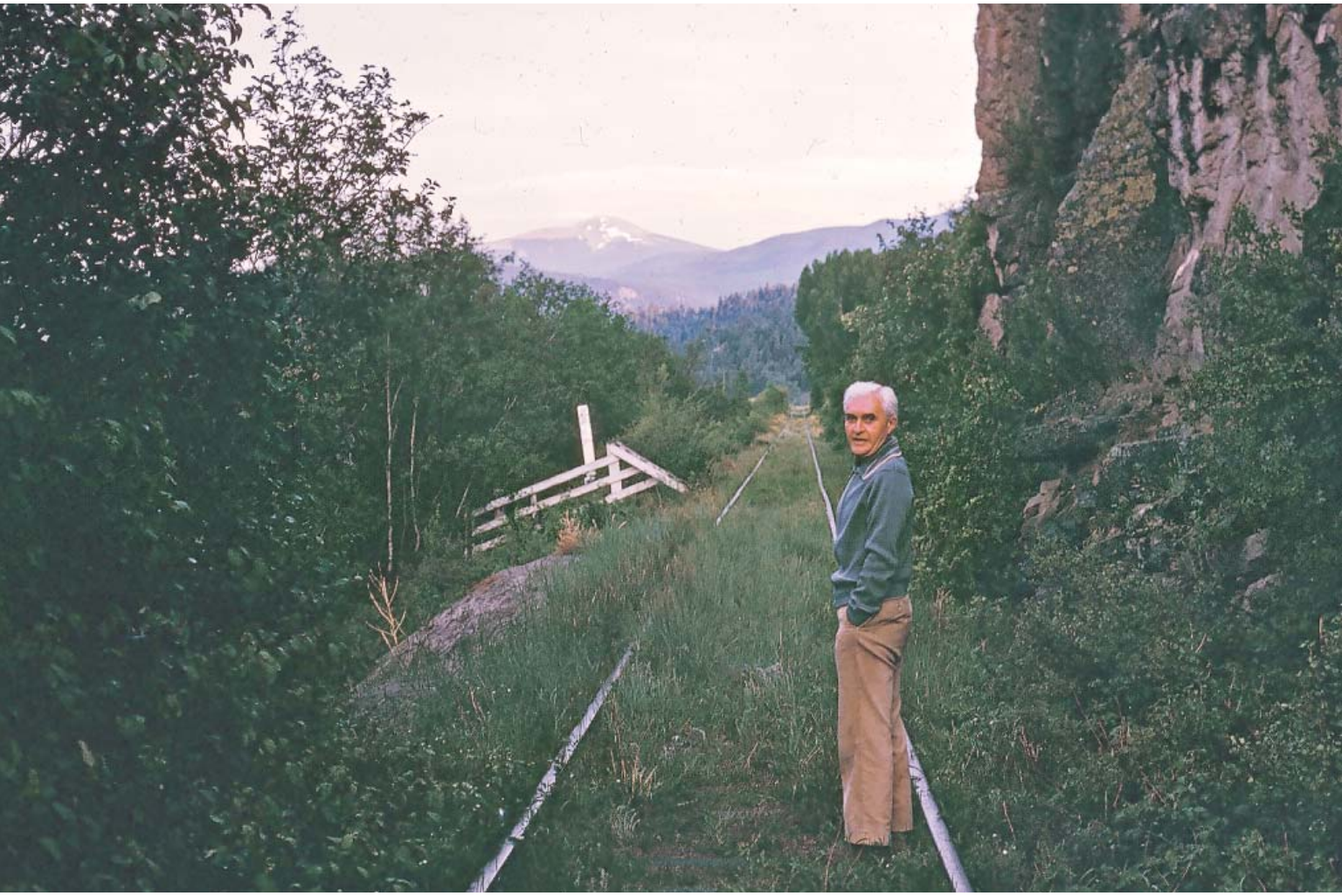
Dr. Paul Houk, who graduated OU Medical School in 1959, describes Dr. Bird as the "quintessential Southern gentleman - impeccable in dress and extremely polite." Dr. Bird grew up in Charlottesville, Virginia, and then earned both his undergraduate and medical degrees from the University of Virginia.

"He was one of those rare teachers," Dr. Houk said. "He was extremely close with the students, yet he was very demanding. He expected the very best from students. Dr. Bird did not accept mediocrity and always let you know how you performed, whether it was excellent or substandard."

A superb physician, Dr. Bird respected the profession and taught his students to do the same. "He had an interest in research and was devoted to developing those traits in the student body," Dr. Houk said.

Dr. Bird also had a love of the outdoors and enjoyed hunting and fishing. Over the years he organized several faculty trips to Nebraska and the Dakotas to hunt duck, pheasant and quail. A few residents were invited, including Dr. Houk. "That's where I got to know him the best."

When Dr. Houk learned of Dr. Bird's interest in trout fishing, he suggested a trip to his family's cabin on the South Fork of the Rio Grande River in Colorado. Cool, crisp snowmelt rushing over a rocky riverbed in the shadow of the San Juan Mountains produces a sense of calm serenity that is difficult to match. The Dr. Houk cabin soon became a favorite



destination. "We spent parts of three summers camping and fishing for trout."

Always the consummate researchers, they approached angling in the same manner: tracking which insects were hatching on the river at particular times and noting the best spots for brook trout. Dr. Houk has journals detailing his decades of fly fishing data.

Dr. Houk recalls one trip when a group of Basque sheepherders joined them at their evening campfire. "Bob offered them martinis and after that they came back every night … He had the capacity to be a friend to all."

Dr. Bird was equally at home among Oklahoma City's society circles. As a junior resident, Dr. Houk worked as bartender at Sunday evening cocktail parties co-hosted by Dr. Bird and Edith Gaylord Harper. During these small, formal events, Dr. Houk served martinis in crystal glasses to John and Eleanor Kirkpatrick, Morrison and Gladys Tucker, and Ralph and Katherine Hudson, among others. Fine food and classical music were hallmarks of these events.

