

JULY | AUGUST 2018

THE

# message

*A Newsmagazine of Spokane County Medical Society*

**“On Being a Physician”  
Essay Contest Winners**

**Resident Wellness Curriculum:  
Maintaining Health While  
Training to Provide Healthcare**

**Paul N. Grubb, MD**

**The Aerobic Workout of Biking**



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"Most days after clinic I leave convinced that my physician preceptor, Dr. Caitlin Allen, must have super powers. Our day typically involves traversing our way through a variety of patients with complex and compounding chronic diseases. In the midst of the pace of her clinic she manages to devote time to both her patients, as well as my understanding of disease processes; so that at the end of the day, neither patient nor I feel left behind. Working with her has given me a valuable and practical toolkit of questions and best practices."

— TAYLOR SEKIZAKI, UWSOM MS1 SPOKANE, FEBRUARY 2018



## President's Message



Dear Colleagues,

My thoughts have been turning to the topic of 'Medical Advocacy' of late. What does it mean to advocate? The Webster definition says 'any public action to support and recommend a cause, policy or practice.' It has been said that those advocacy efforts can vary from slapping a

bumper sticker on your car to standing up and speaking on a topic in front of an audience of thousands.

As I listened to Dr. Brian Seppi talk at our recent Medical Advocacy Resolution Writing Workshop, the importance of this topic came to light. As he pointed out, medicine is one of only three original professions (law and ministry being the others). We, in the profession of medicine, have an obligation to enlighten and inform, as well as support and recommend practices that will allow our patients to lead healthier and happier lives. This is supported by our longstanding commitment as medical providers to 'first do no harm'.

It is via groupings of physicians that this obligation is often fulfilled. The American Medical Association and the Washington State Medical Association are but a few examples. We could fill this whole page with groups and organizations – especially when specialty societies are included. When we look locally, it is the mission of

the Spokane County Medical Society to provide our members with the mechanism to have our voices heard. During the initial Medical Education Advocacy Workshop in April, we heard from leaders in our community as to how organized medicine can lead to better health for our communities. I think the focus to bring the next generation of physicians to the advocacy table is remarkable.

I freely admit that I haven't been intensely involved in organized medicine during much of my career. My involvement with SCMS has taught me that the beauty of belonging to an organization that can 'serve as the guardian of community health and wellness while leading and promoting the professional practice of medicine' allows me to fulfill my desire to help our local community with their health concerns. I am pleased that the SCMS has medical advocacy as one of its pillars of focus this year. I hope you will join me in the SCMS medical advocacy push! ■

Sincerely,  
Brenda

Brenda Sue Houmard, MD, PhD  
2018 SCMS President

## SCMS Medical Education Celebration Cruise

SCMS is hosting an evening cruise celebrating medical education in Spokane aboard The Serendipity on the Spokane River.



This event is for medical and PA students, limited faculty and practicing physicians and PAs who are teaching or have an interest in medical education in the community. The evening will provide an opportunity for those pursuing careers in medicine to meet and converse with those who are actively practicing medicine.

**Thursday, August 30, 2018**

Cruise starting at Templin's Marina

*Boat loading starting at 6:00 pm*

*Embarking promptly at 6:30 pm*

*Returning approximately at 9:00 pm*

**Heavy hors d'oeuvres, wine, and other refreshments**

**Please RSVP by 8/24/18!**

*Due to limited space capacity and the nature of the event, invites are limited to practicing physicians and PAs, and medical and PA students only.*

**RSVP to [shelly@spcms.org](mailto:shelly@spcms.org) or members can login and register online at [spcms.org](http://spcms.org)**

# SCMS Membership Recognition



## thank you

to the members listed here. Their contribution of time and talent has helped to make the Spokane County Medical Society the strong organization it is today.



### JULY

#### 50 YEARS

**Thomas H. Reed, MD**  
7/1/1968

**Leonard J. Vanderbosch, MD**  
7/22/1968

#### 40 YEARS

**Samuel L. Selinger, MD**  
7/26/1978  
20 Years

**Christopher J. Montague, MD**  
7/20/1998

#### 10 YEARS

**Mark S. Edens, MD**  
7/1/2008

**Bryce H. Gilman, DO**  
7/1/2008

**Matthew F. Hollon, MD, MPH, FACP**  
7/1/2008

**Carla S. Smith, MD, PhD**  
7/15/2008

### AUGUST

#### 40 YEARS

**Daniel N. Ostrander, MD**  
8/7/1978

#### 20 YEARS

**Paul C. Horn, MD**  
8/17/1998

**Henry Mroch, MD**  
8/24/1998

#### 10 YEARS

**Byron E. Wright, MD, FACS**  
8/1/2008

**Karie-Lynn J. Kelly, MD**  
8/19/2008

**Daniel J. Zwiesler, MD**  
8/19/2008

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## New Members



### PHYSICIANS:

**Jeffrey P. Clarke, MD**  
*Diagnostic Radiology*

Medical School: University of South Florida (2000)  
Internal Medicine Internship: Good Samaritan Hospital-Ohio (2000-2001)  
Diagnostic Radiology Residency: Allegheny General Hospital (2001-2005)  
Pediatric Radiology Fellowship: Cincinnati Children's Hospital (2014-2015)  
MSK Imaging Fellowship: University of Alabama-Birmingham (2005-2006)  
Joined Inland Imaging Associates (7/2018)

**Jacob P. Pickering, DO**  
*Diagnostic Radiology*

Medical School: University of North Texas-Texas College of Osteopathic Med (2013)  
Transitional Internship: Providence Sacred Heart Medical Center (2013-2014)  
Diagnostic Radiology Residency: Providence Sacred Heart Medical Center (2014-2018)  
Joined Inland Imaging Associates (7/2018)

**Jason S. Vergnani, MD**  
*Diagnostic Radiology*

Medical School: University of Washington (2011)  
Transitional Internship: Providence Sacred Heart Medical Center (2011-2012)  
Diagnostic Radiology Residency: Providence Sacred Heart Medical Center (2013-2017)  
Vascular and interventional Radiology Fellowship: University of Massachusetts (2017-2018)  
Joined Inland Imaging Associates (7/2018)

