

SUMMER 2022

THE message



A Newsmagazine of Spokane County Medical Society

**SCMS Mentor-Mentee
Art, Poetry & Essay
Contest Winners
Announced**

**Maybe We Don't
Need Evidence
to Listen**

SCMS MEMBER HIGHLIGHT

Erin R. Medina, MD



REMINDE YOUR PATIENTS.
**DON'T SKIP YOUR
ANNUAL MAMMOGRAM.**

#DontSkipYourMammogram

New research suggests delays in screening mammography during the COVID-19 pandemic may lead to increased deaths.

Over the past couple of years, many women put their annual screening mammograms on hold. Data tells us that about 50% of women who were scheduled missed their appointments. In addition, 25% of women put off evaluation of their breast cancer symptoms, resulting in delayed diagnosis and treatment. That could mean thousands of unnecessary deaths and more advanced and difficult breast cancer cases as a result.

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***SOURCE:** U.S. National Cancer Institute's Cancer Intervention and Surveillance Modeling Network as cited in US News & World Report.*

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MEDICAL EDUCATION

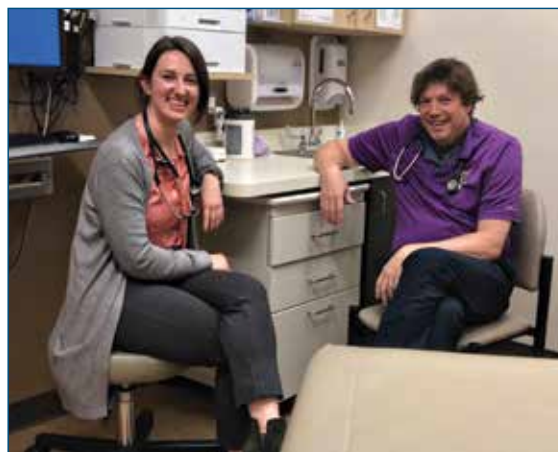
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"Within twenty minutes of my first day in clinic with Dr. Stephens, I knew working with him was going to be one of the best experiences of my first year in medical school. I have had the opportunity to engage with Dr. Stephens' patients, for whom he has cared for with compassion, patience, and humility over several decades. He places immense value in each of his patients' lived experiences and constantly instills in me the importance of the decisions physicians make for their patients. Bearing witness to the ways in which he touches the lives of those in his community has made a remarkable impression on my vision for myself as a future physician."

–Sophie Fleuret, MS1
University of Washington School of Medicine – Spokane

SCMS Mission

*Serving as the guardian of community health and wellness
while leading and promoting the professional practice of medicine.*

President's Message



CONNECTION, CELEBRATION AND CONSEQUENCES

As I head to WSMA's Leadership Conference this week, I'm excited to hear one of my former residents/colleagues from UW, Dr. Tait Shanafelt, speak about Physician Burnout and Wellness - specifically he, Lottie Dyrbye (former resident, colleague and friend) and a few others (Chris Sinsky and Colin West) are worth "following" for their wisdom on how to improve all our lives as physicians (I'm not just name-dropping, I'm sending you to their amazing work).

The importance of **connection** in physician wellness struck me a few weeks ago when I attended the American College of Physician's first in-person conference in three years. It was both anxiety-provoking and heart-warming to be amongst thousands of physicians in Chicago. Masks in the airport and on the plane? Nope (except for me and a few others). I was reassured by the "low" case rates in Chicago and the fact that all attendees had to attest to being "fully vaccinated" (whatever that means at the moment). Interestingly, I estimate about 80% of attendees were masked most of the time. My thoughts ranged from "way to lead by example" to "I'd love to just take this mask off more often" to "what happens if I get sick and have to isolate in a Chicago hotel (\$\$\$\$)." I took my mask off at receptions, while some colleagues were firmly ensconced in their N-95 masks - whether they had been exposed at work or were just being super careful wasn't clear. Regardless, what fun to actually see old friends, colleagues, former students (now famous) and to have meaningful in-person conversations about everything from the new studies showing that maybe rhythm control for AF is now a priority, to catching up on weddings and life transitions. I especially enjoyed judging resident posters and seeing one of our 2021 Spokane WSU College of Medicine graduates presenting her poster to another set of judges.

Celebration - on my return, we had our first in-person WSU COM graduation, right here at the Fox in Spokane. Wonderful speakers, including the amazing Spokane-based Kiantha Duncan (do look up her TED-X videos). Last year's drive-thru graduation paled in comparison to see students celebrating with their families.

Now to the **consequences**. I also conducted workshops in-person for our class of eighty students. Having

done two workshops in three days in conjunction with graduation week, I received several emails (on Friday and Saturday) reporting that four (vaccinated) people I had spent time with - up close in conversation and sharing meals at ACP and from work settings - had tested positive for COVID. Suddenly the consequences became really, really clear. I'm vaccinated and boosted - I should isolate, right (not expose my family)? Test, right? Wear a mask all the time, right? Finally, one of my colleagues (at relatively high risk) accessed Paxlovid. By the way, all of my colleagues reporting being symptomatic but mostly "not too bad" (one was "miserable") - thank goodness for science and vaccinations. Back to Paxlovid, I hadn't prescribed it for anyone, but "I should know this." So, two hours of internet hunting later (thank you WSMA for the pointers), I thought I understood the drill - but it would take any primary care physician an hour or two to complete all the steps, locate a pharmacy, etc., especially on a weekend, and the CDC guidelines on eligibility are incredibly unclear (just saying).

