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The Ouachita Medical Society is a service organization of physicians dedicated to the ideal of a community that is mutually beneficial to physicians and patients.

THE SOCIETY COMMITS ITSELF TO THESE GOALS:

- 1** To pursue and maintain access to quality medical care
- 2** To promote public education on health issues
- 3** To provide value to members by the representation and assistance of member physicians in the practice of Medicine

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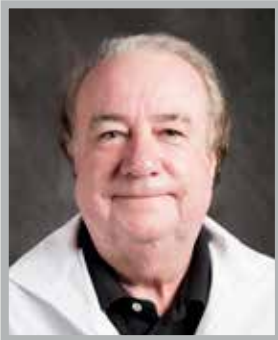
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I AM HONORED TO BE SERVING AS THE PRESIDENT OF THE OUACHITA MEDICAL SOCIETY FOR THE NEXT TWO YEARS. I HOPE TO CONTINUE IN THE LEGACIES OF OUR GREAT PAST PRESIDENTS. A SPECIAL “THANK YOU” TO DR. MARTY LUTHER FOR HIS SERVICE OVER THESE LAST TWO YEARS.

With your help, we can continue to grow the membership of our society. I would like to welcome Dr. Mike Belue of Ruston, who has recently become a member. We hope to have more from the Ruston area join our membership. I would also encourage our current members to reach out to the newer physicians in our community.

Our fall meeting at Bayou DeSiard Country Club on “Physician Burnout” was well attended. We thank Brentwood Hospital for sponsoring the event. I would also like to thank Dr. David Boyle, PhD. and Dr. Katheryn Kennedy for their input on some of the problems that we, as physicians, face on a daily basis. We have an exciting schedule of upcoming events planned! The Christmas party, to be held at the home of Dr. Amber Shemwell, is scheduled for December 6th. It is always a fun event. Also, the Oyster Party, another highlight of the year, will again be at Bayou Landing on February 28, 2019, so mark your calendars! As always, spouses are welcome at all of our meetings and parties. Members and their spouses are encouraged to bring a guest to the Oyster Party.

Any physician interested in being a Delegate to the Louisiana State Medical Society House of Delegates meeting January 25-26, 2019 in Lake Charles should contact Jennifer Mills at the OMS office.

Because it is such an important subject, physician burnout was the topic for our Fall General Meeting as well as the subject of this issue of The Hippocratist. You can find more details on burnout along with a list of resources on page 8. I would like to thank our contributing authors, Dr. Ralph Asbury, Dr. Cynthia Brown-Manning, Dr. Erin Breard, and Dr. Mina Wilson for their time and effort in contributing to this issue.

Dr. H.G. “Vau” Taliaferro

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PHYSICIAN BURN OUT

Dr. H.G. “Van” Taliaferro, MD
Otolaryngology, Affinity Health Group:
Ear, Nose & Throat Clinic



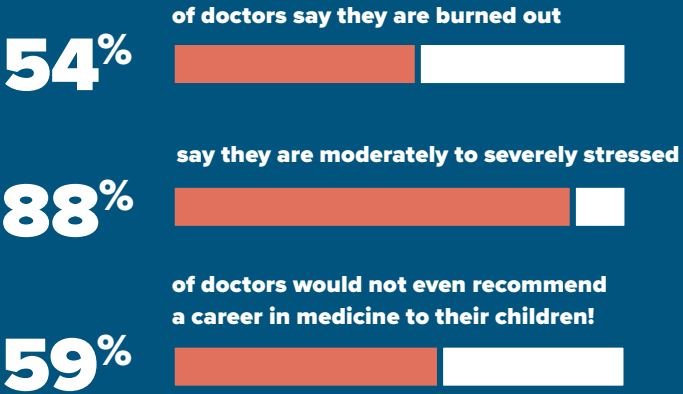
PHYSICIAN BURNOUT IS DEFINED AS:

- Emotional exhaustion (tiredness, somatic symptoms, decreased emotional resources, and a feeling that one has nothing left to give to others) is used to describe a state of feeling emotionally overextended and exhausted by their work load.
- Depersonalization describes negative, cynical attitudes and impersonal feelings towards patients, which results in treating them like objects.
- Reduced personal accomplishments denote feelings of incompetence, inefficiency and inadequacy.

