

# THE BULLETIN

OKLAHOMA COUNTY MEDICAL SOCIETY

SEPTEMBER/OCTOBER 2017

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# THE BULLETIN

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# physician wellness program

The Physician Wellness Program  
would not be possible without donors.

The following OCMS members have donated to  
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OCMS extends a sincere thank you to all those who have donated so far.

If you would like to donate to this worthwhile program,  
your tax-deductible donation can be mailed to:



Attn: Physician Wellness Program

313 NE 50th, Suite 2

Oklahoma City, OK 73105



**B**eing a physician isn't easy. Difficulties with the current health care delivery system, maintaining a healthy work/life/family balance, and dealing with normal stresses of everyday life can take their toll on physicians.

With this in mind, OCMS has established a Physician Wellness Program, a safe harbor for physicians to address normal life difficulties in a confidential and professional environment. The Physician Wellness Program can help physicians address any problems or concerns they may be experiencing. They do not need to be in crisis, but the access to program psychologists are here if they need them. The physician may have a question or simply want to talk to someone who understands his or her issues.

### **Services for Members**

- Up to eight free, confidential sessions with a seasoned psychologist
- Appointments available at hours convenient to physicians
- No diagnosis, no insurance billed, no electronic record kept
- Physician-initiated, and separate and independent from third-parties. Counseling sessions are not reportable to the Oklahoma State Medical Board.
- Convenient, private location

Physicians are often concerned about confidentiality and privacy. No information is disclosed without written consent and sessions are not reportable to the Oklahoma State Medical Board of Licensure. Contracts do state that if any issues that are beyond the counseling sessions arise the physician will be referred to the appropriate provider. Participants will be able to call the psychologist directly to schedule appointments, which are available at times convenient to the physician.

Appointments will be available soon for OCMS members and residency programs. In the interim, if you would like more information, contact OCMS. We are also accepting tax-deductible donations to help fund the program. Donate online at [www.okcountymed.org/donate](http://www.okcountymed.org/donate) or mail a check to OCMS specifying the donation is for the PWP.

OCMS is committed to helping physicians achieve a work-life balance and avoid burnout.



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# PRESIDENT'S PAGE

DAVID L. HOLDEN, MD



As I write this edition of my column for the OCMS bulletin, much uncertainty exists concerning the future of the health care system in America. Congress has recessed without a new health care bill, and it is unclear what form a new bill may take, if or when the congress sees fit to pass one. Discussions have ranged from repeal and replace, to just letting Obama Care collapse on itself and start from scratch. It is interesting to note that while our state and country medical society leaders were in Washington DC this past February to meet with the Oklahoma Congressional delegation, Congressman Tom Cole had an interesting take on the situation. He warned us that whatever form a bill might take, congress should be extremely cautious against letting Obama Care collapse of its own weight, or pulling the funding for it before a new plan could be fully implemented. His concern was chilling because he envisioned a collapse of the entire health care system, resulting in the fall back to a single payer system. I think all of us can easily see the wisdom and the need to avoid such an end game scenario at all costs. Only time will tell how or what form any future change may take. It will always be a priority of Oklahoma State, County and Rural societies to stay vigilant and active in helping as much as we can to shape the changes for the future in such a manner as to preserve the quality and availability of medical care in Oklahoma and in the U.S.

In spite of these uncertainties, however, I am pleased to report as a subject much closer to home, that being the start-up of our Physician Wellness Program (PWP). We have been working on this for the last two years and now are ready to begin implementation in the coming months.

Members of the OCMS will be able to arrange up to eight free counseling sessions with experienced psychologists concerning any number of issues such as physician “burn out”, just to name one.

These will be private and off the record for those physicians who feel the need to seek help without going through the standard wait time for the regular appointment.

If during the sessions it becomes apparent that there is need for more in depth help, a referral to an already designated group of psychologists can and will be arranged if desired. For problems that arise from drugs or alcohol, a referral to OHPP will be expedited.

We anticipate making the program available to member residents and medical students alike as we move forward with the implementation.

We strongly believe our PWP will serve a growing need for our member physicians, which has already been demonstrated in other county medical societies and has been highlighted by recent updates by the AMA.