So, bringing this back 'round to all of us - I'm convinced that connection is worth it, specifically re-connecting all of us in the Spokane County Medical Society with in-person events. However, we do need to remain vigilant because close encounters do have consequences. In the meantime, we are in the final stages of planning for our Golf Classic, a summer Women in Medicine Symposium, a summer mixer, the fall Medicine conference, the WSMA HOD meeting (here in Spokane on October 1-2), an SCMS-Shikany Foundation dinner to recognize our role in medical education (and all of you who contribute!!!) and other events. Please look for the invitations - come Connect and Celebrate with SCMS!

Thanks for all you do out there and please find us via email, etc.! ■

Your 2022 President,

Dawn E. DeWitt MD, MSc, MACP, FRACP, FRCP-London
2022 SCMS President

JULY

SCMS Foundation Meeting
July 12, Tuesday, 5:30 pm

SCMS Medical Education Committee Meeting
July 21, Thursday, 5:30 pm

AUGUST

SAVE THE DATE!
SCMS Women in Medicine Symposium
August 18, Thursday, 6:00 pm
Rockwood South Hill Event Center

SAVE THE DATE!
SCMS Member Mixer
August 30, Tuesday, 6:00 pm
Watch for details!

SEPTEMBER

SCMS Board of Trustees Meeting
September 28, Wednesday, 5:30 pm
(HOD Caucus)

SAVE-TH-DATE!
Medical Education Celebration Dinner
September 29, Thursday
Watch for details!

SAVE THE DATE!
Medicine 2022
September 30, Friday,
7:00 am—5:00 pm
The Historic Davenport Hotel

OCTOBER

WSMA House of Delegates
October 1-2, Saturday-Sunday
The Historic Davenport Hotel
Spokane

SCMS Foundation Meeting
October 11, Tuesday, 5:30 pm

SCMS Medical Education Committee Meeting
October 20, Thursday, 5:30 pm

SCMS Executive Committee Meeting
October 26, Wednesday, 5:30 pm

NOVEMBER

SCMS Board of Trustees Meeting
November 16, Wednesday, 5:30 pm

DECEMBER

SCMS Executive Committee Meeting
December 14, Wednesday, 5:30 pm



If you have any questions regarding an event, please call SCMS at (509) 325-5010 or email shelly@spcms.org.

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- » Oncology Counseling
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- » Radiation Oncology
- » Radiosurgery
- » Surgical Oncology
- » Yoga



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Erin R. Medina, MD

Works at:

Home! For the past year I've been doing telemedicine as an independent contractor.

Specialty:

Family medicine.

Why SCMS:

With the practice of medicine becoming so fragmented for patients and doctors alike, it's important to connect with our colleagues across specialties. SCMS is a great way to do that. It's also allowed me to get involved with some advocacy, participating in the WSMA House of Delegates meetings. And I'm really excited for the upcoming Women in Medicine Symposium!

Top concerns in medicine:

I'm concerned about the morale of our healthcare professionals being so low for so many reasons.

Why my specialty:

I went into family medicine hoping to practice full spectrum family medicine in an underserved setting, and I did that for the first three years out of residency, but it got pretty overwhelming pretty quickly. I gave up OB and inpatient care and was doing outpatient only clinic. I enjoyed that initially, but with becoming a new mom, the pandemic, and a number of other factors, I decided I wanted to try something different. I decided to look into other practice models. Telemedicine has been working really well as far as offering a flexible work schedule, but I do miss seeing patients in person and the continuity of primary care, as I'm mostly doing urgent care at

this time. I've also been considering direct primary care as a way to have that continuity, but to maintain control over my schedule and practice.

When I'm not at work:

I mostly enjoy spending time with my family. I have a three-year-old son who is an absolute joy and takes up most of my time when I'm not working. I also love being in nature, hiking, biking, cross-country skiing, and my favorite, huckleberry picking. I'm trying my hand at gardening and even trying to grow some vegetables this year. We'll see how that goes!

Go-to unwind activity:

Knitting while binge watching the latest Netflix show.

What I read:

I haven't had a lot of time to read since becoming a mom. Right now, I'm trying to get caught up on my American Family Physician journal reading. I'm several months behind!

What you might not know about me:

I was born and raised in Spokane. This is home to me. I live about a mile from the house I grew up in, where my parents still live.

Proud moments in medicine:

I'm pretty proud of carving out a new path for myself over the past year.

Best advice:

A lot of us go into medicine with a profound sense of altruism. That makes us good and caring healers but can also lead to people taking advantage of us. One thing I've been learning is how to advocate for myself and I think it's really important that we all do this.