BURNOUT LEADS TO:

- Lower patient satisfaction
- Higher risk for medical errors, increase malpractice risk
- Higher employment turnover, cutting back hours or fully trained physicians leaving practice
- Mental illness: depression, anxiety, sleep disturbances, fatigue
- Family disturbances and broken relationships
- Risk for substance abuse and addiction
- Suicidal thoughts

It’s no surprise that physician burnout and distress has intensified over the last decade. Growing administrative demands and distractions in our complex healthcare system conflict with how physicians want to provide care, and contribute to alarming rates of physician burnout and potentially compromising patient safety.



Many physicians struggle with how to recover from emotional exhaustion... cynicism... depersonalization... lack of efficacy... and just return to a place where practicing medicine is meaningful and joyful.

On average, one doctor in the United States takes their own life every day. This concerning statistic has emerged from a new study looking into the number of suicides among medical professionals in the U.S., who are thought to have the highest suicide rate of any profession. New research shows the number of doctor suicides (28-40 per 100,000) is more than twice that of the general population. These findings were presented at the American Psychiatric Association 2018 annual meeting.

Several County Medical Societies around the country have put together wellness programs for their members. One of the first was the Lane County Medical Society

of Eugene, Oregon, where multiple physician suicides in a short period of time stimulated them to take action. They formed a local behavioral health network and a physician help hotline based on confidentiality, time constraints, no reportability and no association with third parties or insurance. Psychologist, psychiatrist and physician coaches who understand physician issues were vetted and engaged to be available in the network.

Although an undertaking of this magnitude is beyond our capabilities at this time, we have put together the following list of help available to physicians in our area. We are planning on having this information available on our website. We are also talking to area psychiatrists and psychologists to enable physicians to get help on a confidential basis. The Louisiana State Medical Society, The Physicians Health Foundation, and LAMMICO are all considering ways to address this problem. 🙏

RESOURCES ON PHYSICIAN BURNOUT

LOCAL EMPLOYER PROGRAMS

- LSU Health, University Health Conway**
- Marty Luther, MD and David Boyle, PhD, Family Therapy have set up a wellness/ burnout prevention program for Family Practice Residents at LSU Health
 - Dr. Boyle is available for counseling for Faculty and Staff and also sees private patients
 - Call (318) 330-7600 for appointments

- Affinity Health Group / Vantage**
- Employee Assistance Program addressing emotional health and mental well-being.
 - Services are completely confidential and are FREE to employees and family members:
 - Up to 3 face-to-face counseling sessions per employee/ household member per year
 - Unlimited, 24/7 phone consultations with master’s and doctoral-level counselors
 - Comprehensive website that includes articles, videos, etc.; additionally, individuals can chat online with an EAP Consultant or email an EAP Counselor
 - Contact Lynne LeBlanc (318) 998-3261 or lleblanc@vhpla.com
 - www.guardiananytime.com/gafd/wps/portal/fdhome/employees/value-adds/employee-assistance-program

IN PERSON PRESENTATIONS

- LAMMICO**
- Four presentations a year titled “Provider Well-Being: Burnout Strategies for Success”
 - Last session was in Shreveport on 9/6/2018
 - www.LAMMICO.com/lectures?schedule=20

PHONE

- Brentwood Hospital in Shreveport, LA**
- Available 24/7: 1-877-678-7500
- National Suicide Prevention Lifeline**
- Available 24/7: 1-800-273-TALK (8255)

OTHER

- American Medical Association – Steps Forward Practice Improvement Strategies**
- Online education module addressing common practice challenges and preventing physician burnout.
 - www.stepsforward.org

- Louisiana State Medical Society – Healthcare Professionals Foundation of Louisiana**
- Primarily for substance abuse, without involvement of the Louisiana State Board of Medical Examiners.
 - (225) 291-6000

- Healthcare Professionals' Foundation of Louisiana – Professionals' Health Program (HPFL PHP)**
- (888) 743-5747
 - Accepts self referrals and referrals from others on a confidential basis.