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Spokane, WA 99201  
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[ubs.com/team/nwcg](http://ubs.com/team/nwcg)



## welcome, new members

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# Paul N. Grubb, MD

THE AEROBIC WORKOUT OF BIKING



**"I ENJOY HIGH DRIVE OR THE TRAILS OFF THE SOUTH HILL BLUFF, THE COUNTRY ROADS AND HILLS OFF THE PALOUSE. JUST A BIKE AND CHANGE OF CLOTHES (USUALLY IN MY BACKPACK OR LEFT IN THE OFFICE), AND I'M OUT."**

**By Shelly Bonforti**  
**SCMS Development Coordinator**

Paul N. Grubb, MD, spent his formative years in Taegu, Korea, where his parents were missionaries. In 1974, he came to Spokane to attend Whitworth College and eventually went on to complete a residency at Oregon Health & Science University in Portland, Oregon. In 1989, he returned to Spokane because his wife's family was in the Pacific Northwest where he has been a practicing Pediatrician ever since.

Grubb's day typically begins with newborn nursery rounds at 7:00 am. He's usually seeing kids in the office from 8:30 am - 5:00 pm, and home around 7:00 pm. With such a schedule, you'd think it was a challenge to carve out some time for relaxation. However, that's not an issue for Grubb as his relaxation comes from riding his bike to and from work. "I like the aerobic workout," Grubb stated. "I have to get up the South Hill to get home. I don't need to do the gym."

Although he used to ride a bike to school growing up, his love for biking began in the spring of 1995 with Ride to Work Week. "It was advertised so I tried it, and have been doing it since," Grubb declared. "It's not just for fun," he proclaimed. "I'm more likely to ride even in less ideal conditions (weather) to consume less fossil fuel, produce less pollution, fewer cars on the road, etc. I don't do too well in snow, though," he admitted. "Sometimes you get to work dry, and then have an inch of snow on the way home. However, I haven't tried studs yet."



"If the weather's ok and there's still light out," Grubb continued, "I enjoy High Drive or the trails off the South Hill Bluff, the country roads and hills off the Palouse. Just a bike and change of clothes (usually in my backpack or left in the office), and I'm out." When he's not biking out on the roads, he also enjoys cross-country skiing in the winter when there's too much snow to ride, and enjoys jogging enough to do Bloomsday.

As a physician, he encourages his families to get regular exercise. And, he practices what he preaches. ■

*Board certified in Pediatrics, Paul N. Grubb, MD, has been a practicing Pediatrician in Spokane for over 29 years. He received his medical degree from the University of Washington School of Medicine in Seattle and completed a residency at Oregon Health & Science University in Portland, Oregon. He has been a member of the Spokane County Medical Society (SCMS) since 1989, and is also a member of the American Medical Association American Academy of Pediatrics. He currently practices at Rockwood Main Clinic and is affiliated with Deaconess and Valley Hospital & Medical Center.*





SCMSF

# Spokane County Medical Society Foundation



There has been a lot of change in medicine recently, including changes within our community. Some of this has been markedly good transitions, some less so. Project Access has been a flagship component of the work done by SCMS Foundation for the last 15 years. During this time, over \$49,000,000 of donated care from over 600 physicians and other healthcare providers within our community

have been provided to members of our community. The scope of this generous care has been profound and incredibly important. Fortunately and at the same time unfortunately, Project Access is being "sunsetting" from the work of the Foundation.

The fortunate part of this transition is that more people have healthcare due to the ACA. This has led to access for some of our most disenfranchised community members. It also has been incredibly important and reassuring for people. Many of our patients can now receive care without concerns about illness threatening bankruptcy, homelessness, or simply choosing between personal health and family well-being. It is unfortunate in that there are still needs for community members who fall between the cracks. This would include people who cannot afford insurance or for whom their cost of the insurance would be too significant. These people remain in a bind.

SCMS Foundation is moving away from its sponsoring Project Access for a couple of reasons. There is less overt need within the community now. In the past, there was an average of 86 patients being assisted per month, now there are 4 patients on average per month receiving specialty care.

Additionally many physicians are now employed and the employers have assistance programs rather than the individual physicians have programs for patients who are on the margin. This is good in that there is some assistance; but it removes the physician from the equation. S/he is frequently unaware when s/he is providing community assistance.

SCMS Foundation doesn't have the infrastructure to perpetuate this program. We have worked with CHAS about taking this over as many of the people on the margin use this safety net clinic for their healthcare. They were considering this. Regardless, it is important to appreciate there is still a need within our community.

The Foundation board and hundreds of patients supported by your generosity are appreciative of your commitment to their health and to the health of the community. Thank you for this investment in the community and we hope that you will continue to support the community's health in new and creative ways. ■

Respectfully,

John McCarthy, MD  
2018 SCMSF President

## Make a Positive Impact in our Community

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## Spokane Medical Student, Erik Risa, Named Recipient of Bill Sherman, MD, Memorial Scholarship 2018

The Spokane County Medical Society Foundation announced Erik Risa as the 2018 recipient of the Bill Sherman, MD, Memorial Scholarship.

The Spokane County Medical Society Foundation (SCMSF) is committed to medical education and as a demonstration of this commitment offers a scholarship. The scholarship covers the costs to attend leadership training at WSMA's Annual Leadership Development Conference in Chelan, Washington, held on May 18 and 19, 2018, including travel to and from Chelan and hotel for two nights. WSMA covers the student meeting registration fee.

"I want to express my gratitude to the Spokane County Medical Society Foundation for the opportunity to attend the WSMA Leadership Development Conference," stated Risa. "To me, being a leader has always been about inspiring confidence in others so that together, we can make a positive impact in the lives of those around us. Being able to learn these lessons from my future physician colleagues has been inspiring, and I know I will carry these perspectives with me throughout my career as a leader in healthcare."

While attending the conference Risa stated that he had a very serendipitous moment. "I met Dr. Dale Reisner, who was the former WSMA President and who interestingly was the OBGYN who delivered me almost 24 years ago today!"

This scholarship is for medical students interested in developing their leadership skills. To be considered, applicants must be medical students in their first year of medical school. Each applicant was required to provide a one-page statement documenting their professional goals and interest in healthcare leadership, two letters of recommendation, and a statement of "Good Standing" from their current educational institution.