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# DEAN'S PAGE

RUSSELL G. POSTIER, MD, FACS  
INTERIM EXECUTIVE DEAN AND DAVID ROSS BOYD PROFESSOR  
UNIVERSITY OF OKLAHOMA COLLEGE OF MEDICINE



An eager class of 161 new first-year students began their medical studies in mid-August. I'm delighted to say they struck me as bright, energetic, idealistic, and we can be very proud of them. We are pleased to note the class composition is 48% female – an increase of 4% over last year and the highest percentage, to date; 34% minorities (including 13% underrepresented minorities – African American, Native American, and Hispanic); and their average age is 23 years old (range 20-36). They come from 44 different colleges and universities; 13 states, and their courses of study reflect over 50 different majors. Orientation to medical school and the profession occurred August 15-17 and culminated in the meaningful White Coat Ceremony, held at the National Cowboy and Western Heritage Museum in Oklahoma City. Over one thousand people were in attendance and enjoyed Dr. Greg Krempf's thoughtful keynote address – "Entering Medicine: Expect the Unexpected." Dr. Krempf is our Chair for the recently re-named Department of Otolaryngology Head and Neck Surgery. In late June, we bade farewell to those completing their residency and fellowship training and welcomed over 160 new individuals beginning their respective training: 41% in Primary Care and 59% in other specialties.

Accreditation of the College of Medicine's medical education program is critical to all our missions and has implications for many programs within the overall governance of the medical school. Currently many faculty, staff, students, and administrators are diligently preparing for our College's next full accreditation cycle site visit by the Liaison Committee on Medical Education (LCME), the U.S. Department of Education-recognized accrediting body for programs leading to the MD Degree in the United States. The accreditation process involves an extensive

institutional self-study (over a 12-15 month period) for which the formation of a coordinating task force and designated committees under the overall direction of Chris Candler, MD, EdD, has been launched. The self-study is instrumental in gathering information to identify our strengths as well as opportunities for improvement and is a major factor in the preparation for the accreditation visit. This process will culminate in January 2019 with the four-day accreditation site visit to our Oklahoma City campus by a team of professionals selected by the LCME Secretariat.

During the summer we had two changes in leadership positions in the college. Andrew Dentino, MD recently appointed chairman of the Reynolds Department of Geriatric Medicine, was asked to serve as the Founding Chair for the Department of Internal Medicine at a new medical school currently under construction in Texas. At the time of this writing, we are in the process of naming an interim chair for the Department of Geriatric Medicine.

LaMont Cavanagh, MD was named as the Chair for the Department of Family and Community Medicine within the OU-TU School of Community Medicine and OU Physicians-Tulsa. Dr. Cavanagh most recently served as Director of the Center for Exercise and Sports Medicine, Co-Director of The Center for Sports Concussion, and Medical Director for Health At Work, a corporate health and wellness program. He is board-certified in Family Medicine and Sports Medicine and has garnered national attention as an expert in both fields. Dr. Cavanagh replaces John W. Tipton, MD who served as Chair for the department since 2009.

We are very appreciative to both of these individuals for their service to the College and their dedication to their departments' continuing development. We wish them and their successors well for their future endeavours.



*Never be in a hurry;  
do everything quietly  
and in a calm spirit.*

*Do not lose your  
inner peace for anything  
whatsoever, even if  
your whole world  
seems upset.*

*- St. Francis de Sales*



# HAT THE DOCTOR ORDERED: INNER PEACE AND HAPPINESS

Compiled by S. Sandy Sanbar, MD, PhD, JD

*Finding peace within us is one of the most wonderful things in life. Without inner peace, possession of material riches is like dying of thirst while bathing in a lake.*

**Inner peace** develops over time. Be smart, stay calm and be careful with your inner peace. Soothe and replenish your spirit. Quiet your mind. Sit quietly to free and empty your mind of thought. Rest frequently in a comfortable spot to unwind, relax or take a nap.

**Acceptance of others**, their looks, their behaviors, and their beliefs, brings an inner peace and tranquility. Acceptance places oneself in a better position to take action if and when it becomes necessary; it is not giving up. Acceptance produces a feeling of stillness inside, seeing more clearly, and focusing on appropriate actions to alter unpleasant situations.