Later, when Dr. Bird was tasked with planning expansions to the Health Sciences Center, he decided the Dr. Houk cabin would be an ideal location: peaceful, quiet and most of all isolated. The cabin lacked both telephone and television.

"No one at the Medical School knew they were there," Dr. Houk said. "Audrey Klontz, Dr. Bird's secretary, knew where they were and was in contact with them. She also provided them with the necessary backup and support materials they needed to complete their task."

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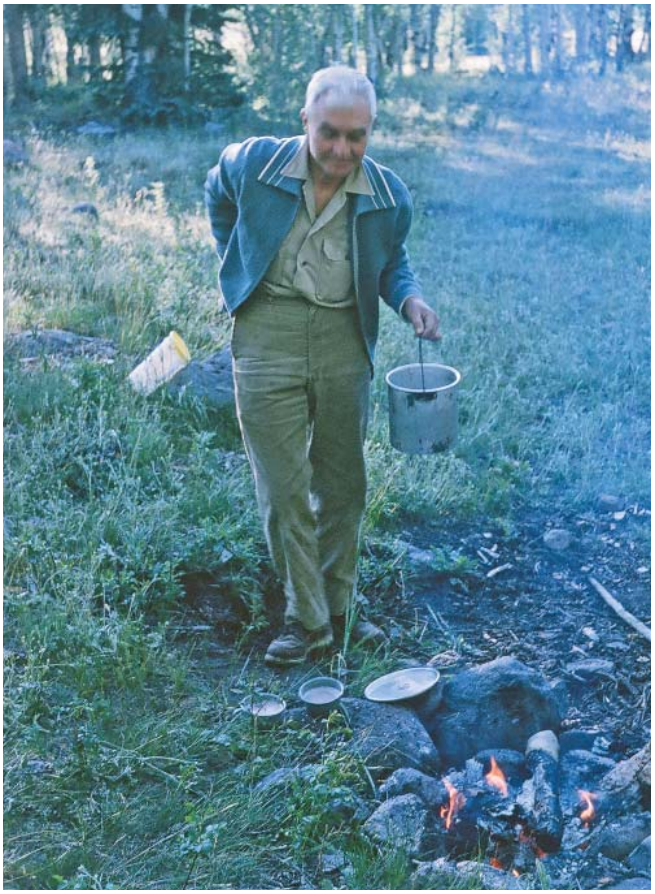


The group included Associate Dean Dr. Bird; Dr. C.G. Gunn, professor of medicine who specialized in neurology; Dr. Leonard Eilel, President of the Oklahoma Medical Research Foundation and also a professor of medicine; and Dr. John Colmore, professor of medicine, who specialized in nephrology.

For three weeks in late summer 1966, Dr. Bird's planning group brainstormed, discussed and strategized how to build a state-of-the-art campus to supply Oklahoma with the best-trained medical professionals in the United States. The tranquil atmosphere allowed the quartet to escape an atmosphere of turmoil and focus exclusively on their ideas for developing an outstanding education and research center.

The group returned with an ambitious plan for public and private partnerships working together on a centralized campus, sharing physical resources like a power plant, computer center and a library to minimize costs, while maximizing Oklahoma's access to excellent healthcare. In the following months, OU Medical School Dean James Dennis, MD, presented the group's vision to Oklahoma's business and community leaders.

Influences of the idyllic cabin planning session appear in the Oklahoma Health Center Development Plan, published by the Oklahoma Health Sciences Foundation in 1968: "Man needs clean air, sunshine, grass, trees, sky; he needs quiet, pleasant, garden retreats where he may seek brief respite from the pressures, tensions, and abrasions of intense activity among many people. We are trying to restore these amenities in rebuilding our cities. Certainly the health care center should be among the first to achieve them."