- Other**
- <https://support.TheHappyMD.com/burnout-proof-app> (mobile app)
 - www.TheHappyMD.com
 - www.HelpGuide.org/articles/stress/burnout-prevention-and-recovery.htm
 - www.StressRemedy.com/resources-for-primary-care-providers/
 - <https://www.AAFP.org/membership/benefits/physician-health-first.html>



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STRATEGIES FOR PHYSICIAN BURNOUT PREVENTION

Erin Robinson Breard, MD
Family Practice, Family Doctors of NELA - North

Being in the early stage of my career, I can hardly speak on physician burnout from my years of experience. However, having recently completed medical school and residency, it's easy to see why burnout is such a prevalent issue.

The medical training regimen is all-consuming, and physicians are trained boot-camp style to push themselves mentally and physically, regularly seeing patients while on little to no sleep, spending long hours at the hospital with very limited free time. There is no work life-balance--and don't you dare discuss it or you'll be effectively shunned.

These lessons ingrained in our training seem to set us up for burnout later on.

Yes, this schedule can be sustained for short periods, but everyone knows how burnout feels by the time they finish residency: fatigue, inefficiency, loss of compassion toward patients, and a generally negative attitude.

How does one in my position, early in her career, prevent burnout?

A brief review of the literature can be distilled down into two recommendations: work less and compartmentalize.

familiar with the strain, the fatigue, how everything seems a little more irritating. I've noticed I don't experience those symptoms with regularly scheduled time off, and I maintain my efficiency. It's a proactive approach, instead of waiting for burnout to set in before taking an overdue (and now completely necessary) vacation.

In order to compartmentalize, I have a rule to not talk about work when I get home in the evening. I leave work in the evening, decompress on the drive home, then arrive at home with the intention to clear my mind until the following morning.

A BRIEF REVIEW OF THE LITERATURE CAN BE DISTILLED DOWN INTO TWO RECOMMENDATIONS: WORK LESS AND COMPARTMENTALIZE.

These ideas are intuitive, but what are the practical applications?

For me, working less translates into taking vacation time throughout the year. We've all had times when we did not do this, pushing through for long periods of time without a break. However, I think this is ultimately detrimental to long-term productivity, not to mention overall well-being.

One thing I've done is to schedule my vacation time in advance, giving myself a break every three to four months--generally taking two or three weeks off during the year, with several long weekends sprinkled in. I have reaped the benefits of my vacation time even before it starts--having something to look forward to does

wonders for my outlook.

The anticipation of a break helps me stay positive in the preceding weeks. Then taking a week away from work (and not thinking about medicine) helps me hit the reset button on my brain.

While I cannot say I always feel refreshed after a week off--sometimes it's hard to get the wheels cranking again--the effect is most noticeable when the opposite situation occurs. Anyone who has gone many months without a break will be

A 2015 American Family Physician article on physician burnout likened this strategy to a familiar scene from Mister Rogers' Neighborhood. He walks through the door, takes off his jacket, puts on his sweater, changes his shoes, then sings about the beautiful day in the neighborhood. (I'm not sure this is how I appear after a day's work, but the concept is similar.)

I do not currently take home call, but I can imagine that taking call ensures many physicians "take their work home," not able to fully turn off that part of the brain and relax.

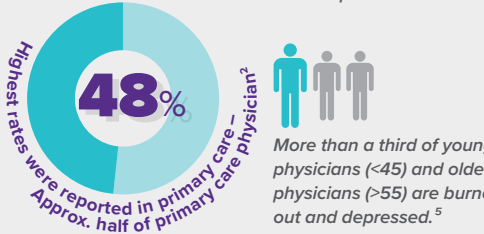
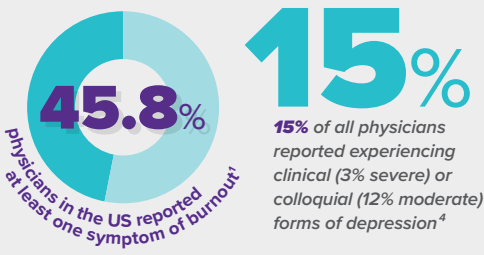
Demanding call schedules and the resulting inability to compartmentalize surely have played a key role in the demise of round-the-clock primary care in the twenty first century. While some of my older patients still complain that I will not be seeing them while admitted to the hospital, I assure them that, for me, staying in clinic helps me provide them with better, more consistent care. What is unspoken is that the regular hours and single practice location help me get home at a decent hour, get a good night's rest, and generally keep me mentally refreshed. It's a good fit for me.