**Practicing forgiveness** of others and oneself, letting go of the past, and correcting our misperceptions are essential to heal the suffering caused by inner turmoil. Forgiveness frees the individual seeking inner peace from such agony.

**Simplify life**, use limited to-do lists, and setting limits. That brings inner peace and well-being, and places harmony in life. Say “No” at times in order to diminish stress and produce better results. Let go of bias and expectation. Let go of the need for control. Be open to experience. Think only of what is at hand.

**Inner peace** is achieved by doing a job that one enjoys or loves. Be curious and try things out and see what he/she thinks of them. This produces a natural peace

that arises within and leads to greater success than if one has a lot of inner turmoil.

**BE HAPPY.** Take time to do the things that make you happy. Satisfy your desires. Take pride in your individuality. Accept yourself unconditionally for who you are. You deserve to love yourself, strengths, weaknesses, and all. Accept your life as it is and yourself as you are.

**Admit when you are wrong.** Everyone makes mistakes. Focus on the positive in life to remain peaceful and in control. You can keep things to yourself and avoid gossip. Instead warm your heart by being pleasant, kind and courteous. Care for others. See the beauty in everyone and everything, instead of what is bad. **And remember that the one that angers you controls you.**

**Insecurity** creates a false self-image of oneself. Think about or listen to a song that will keep you busy and at peace. Look at the bright side, regardless of how silly it may seem. Your choices make up “you”. Your beliefs make up “you”. What you think makes up “you.”

**Talk to your “Best Friend”** that you trust about anything that is bothering you and about your inner feelings.

**Be your own kind of beautiful.**

**Inner peace is a state of mind. In any situation first relax, then think carefully and act.**

**When you love someone unconditionally, never hesitate to express your true self to your loved one over and over again.**



# CALL FOR NOMINATIONS: RHINEHART MEDICAL SERVICE AWARD

Nominations are open for the 13th annual Don F. Rhinehart, MD, Medical Service Award. This award recognizes OCMS members, active or retired, who have demonstrated significant involvement in projects to help improve health care, the community or the state.

Nominations must include:

- the name of the nominee,
- the project(s) in which the nominee has been involved at the local, state or national level,
- the reason(s) why their involvement or service is worthy of recognition.

Nominations should not exceed 650 words. The recipient will be selected at the November OCMS Board of Directors meeting; the award will be presented at the Inaugural Dinner in January 2018.

Email nomination to: [awilliams@okcountymed.org](mailto:awilliams@okcountymed.org)

Mail nomination to: OCMS, 313 N.E. 50th St., Suite 2, OKC, OK 73105; or fax it to (405) 702-0501

**Deadline: October 13, 2017**

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## *Greetings!*

It's hard to believe Summer is over and we are already embracing Autumn. For the Alliance, that means our annual Kitchen Tour is imminent! This year's tour, under the guidance of chair Deanna Carey and co-chair Nicole Cook, will take place Sunday, October 22nd. This will be our 26th year to showcase kitchens in the Nichols Hills area to raise funds for area non-profit organizations with health-related needs. To date, we have distributed nearly \$400,000 to over 30 organizations. Teen recovery Solutions (a high school for teens in recovery) and ITN Central Oklahoma (a transportation service for seniors) are our 2017 beneficiaries of the proceeds.

The lovely kitchens on tour are:

2609 Dorchester (sponsored by Integrus)  
2605 Dorchester (sponsored by American Fidelity)  
1812 W Wilshire  
1808 Devonshire  
1908 Bedford  
1127 Hemstead

Culinary Kitchen, 7222 N. Western will once again be hosting Kitchen demonstrations.

Tickets are available online at [www.ocmsalliance.org](http://www.ocmsalliance.org) and at Culinary Kitchen for \$15 in advance or \$20 that day at each home location. For questions about the Kitchen Tour or to volunteer, please contact Deanna Carey at [deannacarey@me.com](mailto:deannacarey@me.com).

Regards,  
Cara Falcon, OCMSAPresident  
[cfalcon@cox.net](mailto:cfalcon@cox.net)

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### Reminder:

Ballots will be sent to all OCMS members no later than September 1, 2017. OCMS Dues statement will be sent in October 2017.