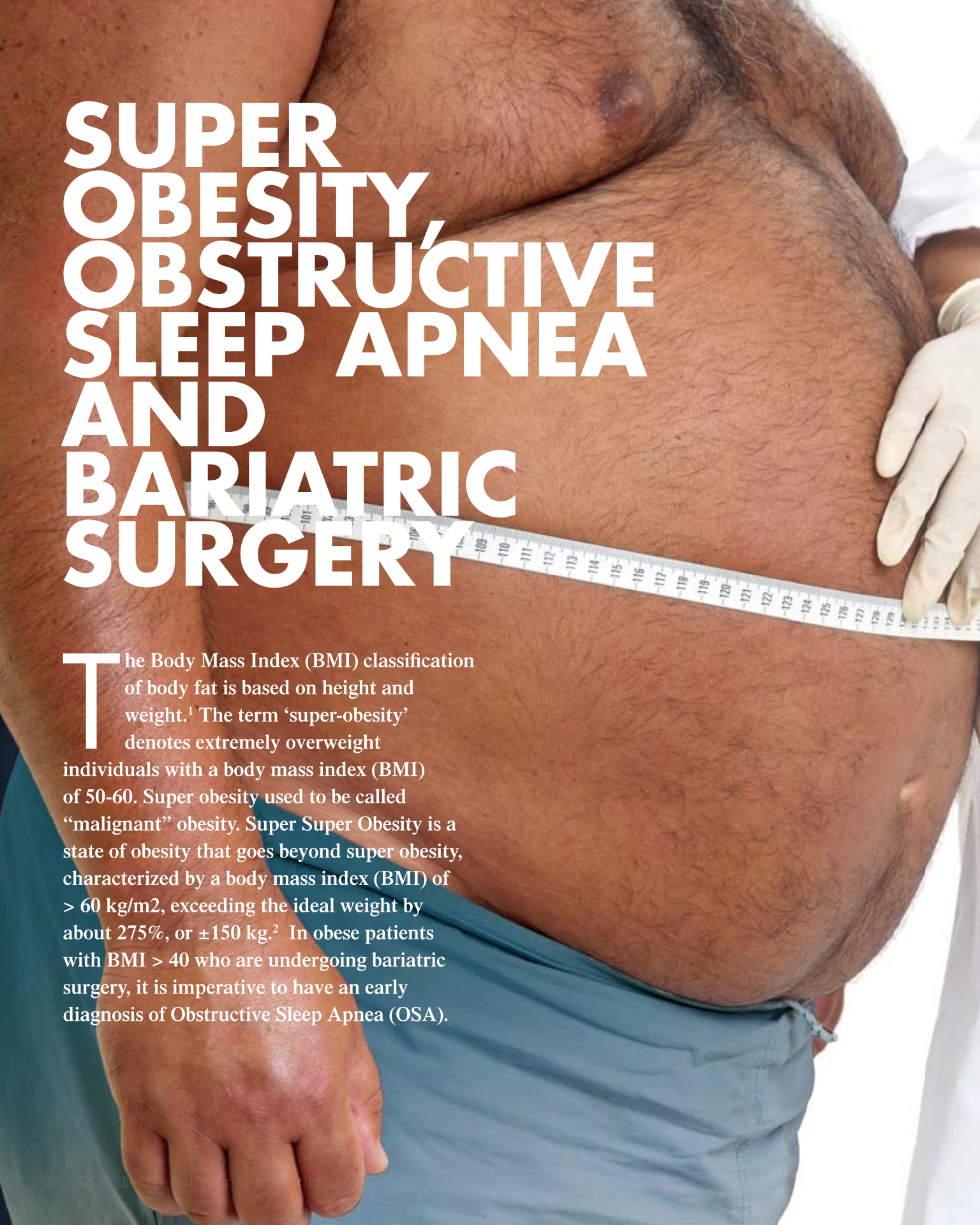
Dr. Bird was the principal author on six successful grants garnering funding to develop physical structures at the Health Sciences Center. He also spoke to many civic groups and organizations, as well as individuals about the cooperative campus concept.

"Bob would arrange introductions and bring people together," Dr. Houk said. "He knew institutions are built on relationships as much as brick and mortar."

Dr. Bird went on to be Dean of the College of Medicine from 1970 to 1974. During that time, Dr. Houk got a call from Dr. Bird's secretary, requesting he visit the Dean. "He'd received a box from the library at Harvard. He didn't know what was inside, but he knew it was special." The crate contained a mounted 26-inch brook trout, caught by a Harvard professor in New Brunswick during the early 1900s. "Later he asked me to hold it in safekeeping – said I would know what to do with it when the time was right." When the OU Health Sciences Center Library was named in Dr. Bird's honor, Dr. Houk knew the fish would be a fitting addition. "That trout had hung at the Harvard Medical School Library for 50 years before it matriculated to Oklahoma."

The brook trout still hangs in the History of Medicine Collection at the Robert M. Bird Health Sciences Library, one of the many structures Dr. Bird and his team envisioned during those three weeks at the Colorado cabin.

SUPER OBESITY, OBSTRUCTIVE SLEEP APNEA AND BARIATRIC SURGERY



The Body Mass Index (BMI) classification of body fat is based on height and weight.[1] The term 'super-obesity' denotes extremely overweight individuals with a body mass index (BMI) of 50-60. Super obesity used to be called "malignant" obesity. Super Super Obesity is a state of obesity that goes beyond super obesity, characterized by a body mass index (BMI) of > 60 kg/m2, exceeding the ideal weight by about 275%, or ±150 kg.[2] In obese patients with BMI > 40 who are undergoing bariatric surgery, it is imperative to have an early diagnosis of Obstructive Sleep Apnea (OSA).

BY S. SANDY SANBAR, MD, PHD, JD

THE PEARL

Pearl 1: 100 percent of super super obese patients (BMI > 60) have obstructive sleep apnea (OSA), which is a major risk factor for perioperative adverse events. Even asymptomatic OSA is independently associated with an increased morbidity and mortality.

Pearl 2: The gold standard for diagnosing OSA is polysomnography. However, several screening tools are available as well.

- The Berlin questionnaire is the most widely used questionnaire for OSA. It includes 11 questions organized into three categories.[3]
- The ASA Checklist has been recommended by the American Society of Anesthesiologists Task Force on Perioperative Management of Patients with OSA as a routine screening tool for OSA in surgical patients.[4] It consists of 12 items for adults and 14 items for children.
- The STOP questionnaire is another screening tool for OSA. It was validated in 2008 for OSA in surgical patients.[5] The score from the STOP questionnaire was evaluated against the apnea-hypopnea index from monitored polysomnography. The STOP screening asks four questions related to snoring (S), tiredness (T) during daytime, observed (O) apnea, and high blood pressure (P).
- The STOP-BANG questionnaire combines the four STOP questions with body mass index (B), age (A), neck size (N), and gender (G) (or BANG). It is concise, easy to use and has a high sensitivity, especially for patients with moderate to severe OSA. In the surgical population, a STOP-BANG score of 5–8 identified patients with high probability of moderate/severe OSA, which in turn helps the healthcare team to stratify patients for unrecognized OSA, practice perioperative precautions, or triage patients for diagnosis and treatment.[6]

Pearl 3: The Guidelines for Clinical Application of Laparoscopic Bariatric Surgery[7] recommend that when sleep apnea is diagnosed by sleep study, the patient is started on continuous positive airway pressure (CPAP) prior to surgery. Respiratory evaluation may include chest X-ray, arterial blood gas, and pulmonary function tests.

Pearl 4: The use of opioids, especially Demerol, to alleviate pain following bariatric surgery in patients with OSA must be very carefully monitored to avoid respiratory failure, severe hypoxemia and death. If hypoxia develops, the patient should receive both oxygen and CPAP. Pulmonary consultation is most helpful in this situation. Finally, such patients should not be discharged on opioids for pain relief.