What's next:

That's yet to be seen. Like I mentioned above, I'm considering starting a direct primary care practice, but at this time telemedicine is working pretty well. ■



Welcome

New Member 2022

PHYSICIAN ASSISTANT:

Kelsey Pruitt, PA

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

60 YEARS

Jacob Meighan, MD
06/05/1962

50 YEARS

A. Reisig, MD
06/22/1972

Glen Ruark, MD
07/01/1972

Gary Wandschneider, MD
07/01/1972

Parviz Partovi, MD
07/11/1972

30 YEARS

Steven Kernerman, DO
06/17/1992

William Bronson, MD
06/17/1992

Susan Ashley, MD
08/18/1992

Gregory Luna, MD, MPH
08/18/1992

Anne Oakley, MD
08/18/1992

John Wurst, MD
08/18/1992

20 YEARS

Charles Anderson, MD
07/01/2002

10 YEARS

Lora Jasman, MD
06/27/2012

Daniel Holbert, MD
07/01/2012

Jeffrey Nackos, MD
07/01/2012

Jennifer Mayfield, MD, MPH
07/09/2012



In Memoriam

Terrance P. Judge, MD

(June 1936-March 2022)

Norman E. Staley, MD

(September 1927 – May 2022)



RENEW YOUR MEMBERSHIP OR JOIN TODAY!

Membership Has Meaning and Value

The SCMS is here to support you in your vitally important role in the family of medicine. Our mission is to fairly and objectively serve as a guardian of community health and wellness while leading and promoting the professional practice of medicine in our region. SCMS uses its resources and expertise, through collaboration and strategic partnerships, to facilitate the best community health possible for citizens of our region.

The need for an active county medical society has never been greater as we strive to carry a united voice on related healthcare issues in this region.

Call us at

509.325.5010

or visit our website

to renew:

members.spcms.org/join





Maybe We Don't Need Evidence to Listen

By Aaron Marble, DO
Transitional Year Resident

It was a warm Friday in July, the first week of my ICU rotation. My phone rang in the middle of rounds, often a bit anxiety-inducing as a new intern, but usually because it's a hospital number with someone on the other end asking a question you seemingly are never quite sure how to answer. However, this call was different, it was a familiar number which should have been comforting, but my heart sunk. I knew it was bad news. I answered and the voice on the other end spoke softly, the familiar voice of my wife. Trembling, struggling to utter the words, she shared, "There's nothing else they can do for him, we have decided to place him on comfort care." She was referring to her father, a COVID-19 patient in the ICU two hours from where we lived.

The phrase "there's nothing else we can do", is something I had said to patients and families in my first weeks as an intern. Yet, I was taken aback when someone else said it to me. It carried a different kind of gravity, a sense of finality that made things...real. While knowing it was a possibility and a chance from the time he was placed on a ventilator, it became real to me for the first time, in that moment, that my father-in-law was going to die. I had felt such a distance from the situation all while finding it so relatable. On the one hand, I never saw or spoke with my father-in-law after he went to the hospital, relying on my wife to convey information as I tried to comfort her while balancing my responsibilities as a new intern. On the other hand, the conversation that was being had with me was one I had been a part of all week in the ICU with other families. I had been enthralled in the medical aspects of his case, monitoring his labs, imaging and chart notes via my mother-in-law, and paralleling these with another patient I helped care for in the ICU who entered the unit around the same time my father-in-law did. Unsure of how to handle the news I received, I spoke with my senior resident, attending, and program director who graciously told me to head to my hometown and be with my wife as she would say goodbye to her dad, another loss due to the COVID-19 pandemic.

My father-in-law died on a Friday. On Monday I returned to work in the ICU. The conversations continued, "there's nothing else we can do," except now the phrase, and what it meant, was tangible. I knew what loved ones were experiencing when they expressed frustration about the hospital course, the fact that their loved one was not doing well, some frustrated that their loved ones were not vaccinated. It was so painfully similar to what I would hear

at home, that admittedly there were times I had to take a moment on the phone to compose myself, stop my voice from cracking, and hold back tears to maintain a sense of professionalism. In the weeks after my father-in-law's passing, I watched COVID take patients anywhere from their 30s to their 70s, some just a few years older than I was, some were new parents. I admittedly struggled to cope, not wanting to discuss the heartache I felt after each loss with my wife so as not to continue to reopen a very raw wound for her. The distance I created for myself around the situation to survive my work didn't always allow me to be the partner my wife needed. I became somewhat callous, and I regret that I wasn't always as present and comforting to wife and in-laws as I should have been. I have come to accept a lot of what took place now, and I'm working through it, but it certainly shaped the first part of my intern year in a way I had not expected.

My father-in-law was unvaccinated against COVID. It was a point of disagreement of which I, but especially my wife,

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had made feelings clear. I feel a sense of guilt because throughout the pandemic I had become tired of hearing about misinformation surrounding vaccinations, and I kind of gave up on arguing. When the topic came up with family members, I usually tried to respectfully disagree, gently dismiss false claims with evidence I had heard or read about, and try to change the subject. I have often encountered almost a sense of pride from patients who have shared they are unvaccinated against COVID, as if they feel they have information the rest of us do not. On the other hand, I feel like there's a sense among the vaccinated population that those who are unvaccinated are "bad people" for not doing their part to end the pandemic. As a society we seem to be so obsessed with what makes us different from one another, and I fear the pandemic has only made these divisions worse.