The Bill Sherman, MD, Memorial Scholarship Fund was created in honor of Bill Sherman, MD, who was a psychiatrist in Spokane and was passionately interested in medical education and health policy. The first consideration of the award is for Washington State students who envision pursuing Primary Care in Spokane County. ■

## SCMS Medical Informatics Committee Reconvenes

The Spokane County Medical Society's Medical Informatics Committee reconvened on June 13, 2018, after being on hiatus since last September, chaired by Dr. Arvind Chaudhry.

Dr. Chaudhry spoke of his desire to revitalize the energy in Spokane for shared communication in the community, especially since both major systems in Spokane are now using some form of EPIC and independent physicians are able to retrieve information from EPIC as well.

"In the past, it was extremely cost prohibitive for independent physicians to sign onto EPIC," Chaudhry noted. "Since then, the prices have come down." Chaudhry sees tectonic shifts happening in the community and the need to advocate for the patient and shared data is now as it is best for patient safety and a common way of communicating in the community, as well as a way to avoid duplication of costs.

Chaudhry sees a tidal wave coming and wants to be prepared. "Despite everything," Chaudhry explained, "EPIC is the only current EMR that can serve the needs of the patient's entire journey in healthcare, and has real potential for a healthcare system to follow a patient from birth until death. EPIC is really designed for where the healthcare systems are going. It takes time to adapt to it, but it's worth it for my patients."

"We cannot overestimate the desire to be prepared for what you see coming as they are major forces that demands our attention," stated Chaudhry. ■



# SCMS Opioid Task Force Updates

### MANAGING ACUTE PAIN TASK FORCE

By Drew Anderson, MS2 UWSOM

Spokane County Medical Society has initiated a multifaceted task force to evaluate the opioid crisis in Spokane County and provide concrete, actionable suggestions for healthcare providers and the community. This task force includes an Acute Pain Management division of local physicians, surgeons, medical students, and PA students that will review appropriate prescribing guidelines for narcotics in common surgical, traumatic and acute pain related clinical scenarios. The current literature will be synthesized to deliver concise suggestions for local healthcare providers in ways that can enhance the care our members deliver to their patients.

This Task Force is also developing a patient pamphlet that may be distributed with their acute pain prescription and includes local disposal sites. Other areas that this Task Force is exploring are the medical education curriculum in this area and the possibility of a Narcan certification workshop in the fall. If you wish to contact the SCMS in regards to the Task Force or are willing to volunteer for this Task Force, please email [opioidcrisis@spcms.org](mailto:opioidcrisis@spcms.org).

### MANAGING CHRONIC PAIN TASK FORCE

By Brenda S. Houmard, MD, PhD, 2018 SCMS President

The Managing Chronic Pain Task Force has been divided into three main groups. One group is trying to synthesize our local epidemiologic data on this crisis in a fashion that is concise and impactful so that our members can have very specific 'talking points'. We are working with the Spokane Regional Health District on these efforts.

The second group is focused on the communication in regards to Managing Chronic Pain in our community. The initial focus is to simply inform the membership of the efforts of this task force – via communications like this. We are working to develop a social media site where members can share helpful experiences and ask questions of their colleagues.

The largest sub-group in our task force is on the 'Tool Kit' group. There is an abundance of comprehensive and detailed tool kits available on this topic. The goal of this sub-group is to filter these resources and apply them concisely to the Spokane community in our effort to optimize the care of chronic pain in the Inland Northwest. This task force welcomes your input to better define your needs or for your suggestions. Please email them to [opioidcrisis@spcms.org](mailto:opioidcrisis@spcms.org).

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### OPIOID COMMUNITY RESOURCES TASK FORCE

By Brad Pope, MD

The Community Resources Task Force has a goal of supplying the other task forces with local resources that they may need and then compiling these into a useful format. In this way, we will support the efforts of the Managing Acute Pain and Managing Chronic Pain task forces.

We are also committed to identifying local community resources for the opioid crisis that fall outside of those areas of focus – for example, resources for providers to give to their patients who are dealing with opioid addiction and want help. If you wish to contact the SCMS in regards to the Task Force or are willing to volunteer for this Task Force, please email [opioidcrisis@spcms.org](mailto:opioidcrisis@spcms.org). ■



### Medical Volunteers for Disaster Response and Community Events –

Contact: Dave Byrnes  
509-496-0496  
[dbyrnes@srhd.org](mailto:dbyrnes@srhd.org)



### UWSOM/ESFCOM Students Organize Resolution Writing Workshop



On June 12, 2018 UWSOM/ESFCOM students organized a follow up Resolution Writing Workshop to an April event to further SCMS' mission of improving medical advocacy in our region and supporting medical education.

Led by students on the WSMA Medical Student Section and co-sponsored by the UW FMIG, SCMS and WSMA, the Resolution Writing Workshop was held at the Globe Room in Cataldo Hall at Gonzaga on Gonzaga University Campus.

Hearing from Dr. Clint Hauxwell and Dr. Brian Seppi, students had an opportunity to learn more about advocating for change at the state and local level through resolution writing followed by a hands-on workshop. Food and beverages were provided for all. ■

### Pediatric Urgent Care Provider (MD or APP)

*Spokane Emergency Physicians (SEP) is seeking a pediatric urgent care provider to staff the pediatric emergency department at Providence Sacred Heart Medical Center.*

- The Pediatric Emergency Department currently has 25,000 visits a year and has 24 hours of PEM coverage with an additional 16 hours of pediatric urgent care coverage per day.
- The Children's Hospital has 177 beds, including 20 PICU beds, and serves both as the community and tertiary hospital for pediatric patients. A new dedicated 18 bed Pediatric Emergency Department was built in January of 2013.
- SEP is an independent, stable, collegial combined group of 40 adult and pediatric emergency physicians and 17 intermediate providers. The 8 pediatric intermediate providers consist of both pediatricians and APPs.
- SEP offers competitive benefits.