[1] *Classification*	*BMI*
NORMAL	*19 – 24.9*
OVERWEIGHT	*25 – 29.9*
OBESE	*30 – 34.9*
SEVERELY OBESE	*35 – 39.9*
MORBIDLY OBESE	*> 40*
SUPER OBESE	*> 50*
SUPER, SUPER OBESE	*> 60*

[2] *Source - http://medical-dictionary.thefreedictionary.com/Super+Super+Obesity*

[3] *Ahmadi, N et al: The Berlin questionnaire for sleep apnea in a sleep clinic population: Relationship to polysomnographic measurement of respiratory disturbance. Sleep Breath 2008; 12:39–45*

[4] *10. Gross JB, Bachenberg KL, Benumof JL, Caplan RA, Connis RT, Cote CJ, Nickinovich DG, Prachand V, Ward DS, Weaver EM, Ydens L, Yu S: Practice guidelines for the perioperative management of patients with obstructive sleep apnea: A report by the American Society of Anesthesiologists Task Force on Perioperative Management of Patients with Obstructive Sleep Apnea. ANESTHESIOLOGY 2006; 104:1081–93*

[5] *Chung, F et al, Anesthesiology. 2008 May;108(5):812-21.*

[6] *Chung, F et al, British Journal of Anaesthesia 108 (5): 768–75 (2012)*

[7] *SAGES, Society of American Gastrointestinal and Endoscopic Surgeon, http://www.sagescms.org*

RETIRE OR RETRAIN?

By Glenn Lytle, MD, MHA, CPHQ

I have had a full and exciting life as a physician. As a general surgeon I experienced almost all models of medical delivery systems including: private practice; academic practice; single specialty group; multispecialty group; VA system; managed care; and the Indian Health System; and as a general practitioner, a year at a Federally Qualified Health Care system facility. To top this off, I spent almost three years as the medical director for two different Quality Improvement Organizations. I am past the full retirement age, but I am convinced I have more to give to healthcare. And I am pretty sure that I am not alone.

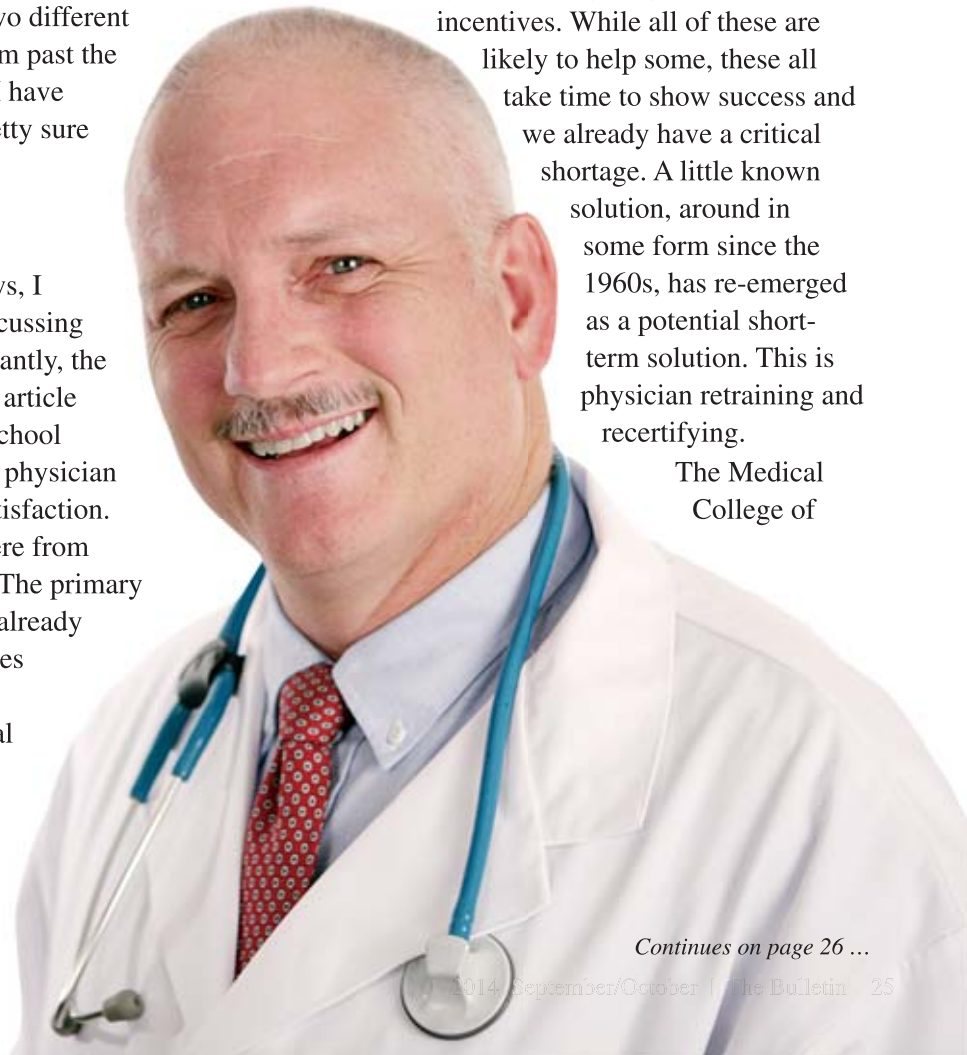
PHYSICIAN SHORTAGE

In my reading of current medical news, I have frequently come across articles discussing the physician shortage and, more importantly, the shortage of primary care providers. One article blamed the slow expansion of medical school available slots and an increasingly rapid physician retirement rate, both from age and dissatisfaction. This article predicted a shortage anywhere from 90,000 to 200,000 physicians by 2020.[1] The primary care physician shortage in Oklahoma is already here. In 2013, 72 of the state's 77 counties were designated as primary health-professional shortage areas by the federal government, with 30 of the counties having 10 or fewer doctors of any type. The five counties not considered shortage areas are Oklahoma, Johnston, Canadian, Rogers and Wagoner. According to the U.S. Health Resources and Services Administration, Oklahoma ranks 43rd in doctors per capita and 41st in primary care physicians.[2]

POSSIBLE SOLUTIONS

There are a multitude of suggested solutions to this shortage, including increasing student positions in medical schools, increasing primary care physician residency slots, and giving trainees financial incentives. While all of these are likely to help some, these all take time to show success and we already have a critical shortage. A little known solution, around in some form since the 1960s, has re-emerged as a potential short-term solution. This is physician retraining and recertifying.