My plan is to cultivate a life outside of work that will help me recharge. My hope is that I will continue to evaluate my life for modifiable issues that can lead to physician burnout. †



PHYSICIANS IN AMERICA

Burnout Overall Stats

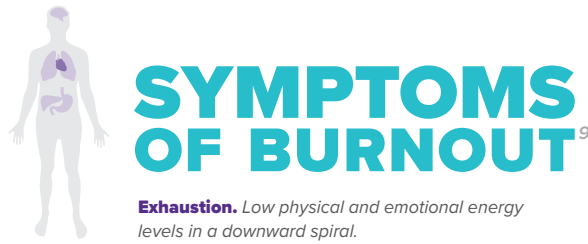
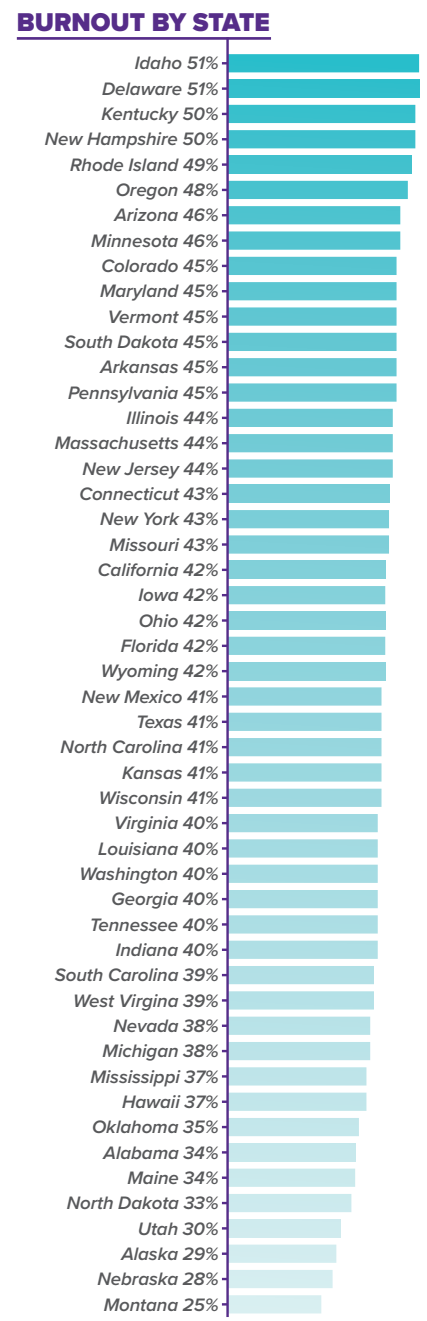
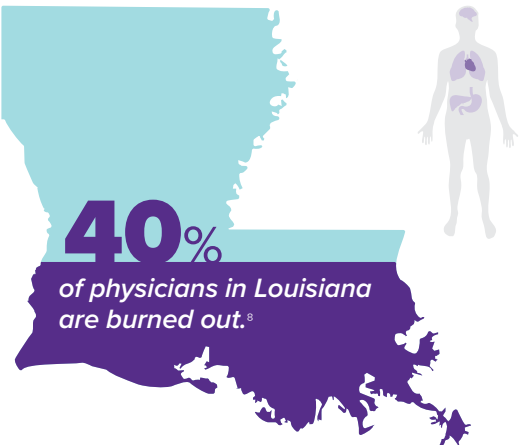
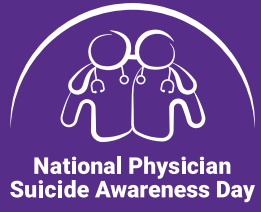


The United States health care industry could suffer a loss of \$17 billion each year to physician burnout alone.⁶

96% of executives, clinical leaders, and clinicians agree that physician burnout is a serious or moderate problem in the health care industry⁷

The third Monday in September is National Physician Suicide Awareness Day.