**For information about this opportunity please contact:**  
Jack Eastman  
Spokane Emergency Physicians  
Jack.eastman@Providence.org  
509.474.4585



**NWSPM embraces a multidisciplinary pain management approach providing care for the whole patient; body, mind and soul.**

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- Howard Grattan, BC PM&R, Pain Medicine

#### Anesthesiology:

- Ghassan Nemri, BC Anesthesiology, Pain Medicine

#### Psychology:

- Patricia Fernandez, PsyD
- Megan Russell, PsyD

#### Physical Therapy:

- David Springer, PT

#### Research Center:

Engaged in research aimed to increase the scope of treatment options readily available to those suffering from chronic pain.

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# The Spokane “On Being a Physician” Essay Contest and Humanities Update

Spokane continues with its annual essay contest supported by the Shikany Foundation. We are pleased to announce the winners of this year's contest and have included their essays for your enjoyment.

Once again, thank you to the Shikany Endowment for their continued support of our annual essay contest with a \$500 prize entitled “On Being a Physician”. The purpose of the essay is to encourage Spokane's medical students, residents and community physicians' reflection on personal growth through patient care. We are pleased to announce that this year's resident winner is Peter Wehr, MD. Peter is a 3rd year resident in the Family Medicine Residency Spokane. Our Medical Student Winner is Meredith Morrow-Okon, an MS-1 at ESFCOM, and our Community Physician winner is Pragya Rai, a Spokane pediatric pulmonologist. They were honored at the 2018 Primary Care Update in May.

Remember, in September 2018, we will again be accepting submissions for the Spokane Essay Contest. Watch for details.

The Medical Humanities Committee was started eight years ago to remind medical students, residents and physicians of the patient we see before us. Chaired by Judy Swanson, MD, we hope that if you are interested in the humanities that you will contact us. Please email Judy Swanson at [Judy.Swanson@providence.org](mailto:Judy.Swanson@providence.org) and let us know of your own ongoing activities regarding the medical humanities so we can help spread the word or if you are interested in helping with various activities.

### SOME ONGOING ACTIVITIES INCLUDE:

- Our members still work to increase the presence of the humanities in the community with other pursuits besides the essay contest. An article was recently featured in the Spokesman Review about the ongoing Daily Dose of the Humanities, an integral part of the Internal Medicine Residency Spokane where residents and medical students meet prior to rounds with faculty attendings and discuss an image, a piece of literature or music that reminds them of medicine. The article was also cited in the Stanford Medicine 25 blog at [stanfordmedicine25.stanford.edu/blog/archive/2018/usingarttoteachcompassion.html](http://stanfordmedicine25.stanford.edu/blog/archive/2018/usingarttoteachcompassion.html)

- GRMC of the AAMC recently honored the concept with their Star Award for promoting innovative ways of teaching.
- The Internal Medicine Residency has also been focusing on having a monthly noon conference regarding the humanities. Where it is visual diagnosis lectures, essays on medical writings or discussion of ethical situations there have been thoughtful discussions regarding the topics and the residents and medical students have enjoyed the added dimension to the curriculum.
- Dr. Graham is still an editor at the SGIM and carefully looks at any humanities articles submitted. He also has some upcoming speaking engagements in the humanities. Dr. Hecker has also joined the committee and has been thoughtful in comments and insights regarding various activities.
- Students at the UW enjoyed an experience with the Visual Teaching Strategy, which helps with observational skills and promotes an empathic perspective at looking at new ideas.
- We are also looking at the possibility of a website for the Spokane community, featuring essays, opinions and upcoming events. Stay tuned! ■

## LIGHT'S CRITERIA

By Peter Wehr, M.D.

Family Residency Spokane  
Resident Winner

Eastern light fell on her face  
As the sun rolled over the morning sky.  
In white braids, she rested.  
Deep sleep would wait, patiently,  
Not hers to keep.  
Her faded gown with baby blue hem  
Draped her tired body and pigeon chest;  
With every inspiration hope  
And every expiration doubt.  
A tortuous tube taped to her back  
Relieved a black crustacean humor.  
Its loculated shell cracked and groaned  
As she quietly submitted to Truth.

Her amber eyelids shaded her sight,  
Projecting saccadic memories of pine dust  
Piled at the foot of the table.  
With calloused hands folded in prayer,  
Gratitude's abundant offering  
Of shimmering streams and giggling rocks,  
Stacked like pancakes, a cairn.  
For frost in the shadows always melts in the light.  
Her feet wanted to swing out of bed onto dirt.  
Her toes stretched out in gray padded socks,  
And the chirping birds melted into bells.

“You are not alone,” she felt.

## Save the Date!

### Medicine 2018

October 12, 2018

DoubleTree by Hilton  
Spokane City Center

*Watch for more details!*



Behind the shroud that partitioned the room  
From one soul's chamber to another,  
The Old Friend had come to whisper  
Permission's bittersweet impartation.  
Grasping her shoulder he eased her good morning,  
A bent silhouette on backward retinas.  
Gently he shook her:  
"Awake."

A young healer in a white coat sat  
Upright with pressed collar, intent to hear  
From chest to braid the hymn unfolding inside.  
Science had laid its stone principles,  
Weaving a path of chalk and rote mind  
To the bedside of this soft reflection.  
Her humanness lay bare to him an opportunity  
To churn the aggregate morning experience into  
A rich natural history, but instead he heard  
The echo of a heroine's voice.

"You look tired," he said.  
"Perhaps I am," she replied.  
"Are you suffering still?" he asked.  
She reflected: "In body, no;  
Yet your hands feel only my pulse."  
He reflected: "I have been told the mind cannot see  
That which it does not know."

"I am dying."

"And if you were, what would you do?" he asked.  
She turned her head toward the window and said:  
"I'd plant my garden and watch the sprouts  
Push up the soil toward the sun.  
Then I'd be ready to rest  
Knowing I'd planted my seeds."  
Silence grew, timeless space,  
And more Knowing dripped down the walls.

"Pull the drain," she said.

He hesitated: "I fear you won't have much time.  
Darkness will certainly pool  
And drown the Life within,  
Leaving you breathless until your end."  
She smiled: "You may fear what I face,  
But braver still is faith."

He offered her a steady hand,  
Her socks now resting  
On the floor, the edge.  
He brought his stethoscope to his ears and said:  
"You're teaching me to honor  
The Light that's in us both."