The Medical College of



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Pennsylvania, Philadelphia, has sponsored a retraining program for clinically inactive physicians since 1968. About 84% of those retrained have returned to clinical activity after completing the program. Women who were inactive because of family responsibilities and non-clinically active physicians have benefitted the most from this program. This retraining program has proven to be an effective method of reintroducing inactive physicians to clinical medicine.[3] There are now a handful of similar retraining programs, often grown from programs designed for physicians with behavior and licensure problems. Such retraining programs are still few and rare, time consuming and expensive.

MY SOLUTION

When I started to contemplate returning to clinical medicine, I researched some of the options. In 2010, when I retired from general surgery primarily due to hand arthritis, I was able to function reasonably well as a general practitioner at an FQHC facility. Before starting, I did significant reading and studying, including a comprehensive Primary Care Update audio CME course taking some 20 hours. When I started to look at primary care physician opportunities, it appeared that at least half require board certification. I realized that to be competitive for a position, as well as being comfortable with my primary care skills, I needed to do more. The American Academy of Family Physicians has been consistent in its position that the best training in the knowledge, skills, and attitudes of family medicine is provided through family medicine residency education.[4] I do not disagree, but my five year surgical residency at Yale was enough for one lifetime. So what could I do to meet my needs and also assure others of my primary care skills?

PHYSICIAN RETRAINING AND REENTRY

The program that I found that met my needs is Physician Retraining and Reentry (PRR), presented in collaboration with the University of California-San Diego. This program was conceived by Dr. Leonard Glass, a retired academic plastic surgeon. Considering the primary care physician shortage, he began to analyze ways to help bolster the healthcare industry's workforce. In 2010, he built the foundation of what would soon become the Physician Retraining & Reentry Program – an online educational program

created to help solve the nation's growing physician shortage in a unique way: allowing retired physicians as well as active specialists the opportunity to reenter the workforce as primary care practitioners with the tools necessary to practice primary care.

By 2013 Dr. Glass had solidified the collaboration with the UC San Diego School of Medicine and, with his colleague Dr. Stanley Pappelbaum (co-founder), they recruited PRR's leadership team from the university. The leadership team then hired a group of faculty members with the primary care experience necessary to develop and finalize PRR's curriculum and exams. The PRR program consists of 15 online modules that cover a wide range of subject matter critically necessary for a primary care provider. Participants, after taking a pretest, are able to work through each subject module at their own pace giving them ample time to master each course before taking a final module examination. The program ends with a final examination covering all of the modules, as well as a practical live exam utilizing simulated patients at a regional examination center. The fee for the course is $7,000, and includes: online modules and tests; the practical examination; a Family Medicine textbook; and a year-long subscription to the online service "UpToDate." Support from the faculty is readily available, as well as opportunities for 'shadowing' opportunities upon completion of the course. There is also online technical support as well as job placement support.

Further information may be obtained at http://prrprogram.com. Questions and comments are welcome at okcdoclytle@yahoo.com.

[1] *Mike Albert, Warnings of Doctor Shortage go Unheeded. At: http://remappingdebate.org/article/warnings-Doctor-shortage-goes-unheeded February 16, 2011*

[2] *Found at: http://hrc.nwlc.org/status-indicators/people-medically-underserved-areas*

[3] *Annalise C. Raub, PhD; Francis L. Bowler, EdD; Gerald H. Escovitz, MD, A physician retraining program. JAMA. 1982; 248(22):2994-2998. doi:10.1001/jama.1982.03330220038033.*

[4] *AAFP Policies at: http://www.aafp.org/about/policies/all/physician-education.html*

MEDICAL SCHOOL *Bonding* LOVE AND LIFE

By John A. Blaschke MD

We entered medical school in September 1946.There were five women and 60 men, most of us married and many with a child. We were the first class since the end of WWII and all but one of the men were veterans of that conflict. Every type of military service, rank and experience was represented in our group. Many Purple Hearts, three colonels, one of the females had been a Navy Lt. Commander. Five had seen action in various infantry units in Europe. One of the Purple Hearts was acquired in the Battle of the Bulge. The Air Force veterans were most numerically. Our group was composed of two fighter pilots, one B-17 pilot, one navigator, one bombardier and several administrative types. I was the sole naval aviator and flew Kingfishers and later the Seahawk from a heavy cruiser, USS Macon, (CA 132). It was always a disappointment for my children – as they were growing up – to learn that I had never fired a shot in anger. They were somewhat consoled when they learned that I had survived a crash in the middle of the Atlantic Ocean.

In spite of our diverse military experiences we freshmen medical students were singularly uniform in many particulars. We were not interested in entertainment activities; because we were married we were not spending time chasing the opposite sex. We were determined to succeed in a long-held aspiration and goal, to become physicians. The four- and five-year delay because of WWII strengthened our resolve. Finally we were grateful for the GI Bill of Rights, which provided the financial support for our endeavors. Years later, at our reunions, we would remark that the United States had rewarded its military veterans to a greater degree than any nation in history. We wanted to be worthy of that reward.