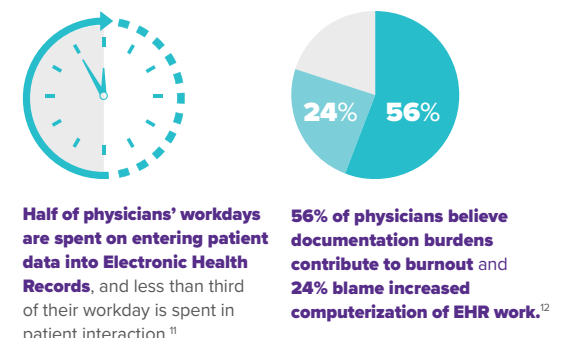
PHYSICIAN BURNOUT IS AN EPIDEMIC!



Exhaustion. Low physical and emotional energy levels in a downward spiral.

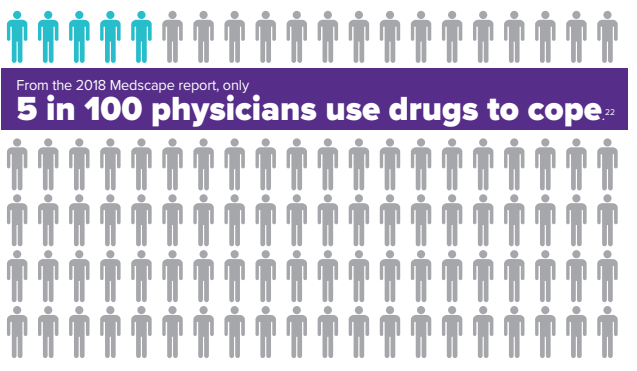
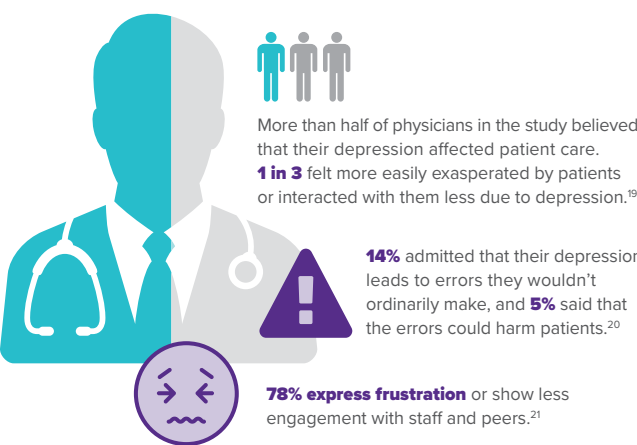
Depersonalization. This is signaled by cynicism, sarcasm, and the need to vent about your patients or your job. This is also known as “compassion fatigue.” At this stage, you are not emotionally available for your patients, or anyone else for that matter.

Lack of efficacy. You begin to doubt the meaning and quality of your work and think.



Results of Burnout FACTS/STATS

According to Medscape's 2017 Physician Compensation Report, most physicians (59 percent) spend between 13 and 24 minutes with each patient. So that means the average visit is about 19 minutes.¹⁸