Once more he heard her  
coarse, egophonous lungs  
And muted percussion across her back.  
He removed the coiled drain,  
While each exhaled a steady sigh,  
And he sealed the exudative malady within to fill.

She sat unplugged,  
A long look East  
To the old-growth cedars  
And inviting dirt. ■

## THE GIFT

By Meredith Morrow-Okon, MS-1

**Elson S. Floyd College of Medicine, WSU  
Medical Student Winner**

Deep breath. Knock softly and step into the room. Wait, straighten the white coat first. Is the collar smooth? Will they be able to see that I feel like a kindergartener again, tottering around in my mother's favorite heels? No time to worry about that now, I'm in the exam room shaking hands – hers tremulous with old age, mine with nerves – looking into the milky eyes of my first patient.

I am in a tiny town in rural Washington, shadowing a family care physician who explains my role as a medical student to the white-haired woman before me, as I have temporarily forgotten how to speak. The patient smiles, her eyes twinkling merrily as they roam over the Cougar insignia on my coat and the stethoscope I have slung around my shoulders like a talisman.

In my first year of medical school, I spend my days studying anatomy, histology, pathology, and biochemistry, as well as social sciences and the skills of practicing medicine as an art. Along with my classmates, I'm learning how to evaluate research, apply evidence-based medicine, and practice leadership. In addition, we have the privilege of participating in clinical intersessions during which we rotate through hospitals and clinics. Physicians supervise us as we work directly with patients, observing and practicing the skills we have learned and building ties to the communities where we will eventually live and serve. These experiences are eye-opening and full of inspirational moments, serving as daily reminders of the purpose of our hard work in the classroom and late hours spent in the library, the anatomy lab, and our favorite coffee haunts.

When I am overwhelmed by the sheer volume of information we are responsible for, I take a moment to reflect on these patient interactions. I think of mothers letting me hold their newborns, children giggling while I check their ears for bunnies, high-schoolers trusting me with the intimate details of their teenage heartaches, elderly patients sharing their fears of dementia, and surgical patients describing their resolve to return to activities they have abandoned due to pain. I have listened to their heartbeats and breath sounds. I have checked their bodies for suspicious bumps and bruises. Most importantly, I have heard their stories and validated their feelings, learning all the while what it means to be a healer.

Medicine is not just about a diagnosis or a cure – it's about mitigating fears, addressing the unknown, advocating for patients and using scientific expertise to improve quality of life. And learning the art of medicine is only achieved with a debt of gratitude to the patients and providers who make it possible.

Back in the exam room in that rural clinic, I begin to examine our patient, tracing the motions of the physician as she shows me where to place my instruments. "I would have loved to be a doctor," our patient says quietly, "but in my day, girls didn't get to do things like that." My fingers are resting on her papery wrist, clumsily taking a radial pulse, so she pats the back of my hand for encouragement. "Make us proud, honey." Warmth floods my chest at her words. I look up, grateful and surprised at the sweetness of this gift, and promise her I will. ■



# Medical Education Happenings

ESSAYS CONTINUED FROM PAGE 11

## COMMUNITY PHYSICIAN ESSAY: ON BECOMING A PHYSICIAN

**By Pragma Rai, MD**  
**Community Physician Winner**

As I sat down to pen my thoughts, I wondered whether I was experienced enough to write down this memo but my journey goes back to childhood as I fondly recall my family members encouraging me to be a doctor when I grow up. I suppose I could count those years as part of my journey on becoming a physician. What the term stood for in our household, our country and in me is a story in itself.

It was the 1980's and doctors were scarce in Nepal. They were sage people, who cured all ailments where the shamans had failed and were held in the highest regard in society. My earliest memory of a doctor was that of a big, burly kind man who scribbled a secret remedy, which must have been an antibiotic that cured my raging fever. My teenage mind morphed my persona of a doctor from a magical wizard to a more glamorous idol, as I envisioned myself, in a long white coat, wind billowing in hair, stethoscope and all, striding down a long hall; it all looked important.

I travelled to Chittagong, a port city in Bangladesh to study medicine. As I gradually immersed myself in five challenging years of medical school, I also learned the importance of time, perseverance and friendship. I leafed through thick pages of Robbins pathology and wondered at the vastness of Gray's Anatomy. The wonderful world of internet was not quite available, and we resorted to the traditional ways of making endless notes and creating silly mnemonics to memorize all the etiologies. We poured blood and sweat, the latter literally as the days were hot and electricity and water were unreliable luxuries which made itself available of its own accord. Our weekly oral exam was 'viva', a grueling test where we were at the mercy of the examiner without multiple choices. At the end of it all, I graduated and made my parents proud. I have to confess that I came home, eager to learn and serve but at the same time slightly vain about this instrument, the stethoscope around my neck, brimming with confidence and yet lacking the insight that I probably did not have all the answers.

I started internship in a surgical unit in the oldest hospital in the capital city, tending to wounds, learning to deal with complications and venturing on to making independent clinical diagnosis. The patient's financial barrier to medicine, which was not a part of training, started to rear its ugly head. The mother with just eighty rupees could only afford to buy one IV cannula for her child and I had just one chance to insert it successfully. Gastritis was the diagnosis given to the old gentleman with terminal cancer as his daughter did not want the true diagnosis mentioned in his best interest. I witnessed an infant die of dehydration after the family had spent all their fortune on a goat the shaman had sacrificed and arrived at the hospital all too late. Then in the emergency room, I found a young woman who had committed suicide. The family members appeared shocked, betrayed and still too angry to start grieving. My journey on becoming a physician started to develop a sense of serious undertone as my text book images transitioned to real human characters. There was no glamour after all but only responsibility.

In 2005, I started my Pediatric residency in Brooklyn. This was a time of tremendous learning as I focused on becoming a pediatrician. The nights were long, with frightening decisions to make in the PICU and NICU as a senior resident. With expert guidance, we progressed through different systems and graduated after three grueling years. Following this, my years in fellowship were even more daunting. Taking care of 'medically fragile' children with tracheostomies and ventilators was a huge learning process for me. I marveled at the resilient families who in many ways became so adept at the complex management of these children who were so dependent on technology.