During the next four years we grew closer. We rejoiced with each other with births of more children, drew our wives into the camaraderie of our joint efforts, found summertime jobs together, and what little social life we enjoyed was exclusively with each other. Our single-mindedness seemed normal to all involved.

The great day finally came. We had the academic degree of MD but it would be after several years of additional training before we became doctors. We parted but kept close with letters, phone calls and thoughts of each other. In 1960, the 10th anniversary of our graduation, we had a reunion at a resort on a lake. About 50 of our class with our wives and increasing numbers of children attended. It was a festive event, much laughter and convivial remembrance. Our special guests were three of our basic science professors whom we cherished and who had responded to our earnest efforts to learn with equally earnest efforts to teach, to inspire, to awaken us to the mysteries and magnificence of the human body in health and the consequences of disease and injury. To a great degree they were responsible for a sense of idealism in our professional lives.

The years passed. Slowly at first, then rapidly each decade our companions, friends, and fellow physicians began to die. We were, above all else, realists in the exigencies of life and were able to accept these losses. We agreed with General Patton that one should not grieve and mourn their deaths but should thank God that such men and women lived.

In 1995, our 45th anniversary, we assembled at a local restaurant in a special room. Only 15 of us were physically able to attend. Because of the intervention of WWII and delay in medical school most of us were age 30 or more at time of graduation. Forty-five years later, we were in the elderly classification of demographic studies. In the course of that evening, again festive and convivial, a discussion arose on the subject of the remaining members to develop a *Tontine*. A type of survivor insurance with some features of a lottery, the *Tontine* is named after an Italian banker Emilio de Tonti, who created the first one in the 17th century. There are many modern variations but the most common one consists of a group of individuals who contribute a sum of money toward the purchase of some object or simply remain a sum of money. The last survivor of the group is the winner, or at least becomes the owner of the *Tontine*.

You may remember a *M.A.S.H.* episode in which Colonel Potter disappears for a period of time. Later he reappears, somewhat hungover. It turns out that he has been a member of a WWI *Tontine* composed of fellow physicians with whom he had served. A bottle of whiskey was the *Tontine* and Colonel Potter had consumed it in a sad remembrance of his fallen comrades.

Our *Tontine* is a bottle of Grand Marnier. It was specially bottled in 1977 in celebration of the 150th year of the Grand Marnier Company. The grapes had actually been pressed and fermented in 1822. Then the cognac with orange flavors slept in an oaken cask for 150 years. We paid $135 for our bottle in 1995 and $15 for a metal goblet with "Tontine of the Class of 1950" engraved. It is an unusual cognac when you think about it. From 1822 until its bottling in 1977 it slept in a cask. While it slept, Custer died at the Bighorn, and the War Between the States came and went, as did WWI, WWII, Korea and Vietnam.

I smile as my eyes focus on the bottle of Grand Marnier that sits in front of me. It is an extravagant and ridiculous metaphor symbolizing our mortal existence but entirely in keeping with our festal mood. Probably each one who was present at that reunion was assuming that he or she would end up owning the prize. That evening a wag speculated that at some future date the winner would end up in a nursing home and each evening a nurse would present one of those little plastic cups used for distributing medications, filled with a tablespoon of the Grand Marnier, saying, "And here is your daily *Tontine*."

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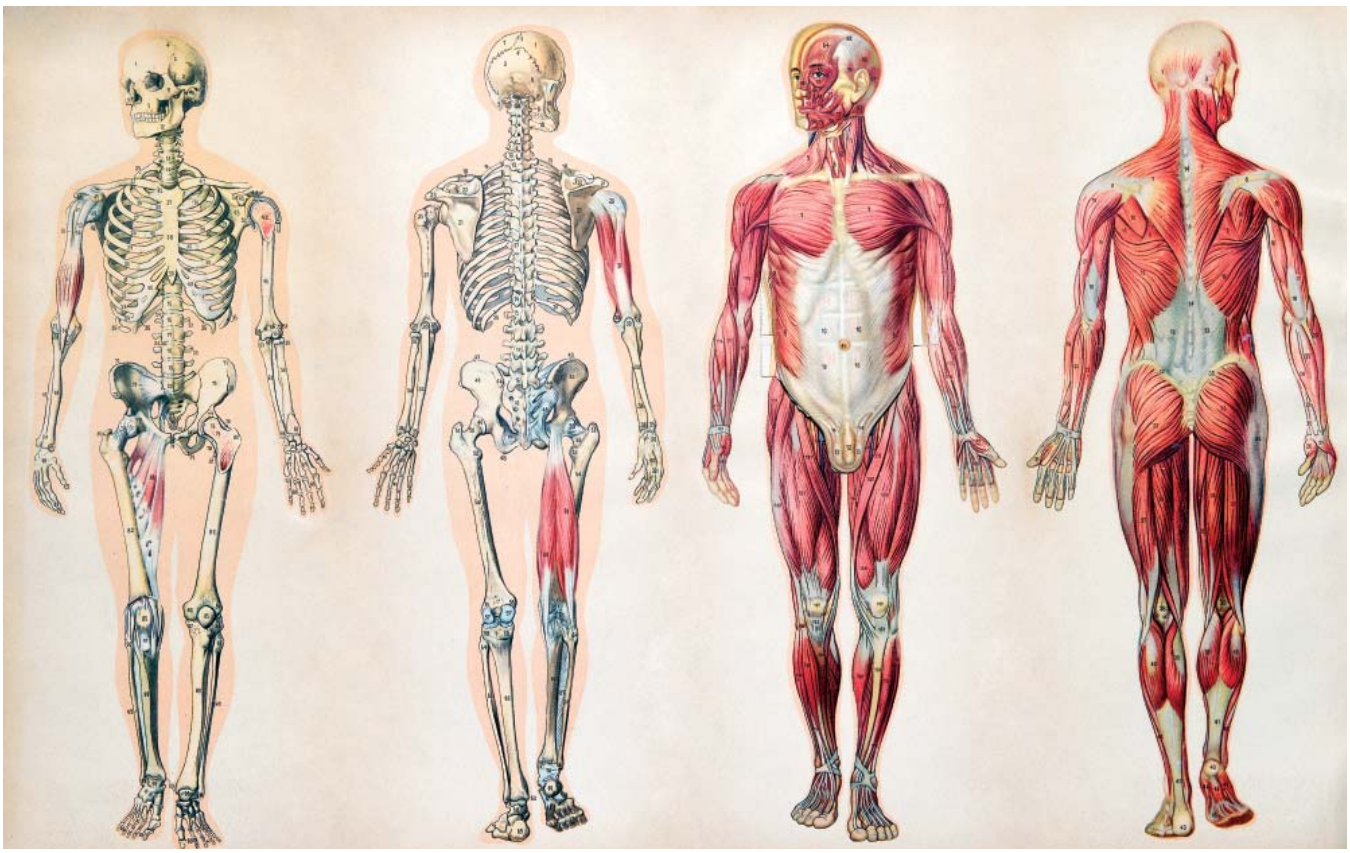