**Please note** the following members' information in the 2017-2018 OCMS Directory needs to be listed as follows:

**Margaret Ann Porembski** – Fax: 405-945-4889

**James W. Taira, MD** – PO Box 18665,  
Oklahoma City, OK 73154

**Don't forget!** Email [ewright@okcountymed.org](mailto:ewright@okcountymed.org) with any address changes. Thank you!



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# ARACHNID

HANNA SAADAH, MD

# IMAGINA

**I**t took millennia before myth bowed its head down to science, but it was a modest bow, not an obsequious kowtow. And whereas science mustered bigger muscles and fought harder, myth grew wider wings and flew farther. The two-hundred-and-fifty-thousand-year-old conflict between earth-bound science and imagination-winged myth is set to persist as long as Homo sapiens continue to exist. My story is about one tiny battle in this quarter-million-year, internecine Homo sapiens war.

I have often reflected on the many meanings of this stanza from Rudyard Kipling's "IF":

*If you can dream and not make dreams your master  
If you can think and not make thoughts your aim  
If you can meet with triumph and disaster  
And treat those two imposters just the same.*

*Continues on page 16 ...*



At length, I have come to understand that Kipling's two imposters (dream and thought) were, indeed, nothing other than science and myth. And as a physician with half a century of experience, I have learned, like Kipling, to treat those two imposters just the same.

Throughout my career, I have witnessed Thomas Henry Huxley's phenomenon – The great tragedy of science, the slaying of a beautiful hypothesis by an ugly fact – repeat its scenes upon the stage of time, and I have come to realize that Galileo Galilei's aphorism – In questions of science, the authority of a thousand is not worth the humble reasoning of a single individual – is indeed true, as my little tale with a long, wagging tail will soon evince.

For many years, a rural Oklahoma physician treated spider bites with electric current and published his results in the Journal of the Oklahoma State Medical Association. Nevertheless, his discoveries

were not taken seriously by the medical community, especially after he was debunked by a laboratory study, published in the same journal.

This was the state of affairs when I saw my first spider bite, which I treated with cortisone plus antibiotics with poor results. After several similar failures and realizing that there was no evidence-based treatment for spider bites, I telephoned the rural doctor and asked his help.

"Hello, Doctor. I am an Oklahoma City infectious disease internist interested in learning how to treat spider bites with electric current? I have read your articles and I suspect that what you are doing works far better than what the rest of us are doing."

A long pause ...

"Doctor. Did I call you at a bad time?"

"Oh, no, not at all."

Another long pause ...

"I regret inconveniencing you, sir. Should I, perhaps, call you later."



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“No. This is a good time. I just can’t believe that a city colleague wants me to teach him my rural technique.”

“Am I the first to call, sir?”

“I’ve been doing this for over ten years now and, yes, you are the first to call.”

“When would you like me to come for my first lesson?”

“I can teach you all you need to know by phone. You’ll need a stun gun and electric wires. The rest is easy, but make sure not to use a new battery. Find a used one, which is near the end of its life, otherwise, your patients would not tolerate the current. And, most important, learn to use it on yourself first before you use it on your patients. This is a must otherwise you will not be able to empathize with what they must endure. Keep your shocks short and always direct the current across the center of the bite to the opposite side of the body part. Most of the poison is in the middle and the current inactivates it when it passes through it. As the center blanches, inactivate the rest of the red swollen bite and do not stop until all the erythema is gone. That’s when you know that you have inactivated all the poison ...”

*He talked for about thirty minutes while I took notes. When we were finished, and I had asked all my questions, he wished me well and we parted, never to dialogue again. The following weekend, I bought the stun gun and wires, connected a white wire to the positive electrode, a red wire to the negative electrode, blunted the wire ends, and then treated my thighs to several short bursts of current. With each squeeze of the stun gun trigger, the current travelled through my thighs causing the muscles to jerk. I practiced until I mastered the technique of short, brisk bursts.*

*Continues on page 18 ...*



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It did not take long before I saw my first spider bite on the arm of a young Boy Scout, brought in by his mother. I explained ... It helped that I had been the family's physician for several years. I followed my instructor's instructions, using millisecond electric bursts, until all the erythema had blanched. I still remember the mother's gaping eyes, brimming with controlled fear, each time her son's arm jerked. In calm contrast, the lad seemed rather amused. When, the next day, they returned for follow-up, their eyes wore beaming smiles. The improvement had been dramatic and we were all stunned, excuse the pun.