I disagreed with the decision my father-in-law made to be unvaccinated, but he was not a bad person, he was not a selfish man, and he was one of the most kind and thoughtful people I knew. None of my unvaccinated ICU patients and their families were bad people for being unvaccinated. I don't believe that making a decision that you believed was best

for your own health, often well researched, albeit using ill-informed data, makes you a bad person. People are scared, especially of things they have difficulty understanding, and they handle fear in different ways. I think we struggle as healthcare providers to make incredibly complex information palpable for the general population, and sometimes we don't do ourselves any favors in deterring patients from their "ivory tower" perception of physicians and healthcare when all we do is dismiss misinformed claims as quackery and ask them to "trust us." Isn't it possible such dismissals are making some patients feel alienated by mainstream, evidence-based medicine?

I spent a lot of time feeling frustrated by the events that took place this summer and the fact that people would not change their behavior to mitigate the spread and effects of the virus despite so much suffering. Months have passed as I have contemplated what exactly I wanted to convey when I reflected on this experience. I suppose I find a sense of catharsis in simply having the opportunity to write about how a phone call on a Friday morning would go on to have a profound impact on my intern year, and probably my career. Yet, I think part of me wanted to come up with some grand and complex message about how we could reach those who choose not to be vaccinated, about how we need to convey evidence-based medicine in a manner more tangible to our patients during contentious debates. Then I realized maybe

Spokane County Medical Society is pleased to announce

WOMEN IN MEDICINE — SYMPOSIUM —

THURSDAY, AUGUST 18, 2022
6:00 pm — 9:00 pm

Rockwood South Hill Event Center

This is a unique opportunity for female physicians, physician assistants, residents, fellows, and medical/physician assistant students to hear expert speakers and network at a social event (*yes there will be food and drinks!*) focused on developing evidence-based leadership skills and closing the gender gap in healthcare. Our mission is to educate, inspire, and empower attendees by providing opportunities to support and engage with one another.

SPACE IS LIMITED, REGISTER TODAY!

COST

Medical/Physician Assistant Students, Residents & Fellows	FREE
<i>*up to the first 25 registrants, all others \$10</i>	
SCMS members	\$20
Non-SCMS members	\$30

Please consider sponsoring a female physician/physician assistant attendee for \$20 and bring your colleagues! All genders welcome! Please direct questions to Shelly Bonforti at shelly@spcms.org.

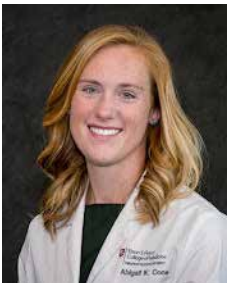
**SCAN HERE
TO REGISTER!**



that's part of the problem. We love evidence-based medicine, it saves lives, so we're obsessed with studies, numbers, and data, and it's often our go-to during difficult discussions. And that's the disconnect. In my brief experience, patients and families in the ICU don't necessarily care about data you spout out as much as they care about whether you care about their loved one. My wife talks about how kind the ICU physician that cared for her father was, not how well he was able to quote articles in the *New England Journal of Medicine*. Maybe we ought to make that the focus sooner, in the clinic, the ER, or in my case, the kitchen table, where I used to have these conversations with my father-in-law. I know we do care, as physicians, but I'm not sure we always convey that when our discussions sometimes are so rigidly evidence based. I question whether this is making some of our patients feel heard and whether we as healthcare providers can continue to participate in contentious discussions without burning out. I wonder if simply taking a

kinder, gentler approach with our patients, based in listening to what they're saying without a rebuke, at least initially, can be therapeutic for healthcare providers as well.

I can't change how I approached the conversations with my father-in-law, or how these conversations were approached with the many unvaccinated ICU patients I helped care for, but maybe it will be different for someone else. I don't think this will fix the complex problems our healthcare system continues to face, but I guess I want to believe that something as simple as listening, hearing out our patients' concerns, without judgement, without immediately referencing "the evidence", is a place to start in an atmosphere of great skepticism towards mainstream medicine. I want to believe that, before a patient makes it to the ICU, in their final moments where we again will utter, "there is nothing else we can do,"...well maybe there is something else we can do, after all. ■



Abigail K. Cone, RDCS, BS, is a second-year medical student at Washington State University Elson S. Floyd College of Medicine in Spokane, Washington, whose article "A Disease for the Modern World" was recently published in the Annals of Internal Medicine Fresh Look Blog on May 18, 2022.

You can read the full article at

<https://freshlook.annals.org/2022/05/a-disease-for-the-modern-world.html>

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HOSPICE NURSE AIDE
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SCMS Mentor-Mentee Art, Poetry & Essay Contest Winners Announced

The Spokane County Medical Society's (SCMS) Medical Education Committee announced medical students Sue Winger and Basil Wendel as the two \$500 award winners for their Mentor-Mentee Art, Poetry & Essay Contest held in March, generously funded by the Spokane County Medical Society Foundation.