I graduated with the one question of, 'how will I manage now that I am on my own?' After six years of being monitored, I was to step out alone, solitary, without having the comforting presence and guidance of my teachers' reassurance in the background. I no longer had my seniors' phone numbers on speed dial so that I could call to ask them if I was doing it right, missed something, or could have done more? I was checking and revising my notes, correcting every punctuation and spelling and going home very late, the last one to leave the office. This, I learned would be my way of life but with time and practice, I was doing it more promptly.

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LATTER LITERALLY AS THE DAYS WERE  
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UNRELIABLE LUXURIES WHICH MADE ITSELF  
AVAILABLE OF ITS OWN ACCORD.**

I now have a little bit of experience of it all, from an aspiring medical student, to a tired resident, a half-baked fellow and a full time physician. There have been all kinds of moments, gratifying, sobering, angry parents, happy parents but the children have always been wonderful and a source of joy.

There is no role for wizards in the modern day of evidence-based medicine. However, I continue to wish for two key ingredients, magical healing and miracles, as I continue my journey on becoming a physician. ■

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## Resident Wellness Curriculum: Maintaining Health While Training to Provide Healthcare

**By Mallory Koula, Transitional Year Resident**

In 2014, within the first two months of intern year, two different interns at two different training centers in New York committed suicide by jumping off a building. The proximity and magnitude of these tragic events kindled national discussions and investigations into resident well-being and how to implement programs to help promote wellness in residency. The American Council for Graduate Medical Education (ACGME) took action and created multiple initiatives to help address the ever-growing issue which included the first symposium on physician well-being in 2015.

The Spokane Teaching Health Center Transitional Year Residency places its own distinctive emphasis on the need to address physician wellness in residency. This is especially important during intern year as research has shown increased risk for suicide early in residency (Yaghmour et al., 2017). A resident wellness curriculum was developed this year and continues to undergo resident-led improvements through the leadership of Dr. Danielle Wolff, the program director for the Transitional Year Program.

In mid-June, after hardly settling into new apartments and houses from various locations around the country, new transitional year residents begin orientation. Even at the first meeting, when there are plenty of logistics to be discussed, Dr. Wolff and Debora Schilling (program coordinator) iterate the importance of resident wellness. They distribute reflection journals and ask residents to brainstorm ways to achieve work/life balance throughout the year. Residents participate in an open discussion about the stigma behind seeking mental health treatment while working as a healthcare

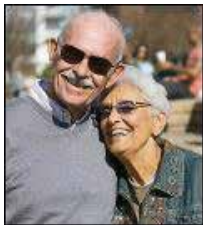


provider and the real crisis that physicians are facing. The group of new residents also take time to discuss how to handle a situation in which there are concerns about a fellow resident's well-being. Through ACGME requirements, all accredited programs must have confidential, counseling 24 hours a day, seven days a week and Sacred Heart is no exception. Residents are walked through the resources that are available and how to utilize them. ■

## In Memoriam



### GEORGE E DUVOISIN, MD



The Dr. George E. Duvoisin died peacefully on May 06, 2018, surrounded by the love of his family at his home in Spokane.

He was born to Louisa and Edward Duvoisin on November 10, 1930, in Pittsfield, Massachusetts. In 1934, after his father passed away, the family moved to Clearwater Beach, Florida where he grew up working

hard helping his mother and brother build a beach cottage business. He attended high school at Phillips Andover Academy near Boston and then on to Williams College where he majored in Chemistry and, most importantly, in 1950 he met the love of his life, Fiorenza Pascoletto, a 21-year-old from Italy. They fell in love and were married in a simple ceremony in Vermont in June of 1951.

Following college, George and Fiorenza moved to Atlanta, Georgia where he attended Emory School of Medicine and then entered the Army and was stationed at Walter Reed Hospital and Vicenza, Italy. In

1961 the family moved to Rochester, Minnesota where he trained to be a cardiothoracic surgeon and received a Ph.D. in Surgery from the University of Minnesota while training at the Mayo Clinic.

In 1969, the family moved to Spokane where he started work as a cardiothoracic surgeon and enjoyed taking care of and visiting his hundreds of patients not only in Spokane but in towns from Miles City, Montana to Brewster in the Okanogan Valley. He was always proud of the medicine he was able to practice, the chance to help patients he cared for at Sacred Heart Medical Center and the opportunity to perform one of the first open heart surgeries at the new hospital in 1971.

His passions, in order of importance, were his wife Fiorenza, his large adoring family, taking care of his patients, the practice of medicine, traveling, steelhead fishing on the Clearwater River, fixing things, history and reading. ■



## In The News

### CANCER CARE NORTHWEST ANNOUNCES JENNIFER HEIMBIGNER, MPA, AS NEW CHIEF EXECUTIVE OFFICER



Cancer Care Northwest is proud to announce the induction of Jennifer Heimbigner, MPA, as Chief Executive Officer. Jennifer will help lead CCNW in the continued mission to apply the unique comprehensive, innovative, compassionate and integrated approach to beating cancer here in the Inland Northwest.

Jennifer has served as Cancer Care Northwest's Interim-CEO since September 2017, when long-serving CEO, Warren

Benincosa, retired. "Jen Heimbigner is a real asset to CCNW as she has a great depth of experience working at CCNW," says Dr. Ryan Holbrook, Cancer Care Northwest Practice President. "She is passionate about our practice and cares deeply about patient care. She will help guide us in promoting our company values of providing high quality compassionate care to our patients." ■

### CHAS HEALTH TO OPEN NEW CLINIC FOR PATIENTS AGE 60 AND OLDER

In the Spokane region, the population is aging rapidly and will need access to more involved and specialized healthcare services. Older adults have many unique healthcare needs, both physical and behavioral. Unfortunately, low income patients with Medicare often have trouble accessing primary care and behavioral healthcare, or they may be reluctant to seek mental health care. To address this need, CHAS Health and Lutheran Community Services Northwest (LCSNW) are partnering to open a clinic focused on providing healthcare for patients age 60 and older. The new clinic will be located in the former Christ Clinic space on North Monroe Street in Spokane.