As this pattern continued, the word spread, and it became common for me to see one or two spider bites a month. I recall with joy that I never had to send any of my arachnid-bitten sufferers to the plastic surgeon because they all made uneventful recoveries. However, it never occurred to me that this referral process could, one day, be reversed.

The case that reversed the roles was that of a man in his thirties with multiple, purulent, spider bites to his abdomen. He had gone to the plastic surgeon for help, but the plastic surgeon refused to skin graft him as long as his wounds were draining. He referred him to me to clear his infection. However, at the microscope, I was surprised at the abject absence of bacteria in the gram-stained smears, which caused me to suspect that the drainage and erythema were the result of arachnid toxins. After discussing the options with the patient and his wife, I called the plastic surgeon and presented my case.

"You want to do what?" he chortled.

"I want to pass electric current through his abdominal wall to inactivate the toxin."

"You're crazy. This theory was debunked by laboratory studies. Electricity does not inactivate the toxin. Just give him the right antibiotic and send him back for skin grafts when he clears."

"There is no right antibiotic, and before he saw you he had been given several courses to no avail."

"I have always thought of you as a man of science. What ever happened to change you?"

"Bad outcomes. Steroids and antibiotics don't work. Electricity does."

The conversation ended with him telling me that he does not believe this nonsense. I discussed our conflict with the patient and his wife. They told me that after three weeks they were desperate for results and both opted for the stun gun. For three consecutive days, I treated his draining bites with electric shock until all the erythema blanched. When he returned in a week, the drainage had dried. At three weeks, his abdominal skin peeled and fell off like horny flakes. At four weeks, when he saw the plastic surgeon, he was told that he no longer needed skin grafting. I did not call



the plastic surgeon nor did he call me. We buried our conflict in the proverbial cemetery of cold silence.

Time passed and oblivion set its sail and left our shores. Occasionally, we would find one another at a hospital meeting and talk about football and the weather. It was more than a year later that I was awakened by a phone call at 3 a.m. It was the plastic surgeon.

“Spider bite, spider bite, spider bite,” he kept repeating.

“What spider bite?”

“My spider bite. It looks horrible.”

“Where is it?”

“It’s down there.”

“Down there?”

“You’ll have to see it to believe it.”

“Aren’t you heading to the E. R?”

“Oh, no. With a bite down there, I’m not going anywhere except to your office.”

“And what would you like me to do?”

“I’d like you to zap me just like you zapped that man with the draining abdominal bites.”

We met at the office at 4 a.m. A week later he sent me ten T-bone steaks with a thank you note. “How dangerous it is to be certain that we know,” he wrote, “and how much safer it is to be certain that we do not know.” Then, paraphrasing from *The Rock* by T. S. Eliot, he added, “Where is the knowledge we have lost in information; where is the wisdom we have lost in knowledge; and where is the life we have lost in living.”

As I filed the letter into his chart, the shortest poem that Robert Frost had ever written danced before my eyes. It may indeed be Frost’s most poignant poem and the poem that brings a smile to my face every time I meet knowledge that is considered unscientific.

“We dance round in a ring and suppose,  
But the secret sits in the middle and knows.”



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# THE POET'S SPOT

*Kindness is more potent than the sword, for it softens the hardness of hearts. When the sword compels us to obey, we do so with bitterness; but, when kindness moves us to action, we do so with joy.*

HANNA SADDAH, MD

## *The Song of Kindness*

Oft, I've softened anger down  
Wrought a smile upon a frown  
Brought a mountain to his knees  
Put a volcano at ease  
Conquered hurdles day by day  
None could stand to block my way  
Reached my goals and paved my course  
Not with power nor with force  
Force will ultimately fail  
Mighty kindness will prevail.