During this continued time of COVID, the Medical Education Committee (MEC) explored avenues to help promote wellness and social wellbeing among our Spokane medical/PA students last year, and there was such a great response, decided to offer a contest again this year. "Since COVID and how it affects them individually is never far from their thoughts, we felt this year's contest would be a thoughtful way to share some positive experiences with students, physicians and other members of the healthcare community that may lead to opportunities to support each other," stated Dr. Judy Swanson, Co-chair of the Medical Education Committee. "It promotes health and wellbeing for our medical/PA students, and also shows them the supportive nature of the Spokane Medical Community, allowing for a platform to engage all the schools involved in UGME and GME that exist in the community."

"I certainly would not be where I am today without some incredible mentors who recognized and stoked the spark within me and who continue to support me to this day," stated Winger. "As a medical student, I have found great joy in returning the favor by mentoring younger students in my local community who are interested in a healthcare career. With my art, I hoped to capture the special reciprocity of the mentor-mentee relationship and its power to transform lives. Thank you to the Spokane County

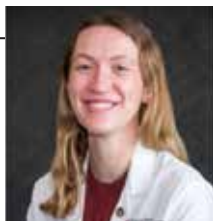
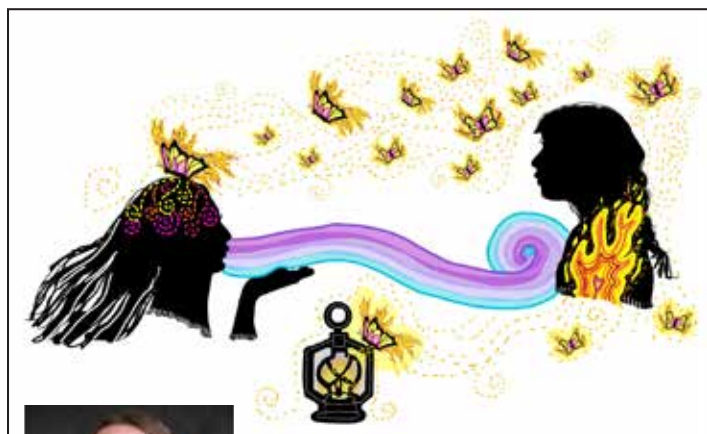
Medical Society and Medical Education Committee for hosting a contest that encouraged reflection and creativity about a very important topic in medical education and healthcare, and the SCMS Foundation for funding the awards. Another big thank you to the WSU Elson S. Floyd College of Medicine for prioritizing outreach to rural communities and letting me be a part of such a wonderful program."

"Thank you so much for taking the time to provide us students with the opportunity to share our creative work," stated Wendel. "It truly brightens our journey in medicine."

All current Spokane-based medical/PA students were invited to submit an entry in one of three categories: an essay, an image (original art, photograph, or video), or a poem reflecting on how a Mentor-Mentee relationship has impacted them as a student. The winning entries were chosen by the Medical Education Committee contest panel and were blinded to the students' names and programs. Two separate \$500 prizes were awarded.

"The members of the contest panel were moved and impressed by the heartfelt words and images expressed by the students in all the submissions," stated Dr. Chris Anderson, Co-chair of the MEC, "but selected the entries which most closely captured the essence of the goals of the contest."

We're pleased to present the selected entries here. We hope you enjoy them as much as we did! ■



"Stoking the Spark"
by Sue Winger, MS2
Elson S. Floyd College of Medicine

My Teacher's Mercy

By Basil Wendel
Second-Year Medical Student | University of Washington

Well in my country
It ain't no mystery
To stay away from
My teacher's mercy

But in the hours of the mornin'
Some mother of none touched me
And said she ain't lonely
Cause she was made in the backstreets

So gather 'round this tree
Or keep playin' in your sleep
With the risk of followin'
My teacher's mercy

When I'm out gamblin'
In the alley by the factories
Though I play casually
I don't win nothin'

But the words that've taught me
And messes that've wronged me
Like a tightrope dance sling
They could break or make me

So gather 'round this tree
Or keep playin' in your sleep
With the risk of followin'
My teacher's mercy



Basil Wendel, MS2
University of Washington
School of Medicine

Spokane Medical Student, Meagan Johnson, Named Recipient of Bill Sherman, MD, Memorial Scholarship 2022



The Spokane County Medical Society Foundation is excited to announce Meagan Johnson as the 2022 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 cost to attend leadership training at WSMA's Annual Leadership Development Conference in Chelan, Washington, held on May 20-21, 2022, including travel to and from Chelan and hotel for two nights. WSMA covers the student meeting registration fee.

"I would like to sincerely thank the Bill Sherman, MD, Memorial Scholarship Fund and the Spokane County Medical Society Foundation for affording me the opportunity to attend the WSMA Leadership Development Conference," stated Johnson. "With rapid advances in healthcare, there comes increased complexities in problem solving and interprofessional teams."

These new challenges highlight the importance and impact of healthcare leadership. I enjoyed working with clinicians from a diversity of backgrounds to discuss challenging topics and insights about the future of medicine. I feel the conference helped me better understand my role and important skills needed to build more effective, inclusive, and exceptional teams."