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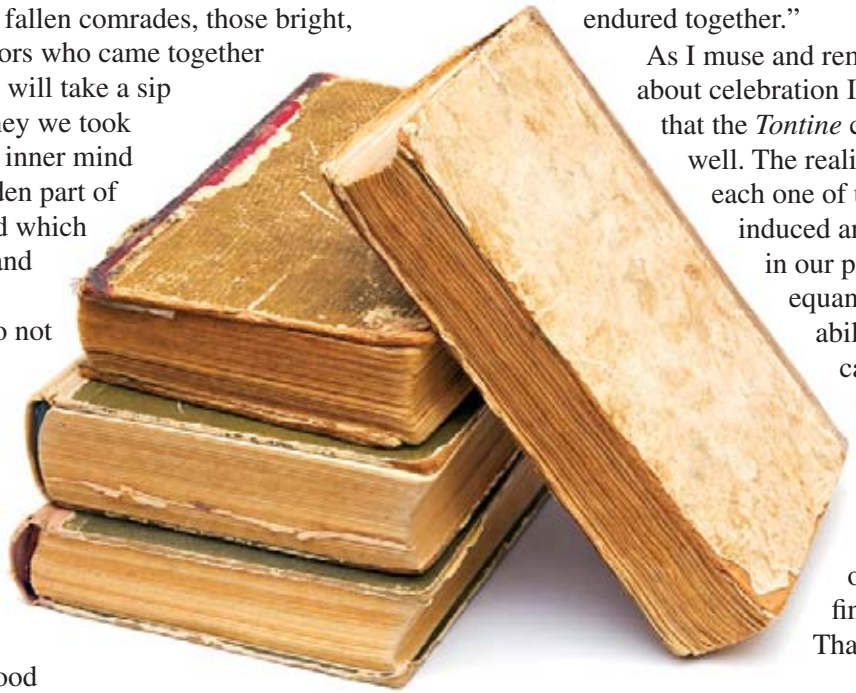
My emotions and thoughts are somber as I visualize many of those who were so important to my life on the journey to become a physician. In retrospect I believe that we loved each other – the Greeks had a special word for our kind of love, *Philia*. I began reflecting on many facets of our class. What induced our affection for each other and a sense of comradeship that remained long after we parted and led professional lives in widely separated communities? I wonder if the explanation lies in the fact of our delayed entrance to medical school. Perhaps the military experience of being part of a group effort made it easy to become part of another group. Someone suggested that it was the mutual struggle getting through medical school that drew us together. Perhaps, but military service during wartime consists of many varieties of struggle and an accompanying private thought, "Will I survive?" The benefit of service was that we had learned discipline of self and the discipline of a greater cause. Medical school success requires that same self discipline and will.

If I am to be the one who ends up as the final survivor – only three of us remain – it will not be a festive and convivial event. I will not be like Colonel Potter in *M.A.S.H.* I will pour some in a brandy snifter, swirl it around and as the aroma rises I will visualize those fallen comrades, those bright, alert, hardened warriors who came together in September 1946. I will take a sip to celebrate the journey we took together. Then in my inner mind – that secret and hidden part of personhood and mind which all of us experience and at the same time we assume that others do not have such thoughts – I begin a series of fantasies and conversations with those departed dear ones. I plan to remind them that our mutual journey was filled with extraordinary good fortune. First, we survived WWII. Many did not. Secondly we received a full four-year scholarship to medical school. A monthly stipend and all books and fees were included, even a microscope! I've often wondered if I would have been able to finance medical school had it not been for that blessed G.I. Bill of Rights.

After several more years of training we began to care for patients. More than anything we had experienced heretofore, caring for sick and injured patients is a transforming life experience. Suddenly, the very circumstance of being responsible for the life and health of another person raises one's aspirations, goals and character. Compassion, duty, responsibility, scholarship, integrity, and judgment became part of our lives and thoughts. Medicine in the idealistic sense is an ennobling life. Again, good fortune brought us to a career that we knew was meaningful.

The warm affection our class enjoyed with each other reminds me of similar thoughts recorded by Antoine de Saint-Exupery in *Wind, Sand and Stars*: "Life may scatter us and keep us apart; it may prevent us from thinking very often of one another; but we know that our comrades are somewhere 'out there'… silent, forgotten, but deeply faithful … Old friends cannot be created out of hand. Nothing can match the treasure of common memories, of trials endured together."



As I muse and remember and think about celebration I'm again reminded that the *Tontine* celebrates death as well. The reality of death faces each one of us. This reality induced an additional change in our personalities, equanimity, and the ability to face death calmly, as a normal sequence in our life. But, as I reflect on the good fortune in the lives of the class of 1950, there is a final word to utter: Thankfulness.