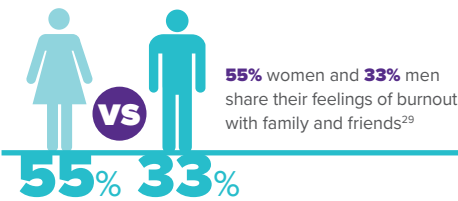
PHYSICIAN FEARS AND SUICIDE STATS



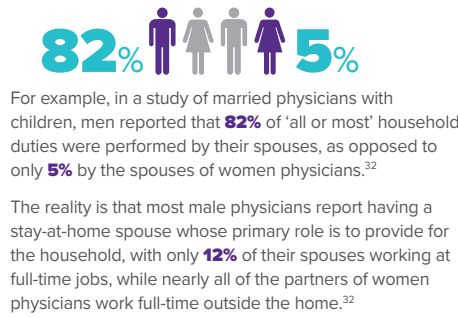
In 2007, a nationwide study of licensing procedures in medicine found that “40 of the state licensing boards directly asked about mental-illness diagnosis and treatment, 20 asked about impairment due to mental illness, and 20 asked about diagnosis, outpatient treatment, or hospitalization.” **This means fears about stigma and discrimination from medical licensing boards influence whether one is deemed capable to practice or not. Therefore, mental health honesty is disadvantageous if they want to practice.**²⁴



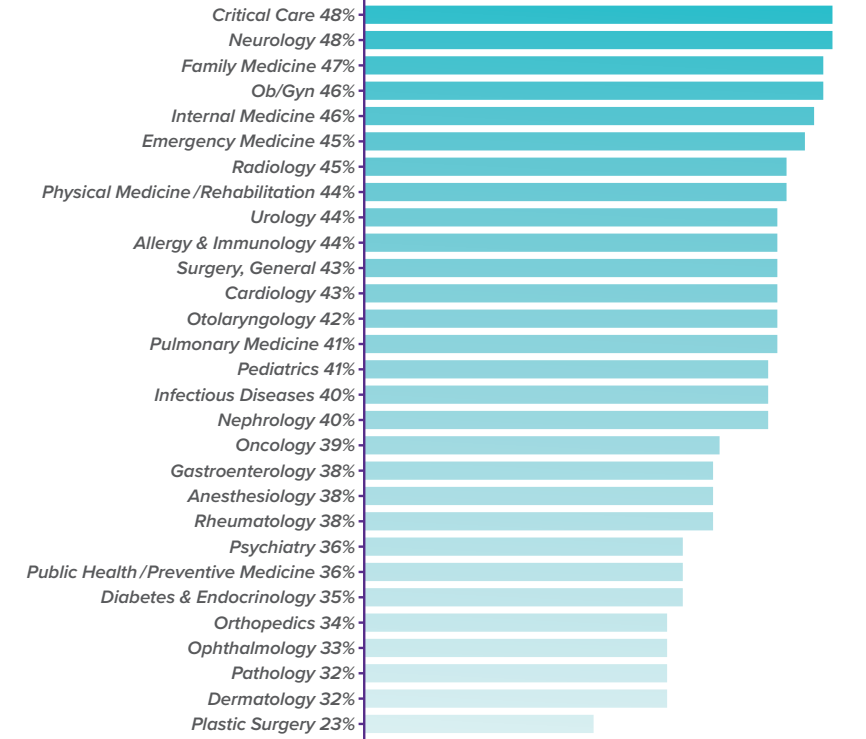
How it affects relationships: MALE VS. FEMALES



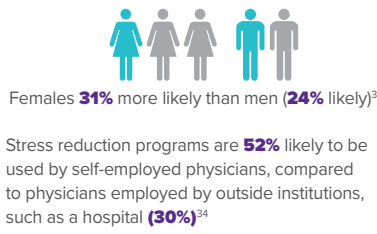
To provide support and encourage a unified effort, spouses and families of physicians can also participate in activities that encourage mindfulness and other health and wellness related activities³⁰



BURNOUT BY SPECIALTY



Seeking Help Stats—National Suicide Prevention Lifeline,
1-800-273-TALK (8255)
Brentwood Hospital in Shreveport, Louisiana has a hotline available for 24/7:
(318) 678-7500



For older physicians, the key to less burnout is to work part time before retirement years, interact more with young minds.³⁵



F.D. MISTRY LEGACY SCHOLARSHIP

SCHOLARSHIP

Congratulations to Dr. Mina Wilson and Dr. Rhiju Poudel

The Ouachita Medical Society awarded two PGY2 University Health-Conway Residents with monetary scholarships. The monetary prize may be used completely at the discretion of the winners. The winners were announced and awarded at the September OMS General Meeting.