This scholarship is for medical students interested in developing their leadership skills. To be considered, applicants must be a current medical student attending locally. Each applicant was required to provide a maximum of 250 words statement of interest, one letter 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 Foundation Awards AED to Lauren Anderson, Outstanding Paramedic of the Year



Lauren Anderson was honored as outstanding paramedic of the year at the annual awards meeting of the Spokane County EMS and Trauma Care Council on May 10, 2022. He was presented with a certificate for an Automatic External Defibrillator provided by the Spokane County Medical Society Foundation (SCMSF) by board member Travis Prewitt.

The SCMSF provided the AED award to recognize the importance of EMS to the healthcare system in our area and to advance the Verified Responder Program which enables trained off duty healthcare workers to respond to cardiac arrests near their location with personal AEDs. Lauren is a paramedic with Life Flight Network and is the first flight medic to be named outstanding paramedic of the year in our area. ■

- Only projects that support the SCMS Foundation Mission will be considered on a quarterly basis.
- Proposals should not exceed two (2) pages.

DATE SUBMITTED	
SUBMITTED TO	Spokane County Medical Society Foundation
NAME / ORGANIZATION	
CONTACT INFORMATION / MAILING ADDRESS	
NOT-FOR-PROFIT REQUEST (Y/N)	
LIST OTHER FUNDERS	
DOLLAR AMOUNT REQUESTED	

I. PROJECT ABSTRACT & PROGRAM DESCRIPTION

II. DELINEATE HOW FUNDS WILL BE USED

III. HOW DOES THIS REQUEST FULFILL THE MISSION OF THIS FOUNDATION

IV. GOALS, OBJECTIVES & OUTCOME MEASURES (Written report to be submitted for inclusion in The Message within 1 year)

To promote and support the development of future physician and physician assistant leaders within our community, and identify and fund important and innovative projects that advance the health of our community



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Syphilis Cases Increasing in Spokane County – The Importance of Early Testing and Accurate Diagnosis



Kirsten Duncan, MPH, Disease Prevention and Response Program Specialist, Spokane Regional Health District

Kaely Glaze, MPH, Disease Prevention and Response Program Specialist, Spokane Regional Health District

Francisco R. Velázquez, M.D., S.M., Health Officer, Spokane Regional Health District

From 2015 to 2021, syphilis, a sexually transmitted infection cause by the bacteria *Treponema pallidum*, has increased 342% in Spokane County, reporting over 200 cases annually since 2019. Historically, syphilis has primarily impacted a small subset of Spokane County population, men who have sex with men (MSM), but the increase in cases since 2015 has primarily been attributed to heterosexual transmission with a small increase in cases identified in MSM over the same period. Because of this change in risk, Spokane Regional Health District (SRHD) now recommends that any sexually active person be tested for syphilis at least once, and annual screenings should be completed if the patient has new or multiple sex partners in the last year or has been diagnosed with any other sexually transmitted infection. Unfortunately, because of the increase in syphilis in persons with pregnancy potential, Spokane has also reported 23 congenital syphilis cases from 2015-2021. All providers play a role in congenital syphilis prevention. We urge providers to test pregnant patients for syphilis in any care setting if it cannot be determined that they have been tested during the pregnancy. Additionally, all patients should be screened for syphilis at the time of delivery.

Syphilis is known as the “Great Imitator” because the symptoms are frequently mild and often misdiagnosed as more common medical conditions such as dermatitis, aphthous ulcers, or herpes simplex virus. It is common for patients infected with syphilis to have multiple visits with similar concerns over a period of months before an accurate diagnosis is made. A serologic test is the only way to diagnose syphilis, which is then treated with long-acting benzathine penicillin G, also known as Bicillin® L-A. Early detection and treatment are key for reducing the likelihood of transmission to sex partners and neurologic

involvement. Syphilis moves through stages if left untreated, and each stage has a unique set of symptoms that vary in appearance between patients.

Primary syphilis is a local infection that occurs at the site of inoculation between 10 and 90 days after exposure, with a typical incubation period of 21 days. This usually presents as a single, painless, indurated lesion or “chancre” and localized lymphadenopathy near the site of the lesion. These lesions can be anywhere someone has sex including the genitals, mouth, and/or rectum, and are extremely contagious. Occasionally, the primary lesion can have a secondary infection which may cause pain and swelling; more rarely, patients can also have multiple lesions. Common differential diagnoses for primary syphilis include HSV, cellulitis of the genitals, Bartholin’s cysts, and aphthous ulcers. The lesion will heal after three to six weeks if the patient does not receive appropriate syphilis treatment. If tested very early in primary, patients may not have a positive serologic test. If they continue to experience primary syphilis symptoms, retest in two weeks and consider presumptive treatment.