Patients will benefit from more specialized care, including full primary care services from providers trained in geriatric or internal medicine, integrated behavioral health, nutritionists and onsite clinical pharmacists to help with medication management. The team will include a Patient Services Coordinator whose role is to help connect patients with insurance or other resources that can improve their ability to seek healthcare, such as transportation, housing, food and legal services. CHAS Health and LCSNW also hope to add services like peer support and home visits. Additional partnerships with agencies like Aging & Long Term Care of Eastern Washington will be key to improve overall health. The goal is to help remove barriers that limit their access to care.

The dedicated geriatric clinic will offer an environment that is more comfortable for seniors. Some of the anticipated benefits include longer appointment times, less noise and activity, no stairs to navigate, and focused education opportunities on topics such as falls prevention and healthy cooking.

CHAS Health North Central Clinic is recruiting for a board certified or eligible physician specializing in geriatric medicine or internal medicine. Please contact Workforce Development at (509) 444-8888 or [work@chas.org](mailto:work@chas.org) if you are interested in learning more about this opportunity. ■

### AMERICAN HEART ASSOCIATION RECOGNIZES MULTICARE HOSPITALS FOR QUALITY OF HEART AND STROKE CARE

Six MultiCare hospitals have been recognized with the American Heart Association's annual Get With The Guidelines® (GWTG)-awards for implementing specific quality improvement measures outlined by AHA for the treatment of patients who suffer cardiac arrests in the hospital.

Among the six MultiCare Hospitals, MultiCare Deaconess Hospital and MultiCare Valley Hospital were both recognized for the GWTG award. MultiCare Deaconess earned the Gold Plus Award and MultiCare Valley Hospital earned the Silver Award.

More than 200,000 adults and children have an in-hospital cardiac arrest each year, according to the American Heart Association. The Get With The Guidelines-Resuscitation program was developed with the goal to save lives of those who experience in-hospital cardiac arrests through consistently following the most up-to-date research-based guidelines for treatment. Guidelines include following protocols for patient safety, medical emergency team response, effective and timely resuscitation (CPR) and post-resuscitation care.

"We are pleased to recognize the MultiCare hospitals for their commitment to following these guidelines," said Eric E. Smith, M.D., national chairman of the Get With The Guidelines Steering Committee and an associate professor of neurology at the University of Calgary in Alberta, Canada. "Shortening the time to effective resuscitation and maximizing post-resuscitation care is critical to patient survival."

Get With The Guidelines-Resuscitation builds on the work of the American Heart Association's National Registry of Cardiopulmonary Resuscitation originally launched in 1999 and has collected in-hospital cardiac arrest data from more than 500 hospitals. Data from the registry and the quality program give participating hospitals feedback on their resuscitation practice and patient outcomes. In addition, the data helps improve research-based guidelines for in-hospital resuscitation. ■

### SACRED HEART CHILDREN'S HOSPITAL NAMES CHIEF ADMINISTRATIVE OFFICER



Mike Barsotti, M.D., has been named Chief Administrative Officer for Sacred Heart Children's Hospital as of May 15. He will be both the Chief Administrative Officer and the Chief Medical Officer for the Children's Hospital, leading the growth of children's services for Providence Health Care. Dr. Barsotti has held the role of CMO for the Children's Hospital since 2016. He replaces Dr. Keith Georgeson who retired this month as the Chief of Pediatric Services after eight years with SHCH. ■





## AUGUST

**SCMS Opioid Community Resources Task Force Meeting**  
August 21, 6:00 pm

**SCMS Medical Education Celebration Cruise**  
August 30, 6:00 pm–9:00 pm  
The Serendipity, Templin's Marina

## SEPTEMBER

**SCMS Medical Informatics Committee Meeting**  
September 20, 6:00 pm  
Summit Cancer Center North  
6001 N. Mayfair St., Spokane

**SCMS Board of Trustees Meeting**  
September 26, 5:30 pm

## OCTOBER

**SCMS Medical Education Committee Meeting**  
October 9, 5:30 pm

**Sr. Physicians Dinner**  
October 11, 5:00 pm  
Manito Golf & Country Club

**SCMS Medical Informatics Committee Meeting**  
October 18, 6:00 pm  
Summit Cancer Center North  
6001 N. Mayfair St., Spokane

***SAVE THE DATE!***  
**Medicine 2018**  
October 12, 7:00 am–5:00 pm  
DoubleTree by Hilton  
Spokane City Center  
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**WSMA House of Delegates**  
October 13–14,  
Historic Davenport Hotel, Spokane

**SCMS Executive Committee Meeting**  
October 24, 5:30 pm  
SCMS Conference Room

## NOVEMBER

**SCMS Board of Trustees Meeting**  
November 14, 5:30 pm

**SCMS Medical Informatics Committee Meeting**  
November 15, 6:00 pm  
Summit Cancer Center North  
6001 N. Mayfair St., Spokane

## DECEMBER

**SCMS Member Mixer**  
December 5, 5:30 pm–8:00 pm  
Bridge Press Cellars  
39 W. Pacific Ave.  
*Sponsored by Inland Imaging*

**SCMS Executive Committee Meeting**  
December 12, 5:30 pm  
SCMS Conference Room

If you have any questions regarding an event, please call SCMS at (509) 325-5010 between 9:00 am and 5:00 pm, Monday through Friday, or email [shelly@spcms.org](mailto:shelly@spcms.org).  
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# 2018 SCMS Sr. Physicians Golf Tournament

It was an excellent day for golf as the annual Senior Physicians Golf Tournament kicked off with a shotgun start at 8:00 a.m. at the Manito Golf and Country Club held on Friday, May 18th. Lunch and the presentation of prizes followed golfing, accompanied by fellowship and the renewing of old friendships among colleagues.

Dr. David Maccini won first place again this year with a 71 in the Under 17 Division, with Dr. Stuart Davis winning the 17 & Over Division with a 75, and Dr. Ronald Smith winning the Super Senior award with a 71. The overall winner of the tournament was Dr. Franklin Browne with a 67. ■





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# The Need For Good Books



**By Shayna Wood, CPA, Partner, Eide Bailly LLP  
SCMS Community of Professionals**

It's time to talk records ... and no, we're not talking about file cabinets full of paper. We're talking about records in terms of financial records, also known as your books. Before you hit the snooze button, let's first talk about a few reasons why keeping accurate financial records (also known as good books) is so important.