THE  
BULLETIN

## IN MEMORIAM

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# Introducing the MIPS Navigator™

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On January 1, 2017, Medicare will change the way it pays physicians and other healthcare professionals. Congress passed the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) to eliminate the “Sustainable Growth Rate” (SGR) and replace it with the “Merit-Based Incentive Payment System” (MIPS).

## **The MIPS Navigator™ Solution**

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The MIPS Navigator™ is an online tool that makes it possible for individual clinicians or practice administrators to quickly and easily sort through the various MIPS alternatives and produce a practice specific “2017 MIPS Itinerary/Plan” for each of the 3 MIPS domains that will maximize their likely MIPS success.

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3. The ongoing ability to update your plan.

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# A CYCLIST WITH A CONCUSSION

RANDALL HENTHORN, MD

JESSIE BECKETT, MA

In 2015, a healthy 28-year-old female cyclist wearing a helmet was hit from behind while riding. The bicycle catapulted her backwards 20 feet landing her onto a second car where she rolled onto the street and was unconscious for about 5-10 minutes. She experienced dizziness, was delayed answering questions and felt disconnected with the environment. Her vital signs and neurological exams were normal, as were CT imaging of the head, cervical spine, chest and pelvis. A small scalp laceration present in the right parietal-occipital region was sutured. She was discharged with motor vehicle accident and wound care information; however, no guidance was given for traumatic brain. She returned to her work within 5 days and her bike a month.

The patient went on to experience strongly all of the the concussion symptoms listed in table below except excessive sleep or blurry vision. Some took a few months to resolve but she still experiences learning and memory difficulty.

## Discussion:

Mild traumatic brain injury, or concussion injury, arises from sudden acceleration/deceleration forces which produce minimal or widespread neurological dysfunction. Although there is no structural damage there is a complex metabolic injury that alters the brain's energy production.





The symptoms of concussion can be sorted into these four groups for diagnosis and monitoring:<sup>3</sup>

Thinking/Remembering	Difficulty thinking clearly	Feeling slowed down	Difficulty concentrating	Difficulty remembering new information
Physical	Headache Blurry vision	Nausea or vomiting (early on) Dizziness	Sensitivity to noise or light Balance problems	Feeling tired, having no energy
Emotional /Mood	Irritability	Sadness	More emotional	Nervousness or anxiety
Sleep	Sleeping more than usual	Sleep less than usual	Trouble falling asleep	

Typically, CT and MRI imaging studies and the basic neurological exam are normal.<sup>1</sup> A period of confusion, disorientation or impaired consciousness is sufficient for diagnosis. The unconsciousness must be less than 30 minutes and amnesia less than 24 hours to be considered mild.<sup>2</sup>

Clinically neurological symptoms usually resolve in 2-4 weeks. However, in McLinne's study 55% of subjects had residual symptoms lasting more than 3 months.<sup>4</sup> Many protocols strongly recommend complete rest for a few days then and then returning to normal physical and mental activity in a graduated manner, and avoid behaviors might result in a new concussion. There can be a worsening of symptoms when there is a return to school/work too early after a concussion while a rest period improved performance.<sup>5</sup> A very rare consequence of too early return athletics is the "second impact syndrome." Here it appears that aggravation of metabolic injury led intracranial

al hypertension producing death or permanent neurological damage.<sup>6</sup>

### Pearls:

- Health care providers should use ongoing multi-dimensional assessment tools to categorize initial concussion symptoms and use it as a checklist for temporal resolution. The Centers for Disease Control has available the Acute Concussion Evaluation (ACE) which provides "red flag" symptom progression alerting providers and care givers that brain injury changing for the worse.
- For the setting of sports-related concussion assessment the Sport Concussion Assessment Tool, Third Edition (SCAT3), from the 4th Consensus Statement on Concussion American Academy of Neurology (AAN)
- Lastly, there is ongoing technology improvement in protective headwear such as the MIPS helmet insertion.<sup>7</sup>



<sup>1</sup> S. Signorettie et al., "The Pathophysiology of Concussion," *Physical Medicine and Rehabilitation* 3(2011): S359-S368, accessed August 8, 2017. doi: 10.1016/j.pmrj.2011.07.018.