Secondary syphilis is a generalized infection that can impact all systems. Symptoms typically occur about a month after the primary lesion has resolved and can recur for six to eight months. Not all symptoms of secondary syphilis are infectious. See Table 1 for details on secondary syphilis symptoms and common differential diagnoses, listed in order of frequency of occurrence. Although each symptom of syphilis has a “typical” presentation, we urge providers to test for syphilis if a patient has symptoms similar in nature. During this stage, patients may

TABLE 1. SECONDARY SYPHILIS SYMPTOMS

SYMPTOM	DESCRIPTION	LOCATION	DIFFERENTIAL DIAGNOSES
Rash	Non-itchy, faint to dark red or brown papules or plaques Non-contagious	Trunk, extremities, palms, soles	Drug eruption, contact dermatitis, pityriasis rosea, psoriasis, tinea pedis/corporis
Mucous patches	White/gray to red raised patches or erosions Contagious	Mucous membranes, frequently in mouth or genitals	Oral thrush, aphthous ulcers, oral lesions due to broken teeth, balanitis
Condyloma lata	Moist, wart-like lesions can be white, red, or flesh colored with a flat-top appearance. May have an odor. Can grow quickly, large Contagious	Any moist area of the body: genitals, rectum, inner thighs, armpits	Condyloma acuminata, malignant neoplasm
Patchy Alopecia	Patchy hair loss, loss of lateral eyebrows Red plaques similar in appearance to the rash may be visible	Scalp, eyebrows	Alopecia, psoriasis, lichen planus, tinea capitis

also present with flu-like symptoms such as fever, joint pain, fatigue, generalized lymphadenopathy, and sore throat. In secondary syphilis, patients' test results will be positive on both the treponemal antibody test and the non-treponemal rapid plasma reagin (RPR) test. Patients can have recurrent symptoms that change in location, appearance, and severity over a period of months. If you have patients with unexplained recurrent rashes, lesions, or white growths, please test for syphilis.

Latent syphilis, when symptoms are no longer present, but serology is supporting a new diagnosis, can be categorized as early or late. Early latent syphilis, or non-primary/non-secondary early syphilis, is diagnosed in individuals that are not currently symptomatic but meet at least one of the following criteria:

- A. Negative syphilis test in the last 12 months - for individuals with a previous history of treated syphilis OR a four-fold increase in RPR titers in the last 12 months
- B. Symptoms consistent with primary and/or secondary syphilis that have occurred in the last 12 months but resolved prior to exam or test date
- C. Exposure to a partner with primary, secondary, or early latent syphilis
- D. Sexual debut in the last 12 months

If none of those criteria are met, the patient should be staged as late or latent syphilis of unknown duration and treated appropriately. Additional information about appropriate

treatment for each stage of syphilis can be found in the Center for Disease Control and Prevention's (CDC) Sexually Transmitted Infection (STI) Treatment Guidelines, 2021.

Syphilis can infect the central nervous system, eyes, and ears at any stage of infection. Spokane County has observed a concerning increase in early ocular and neurosyphilis starting in 2020, with at least 16 individuals confirmed to have early syphilis, often secondary, and ocular or neurologic involvement. There are no clear risk factors that would make certain patients more susceptible to neurologic involvement, so we are urging providers to screen all patients with a new syphilis diagnosis for neurologic, ocular, or otic symptoms. Early diagnosis and treatment are essential in restoring neurologic deficits caused by syphilis. If left untreated, loss of vision, hearing, or other neurologic functions can be permanent. Here are some questions SRHD recommends you ask to determine if an individual requires additional testing or treatment:

1. Have you recently had new trouble hearing or ringing in your ears?
2. Have you recently had a change in vision?
 - a. Flashing lights?
 - b. Spots that move or float?
 - c. Blurring of vision?
3. Are you having headaches?
4. Have you had memory issues, trouble concentrating, or confusion?
5. Have you had any weakness or numbness in your legs or difficulty walking?

If patients answer yes to any of these questions, they should be referred to the appropriate specialist: ENT, ophthalmology, or neurology. Refer to the CDC's STI Treatment Guidelines for additional information on management of ocular, oto, or neurosyphilis including diagnostic considerations, treatment options and updated follow-up recommendations.

Syphilis is in Spokane County and should be considered as a primary concern if patients present with any symptoms consistent with syphilis infection. Syphilis also has a long incubation period, up to 90 days, so a negative test soon after an exposure may not reflect the patient's true status. If patients test negative but have a known exposure to syphilis in the last three months, they should still be offered empiric treatment to treat an incubating infection before it becomes infectious. SRHD has staff dedicated to intervening in the spread of syphilis through case interviews and contact tracing efforts. They can also assist providers in serology interpretation, staging, and treatment plans. Additionally, SRHD may be able to provide Bicillin® L-A to your facility at no cost to you or the patient. ■



IMMEDIATE OPENING: MEDICAL DIRECTOR

Located near Spokane, Wash., Lakeland Village Nursing Facility and Intermediate Care Facility provides training, education and health care to people with intellectual and developmental disabilities. Join us in transforming lives as the next Medical Director at Lakeland Village, where you'll develop an organizational structure for medical/clinical staff and improve service delivery.

We are looking for professionals with:

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We offer a salary of \$241,000 - \$291,000 annually. Other perks:

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WSMA Leadership Conference – 2022



By Dr. Dawn DeWitt, 2022 SCMS President

Why does leadership development matter? One answer from this conference was – “Good bosses create more wellness than wellness plans do.” – Emma Seppala (Harvard Business Review).