## **ACCURATE BOOKKEEPING ALLOWS YOU TO MAKE SOUND BUSINESS DECISIONS.**

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- How is my cash flow? Are vendors being paid on time?  
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- Do I have too much money tied up in inventory? Or do I have adequate inventory to fulfill sales orders?
- Do I need to purchase new equipment? Do I have the ability to purchase new equipment given the current state of my finances?
- Do I need to hire additional help? Will I be able to pay said help?
- Which areas of my business are successful? Which areas need improvement?
- Can I cut my costs in any areas?
- Am I following my budget?
- How does my profitability compare to others in my industry?

## ACCURATE BOOKS ARE CRITICAL WHEN IT COMES TO TAX TIME.

Tax time isn't so fun when you haven't had accurate bookkeeping. After all, good books allow you to report accurate revenue, keep track of deductible expenses, calculate gain or loss on sold property, and support items reported on your tax return (in case you get audited). All of these things are good to know and have at tax time.

## ACCURATE FINANCIAL RECORDS HELP OTHERS, LIKE YOUR BANK.

Without good books, your bank won't be able to make lending decisions for your organization.

So now that you know why it's important, here's a few things to consider on your record journey:

## IMPLEMENTING A BOOKKEEPING SYSTEM.

- Keep it simple!
- Maintain books that have the right level of detail depending on the complexity of your business.
- Make sure you have the essential information you need on a timely basis. If you don't have access to timely information, even the most accurate records won't help you a whole lot.
- Compare current data with historical data to check your progress.

## FIND THE RIGHT TOOL/PARTNER.

There several different types of software that can help you track your records. Many are cloud based accounting programs (QuickBooks, Zero, Wave, FreshBooks, Bill.com, etc.) that allow you to access your information from almost anywhere for a small monthly fee.

If you're not sure of how to set up your books, or you need just a little more help understanding and updating, talk to a reputable CPA firm. They can be a trusted ally on your business journey. ■

*Shayna is a tax partner at Eide Bailly in Spokane, a top 25 CPA and business advisory firm. Our healthcare services go beyond cost reports, tax and audit, to help you drive results and plan for a strong future. For more information, contact Shayna at (509) 789-9138 or sewood@eidebailly.com..*

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## Classifieds

### MEETINGS/CONFERENCES/EVENTS

**SAVE THE DATE! Spokane County Medical Society presents MEDICINE 2018:** Friday, October 12, 2018, at DoubleTree by Hilton Spokane City Center. More details to follow!

**AL-ANON FAMILY GROUPS AND ALATEEN REFERRALS** Al-Anon and Alateen support groups are available in Spokane County for family members and friends of alcoholics at which men and women share experiences of solving common problems arising from living with or loving a problem drinker. Alateen meetings are for teenage family members and friends of alcoholics and are not suitable for teens with current drinking problems. For further information and meeting schedules contact District2AlAnonOutreach@yahoo.com or (509) 456-2125. Al-Anon and Alateen support groups can supplement medical treatment and counseling therapy. Information provided by Al-Anon District 2 Public Outreach Committee.

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# Understanding the “New” Child Tax Credit

By Greer Gibson Bacon, CFP®  
SCMS Community of Professionals

	The “Old” Law	The “New” Law
CREDIT AMOUNT	\$1,000/child	\$2,000/child, \$500/other dependent
<b>Married Taxpayers:</b>		
Full Credit	AGI of \$110,000 or less	AGI of \$400,000 or less
Partial Credit	AGI of \$110,001 to \$130,000	AGI of \$400,001 to \$440,000
No Credit	AGI > \$130,001	AGI > \$440,001
<b>Single Taxpayers:</b>		
Full Credit	AGI of \$75,000 or less	AGI of \$200,000 or less
Partial Credit	AGI of \$75,001 to \$95,000	AGI of \$200,001 to \$240,000
No Credit	AGI of \$95,001 or more	AGI of \$240,001 or more
<b>Refundable Amount:</b>	\$1,000/child	\$1,400/child

The Tax Cuts and Jobs Act (TCJA) greatly expands the Child Tax Credit, as illustrated below. It becomes available to more middle and upper-middle class families. And importantly, it boosts the amount refundable to low income families.

Here’s what you need to know to maximize your family’s Child Tax Credit:

- Your qualifying child is your dependent child who is age 16 or younger on the last day of the year. Other qualifying dependents may be your aging parent or child age 17 or older for whom you provide support and claim as a dependent.
- Tax deductions and tax credits are not alike. Tax deductions reduce the amount of your taxable income. For example, if you’re married with two children, your 2018 personal exemptions would have been \$16,600 (\$4,150 x 4) and you would have deducted this amount from your total income. By contrast, tax credits reduce your income tax payable dollar-for-dollar. For example, if you owe \$25,000 in income taxes and apply \$4,000 in tax credits, your tax payable is reduced to \$21,000.
- Although the JCTA eliminates personal exemptions, this may have little or no impact on families. For example, a married couple with two children loses \$16,600 in personal exemptions but gains \$4,000 in tax credits. And assuming a 24% tax bracket, their tax credits produce the same \$4,000 in tax savings that \$16,600 in personal exemptions would have produced.
- Tax credits may be refundable or non-refundable. Here’s how this works. Let’s say your 2018 taxes payable are \$3,000 and you have \$4,000 in tax credits. If your tax credits are refundable, your taxes will be reduced to “zero” and you’ll receive a \$1,000 check. By contrast, if they’re non-refundable,

your taxes will be reduced to “zero” and the \$1,000 will be lost. Clearly, refundable tax credits are better especially for low income families.

- The refundable part of the new Child Tax Credit is calculated as 15% of earned income exceeding \$2,500 subject to a cap of \$1,400 per qualifying child. No part of the \$500 per other dependent tax credit is refundable.

These enhanced benefits sunset at the end of 2025 unless extended or made permanent by Congress. So, stay tuned. ■

*Bacon is a Certified Financial Planner™ and President of Asset Planning & Management, Inc., a fee-only firm providing wealth management services to individuals and their families since 1997.*

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