<sup>2</sup> "Traumatic Brain Injury in the United States: Epidemiology and Rehabilitation," Centers for Disease Control.

<sup>3</sup> "Facts about Concussion and Brain Injury," Centers for Disease Control, accessed August 8, 2017, [https://www.cdc.gov/headsup/pdfs/providers/fact\\_sheet\\_concusstbi-a.pdf](https://www.cdc.gov/headsup/pdfs/providers/fact_sheet_concusstbi-a.pdf).

<sup>4</sup> McInnes K, Friesen CL, MacKenzie DE, Westwood DA, Boe SG (2017) Mild Traumatic Brain Injury (mTBI) and chronic cognitive impairment: A scoping review. *PLoS ONE* 12(4): e0174847. <https://doi.org/10.1371/journal.pone.0174847>.

<sup>5</sup> Mathew F. Grady, "Concussion Pathophysiology: Rationale for Physical and Cognitive Rest" 41(2012): 377-382, Accessed August 2, 2017. doi: 10.3928/00904481-2012062712.

<sup>6</sup> Charles H. Tator, "Concussions and their consequences: current diagnosis, management and prevention," *Canadian Medical Association Journal* 185 (2013): 975-979, accessed August 8, 2017. doi: 10.11503/cmaj.120039.

<sup>7</sup> "What is MIPS," MIPS Protection, accessed August 8, 2017, <http://www.mipsprotection.com/mips-faq/#faq/what-is-mips>.



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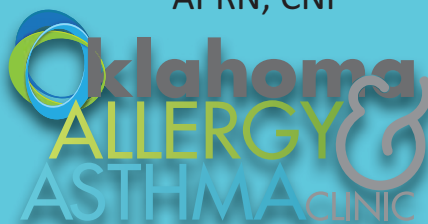
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# DIRECTOR'S DIALOGUE

*“If you nurture your mind, body and spirit,  
your time will expand. You will gain a  
new perspective that will allow you to  
accomplish much more.” ~ Brian Koslow*



BY JANA TIMBERLAKE,  
EXECUTIVE DIRECTOR

Several years ago, the Oklahoma County Medical Society engaged in market research to determine how to increase its membership. An outcome recommendation was for the Society to identify a program that no one else offered Oklahoma County physicians and implement it. The Oklahoma County Medical Society will soon begin the Physician Wellness Program which is designed to help Society members during a time of stress. And, it is being offered to OCMS physicians as a member benefit.

Currently, so much is being written about physician burnout because it has become a major problem across the U.S. As Dr. Michael Pontius' recent OSMA Journal Editorial stated, "As we walk this pilgrimage called medicine, maybe it is time to take a look around at colleagues and then take a look inside. Burning out does not benefit you, nor your patient, and the consequence is predictably problematic." Through the Physician Wellness Program, the Society hopes

to provide one way to help prevent a crumbling of the medical system from within.

The membership will be receiving updates until the program is fully implemented. We are accepting tax-exempt donations through the OCMS Community Foundation to fund the program and have received a matching grant from the OSMA Foundation. Several county medical societies across the U.S. are developing a similar benefit for their members. Those whose programs are operational have reported a side benefit has been to remove the reluctance to ask for help.

The Society's mission statement includes the following, "... to enhance, nurture and improve the well-being of its physicians." This is why the Society exists. If only one member receives help through this program, it will be worth it. Can anyone place a value on rediscovering the joy of practicing medicine and living life? It cannot be measured because it's priceless ... Help nurture someone by contributing today.

JanaTimberlake, Executive Director



***Save the Date!***

**2017 OCMS Annual Meeting  
& Election of Officers  
November 6, 2017**



***Look for an invitation to this event!***

Plan to attend the fall Membership Meeting on the evening of Monday, November 6, 2017 at 5:30 p.m. at the Oklahoma State Medical Association. The speaker is Sarah Yoakam, MD, and her presentation is Alternative Medicine: What's Legitimate and What Isn't.

***Why attend?***

OCMS is the only organization for physicians in Oklahoma County. Your input on the following items will help shape the future of activities that benefit you, including legislation to support your practice and OCMS services that are catered to you.

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