It was my first time attending this conference. It was amazing. I’ve done leadership training before at both UW and Harvard... and this is a topic that keeps popping up as highly relevant. I admit to being, like many people, beset often by more questions and a feeling of imposter insecurity about “leadership.” Having said that, I was positively inspired.

SOME “TAKE HOME LESSONS”

First – CONNECTION and Meaning (your why) are important.

Spokane attendees included Drs. Monica Blykowski-May, Jeff Collins, Clint Hauxwell, Matt Hollon, and Brian Seppi; and Meagan Smith (UW medical student) and Riley Bealer (WSU medical student).

1. Hearing Dr. Tait Shanafelt (a former UW resident) speak was incredible – his life work is changing the way we think about wellness – from doctors as “icons” with isolation and survival

(my training era) to now Wellness 2.0 with an approach that is moving toward healthcare administration and doctors as partners (hopefully without the “what’s the ‘return on investment’” – leading us to improve the system and care for everyone (patients and healthcare professionals).

2. Understand the Levels of Culture (Logan & Rodriguez) – and how to move people from a work culture of “Life Sucks” (level 1), and the really common levels (level 2 = my life sucks; level 3 = “I’m great (and you’re not)” to higher levels (“We’re great” with triads supporting each other) and finally “Life is Great” – with networked triads of people supporting each other. The focus here as leaders moves from “I”-speak to “We”-speak – with lots of listening and the pyramid above.

3. The incredible importance of Diversity, Equity & Inclusion. We had incredible speakers including Professor Edwin Lindo and a panel, including Spokane’s own David Garcia from the WSU Elson S. Floyd College of Medicine. While I know about Mr. Garcia’s national leadership in DEI, his presentation on frameworks and approaches for organizations is well worth reading about if you want to change your organization. Drs. Morales (UW) and Ramos-Diaz (PNWU) provided valuable insights about training, including new state bills requiring training for healthcare professionals, and the benefit of Restorative Justice circles (with stories about how this is being used successfully at PNWU).

SAVE-THE-DATE

Spokane County Medical Society presents

MEDICINE 2022

Friday, September 30, 2022

Watch for details!

MEETINGS/CONFERENCES/EVENTS

SAVE THE DATE! WOMEN IN MEDICINE SYMPOSIUM at Rockwood Retirement Center on Thursday, August 18, 2022, from 6:00 pm to 9:00 pm. This is a unique opportunity for female physicians, residents, fellows, and medical students to hear expert speakers and network at a social event focused on developing evidence-based leadership skills and closing the gender gap in healthcare, hosted by the Spokane County Medical Society. Mark your calendar now!

SAVE THE DATE! SCMS MEMBER MIXER, August 30, Tuesday, 6:00 pm. Watch for details!

SAVE THE DATE! MEDICAL EDUCATION CELEBRATION DINNER, September 29, Thursday. Watch for details!

SAVE THE DATE! SPOKANE COUNTY MEDICAL SOCIETY PRESENTS MEDICINE 2022: Friday, September 30, 2022, Historic Davenport Hotel. Mark your calendar now!

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.

COMPASSIONATE ADDICTION TREATMENT (CAT) SEEKING VOLUNTEER PROVIDERS

I am the medical director for Compassionate Addiction Treatment in downtown Spokane. CAT is a low barrier facility that provides medical assisted treatment with Suboxone for opioid addicted individuals and provides counseling and social services assistance. We are seeking additional volunteer providers that could work 4 hours a week seeing patients. The work is very gratifying, and the staff are dedicated to their mission helping this underserved population to climb back to a normal life. If you are aware of any providers looking for a meaningful volunteer opportunity, please contact me: Michael Mainer, M.D., Medical Director, michael.mainer46@gmail.com, 509-951-3877.

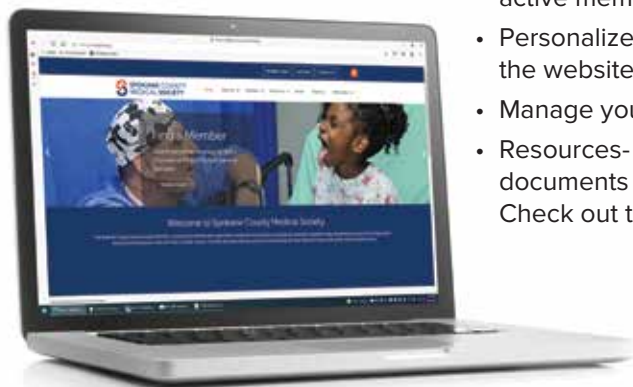
OVEREATERS ANONYMOUS is a free 12 step program for people who wish to stop eating compulsively. If you would like more information, including no cost workshops for your staff, please contact: 509-328-9972. www.oaregion1.org

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SCMS Member Directory

**New SCMS member-only portal,
GrowthZone's The Info Hub!**



- Search the member directory listing - your contact information and our other active members are available in The Hub.
- Personalize your member listing page - your own information page on the website.
- Manage your membership and payments.
- Resources- being part of our association includes access to key sites, documents and other information to help you thrive in our community. Check out the resource area to learn more.



Have Questions? Call Us! (509) 325-5010

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in Washington."**

— provider in Okanogan County