DIRECTOR'S DIALOGUE

By Jana Timberlake, Executive Director

"TRADITION"

"Because we've always done it this way" doesn't work anymore. Have you ever had a soft, comfortable pair of shoes that needs to be replaced because there are holes in the sole or the stitching is unraveling? Breaking in a new pair of shoes can be uncomfortable, with the stiff leather creating blisters while becoming accustomed to the new "fit." This is how I react to change – my heart wants to choose comfort, but my head tells me this would result in negative consequences down the road.

At one time in our lives, many of us have chosen to follow the well-traveled path. It is familiar with few obstacles, less controversial and, frankly, much easier than swimming upstream or walking against the flow of traffic. Implementation of programs and services is easy – just follow the "go by" steps established long ago because change takes a lot of hard work!

The Oklahoma County Medical Society is at a crossroads right now. While it was established 114 years ago and has a proud history of past accomplishments, to continue serving physicians and this community will require a monumental change in direction. A majority of younger physicians across the country has difficulty finding value in organized medicine. Political advocacy is a benefit regardless of membership and specialty societies provide the CME required for continued certification. According to the August 2014 OSMA Board of Trustee's membership report, the Oklahoma County Medical Society's membership deceased 7.55% from 2013 to 2014, with Tulsa experiencing a 7.78% decrease and the Rural decrease was similar at 7.70%. If one was to look at a graph over the past few years, membership decline is not a pretty picture!

Military historian Cyril Falls stated, "Leadership is particularly necessary to ensure ready acceptance of the unfamiliar and that which is contrary to tradition." Fortunately, our Society's leaders have made the choice not to follow the easy path with the attitude "membership is next year's problem." Instead, they have made the time commitment necessary to travel the unfamiliar road by focusing on the organization's core values, with plans to develop both short- and long-term goals to enhance the Society's value proposition. It will be because of their hard work and determination that the Society continues to serve Oklahoma County physicians and this community in the future.

Zig Ziglar said, "Other people and things can stop you temporarily. You're the only one who can do it permanently." Your Oklahoma County Medical Society leadership is "in tune with the times" and working to ensure this organization exists for another 114 years – connecting physicians and caring for the community! Stay tuned …

COMMONLY REPORTED DISEASES

	Monthly						YTD Totals	
	Jun '14	May '14	Apr '14	Mar '14	Feb '14	Jan '14	Jun '14	Jun '13
E. coli (STEC, EHEC)	0	0	0	0	0	2	2	7
Ehrlichiosis	0	0	0	0	0	0	0	0
Haemophilus influenzae Type B	0	0	0	0	0	0	0	0
Haemophilus influenzae Invasive	0	5	1	3	2	1	12	19
Hepatitis A	0	0	0	0	0	1	1	2
Hepatitis B*	0	1	1	6	4	3	15	59
Hepatitis C *	1	8	12	13	20	25	79	105
Lyme disease	0	0	0	0	0	0	0	0
Malaria	0	0	0	0	0	0	0	3
Measles	0	0	0	0	0	0	0	0
Mumps	0	0	0	0	0	0	0	0
Neisseria Meningitis	0	1	0	0	0	0	1	1
Pertussis	1	1	1	1	2	0	6	11
Strep pneumo invasive children <5yr	1	1	0	0	1	1	4	4
(RMSF)	0	0	0	0	0	0	0	0
Salmonellosis	18	7	3	4	5	12	49	42
Shigellosis	2	1	2	1	0	4	10	50
Tularemia	0	0	0	0	0	0	0	0
Typhoid fever	0	0	0	0	0	0	0	0

RARELY REPORTED DISEASES/CONDITIONS:

West Nile Virus Disease	0	0	0	0	0	0	0	0
Pediatric Influenza Death	0	0	0	0	0	0	0	0
Influenza Hospitalization/Death	0	0	11	16	49	149	225	136
Influenza, Novel Virus	0	0	0	0	0	0	0	0
Strep A Invasive	1	1	0	0	0	0	2	0
Legionella	0	2	0	0	0	0	2	2
Rubella	0	0	0	0	0	0	0	0
Listeriosis	0	0	0	0	0	0	0	0
Yersinia (not plague)	1	0	0	0	0	0	1	0
Dengue fever	0	0	0	0	0	0	0	0

YTD totals are updated quarterly to reflect cases that have a reporting delay due to laboratory confirmation or symptom assessment.

** Over reported (includes acute and chronic)*

THE POET'S SPOT

The Aging Teacher

By Hanna Saadah, MD

Each year, I tend a row of stripling shoots
Nurse them with heart in hand, and watch them rise
With bursting branches, lush with blushing fruits
And sprawling roots beyond tomorrow's eyes.

So many rows I've nursed, so many years
Have rubbed their dust and rain against my face
And still the rows return with youthful cheers
For me to tend with ever slowing pace.

With scores of seasons on my stooping back
I took my leave at last with hoary grace
But rows of stripling shoots kept coming back
Others to tend and nurse them in my place.

I gray, but evergreen my memories
Of stripling shoots that grew to mighty trees.

THE BULLETIN

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THE BULLETIN

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Every issue of THE BULLETIN runs articles and columns from a diverse group of our physician members because it's important that our members discuss new ideas and issues with each other.

If you would like to be a BULLETIN author, for one article or more, please let us know! You can share information on new clinical findings, business practices, or other topics you feel are important.

We look forward to hearing from you!

Contact: Tracy Senat,
THE BULLETIN
Managing Editor

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Puneet Sindhwani, MD, Male Infertility/Transplantation

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Edmond 405-340-1279
Stephenson Cancer Center 405-271-4088

Pediatric Urology

Brad Kropp, MD, Pediatric Urology

Dominic Frimberger, MD
Pediatric Urology/Reconstructive Surgery/Spina Bifida

Blake Palmer, MD
Pediatric Urology/Robotics

William Reiner, MD, Child/Adolescent Psychiatry

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