1st Prize Winner
\$1000
Dr. Mina Wilson

2nd Prize
\$500
Dr. Rhiju Poudel



OUACHITA MEDICAL SOCIETY GENERAL MEETING

On Thursday, September 15th, members of the Ouachita Medical Society and their spouses enjoyed an evening at Bayou Desiard Country Club. Dr. Kay Kennedy and Dr. David Boyle, PhD spoke on physician burnout. Marty Luther, MD not only “passed the gavel” of OMS Presidency to Van Taliaferro, MD, but he was also the lucky winner of the evening’s door prize: a “Pamper the Physician” spa and relaxation package for 2, valued at over \$500!

Special thanks to our meeting’s sponsor, Brentwood Hospital!



BURNOUT INFOGRAPHIC STATS

1. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5628039/>
2. <https://www.medscape.com/slideshow/2018-lifestyle-burnout-depression-6009235>
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30. <https://cdn.coverstand.com/32550/426235/92bc8de25e144075ba2b8f60b58c9f9dc729a5022.2.pdf>
31. <https://www.medscape.com/slideshow/2018-lifestyle-burnout-depression-6009235>
32. <http://www.medicaleconomics.com/medical-economics-blog/marriage-children-cause-more-burnout-female-physicians>
33. <https://www.medscape.com/slideshow/2018-lifestyle-burnout-depression-6009235>
34. <https://www.medscape.com/slideshow/2018-lifestyle-burnout-depression-6009235>
36. <https://wire.ama-assn.org/life-career/report-reveals-severity-burnout-specialty>

UPCOMING EVENTS



Christmas Party

Thursday, December 6 at 6:30 p.m.
Home of Clay and Amber Shemwell – 2805 Pargoud Blvd., Monroe



2019 LSMS House of Delegates Meeting

January 25-26, 2019
L'Auberge Casino Resort, Lake Charles



Mardi Gras Oyster Party

Thursday, February 28, 2019 at 6:30 p.m.
Bayou Landing – 7805 Desiard Street, Monroe

www.ouachitams.org

for the most up-to-date information

*dates/times subject to change-check

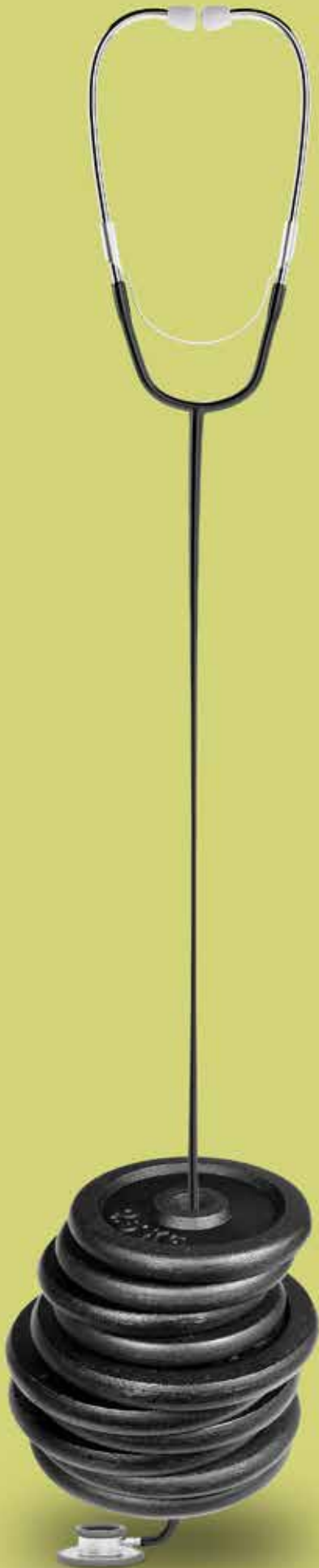
THE WEIGHT OF PHYSICIAN BURNOUT

Ralph G. Asbury, MD

General Surgery and
Emergency Medicine, Retired

I never would have thought that “Physician Burnout” would be the main topic of an issue of the OMS Hippocratist , but I believe this has developed as a major problem throughout the United States. At our last OMS general meeting, Dr. Kay Kennedy from Shreveport gave an excellent overview of this topic, including the results that 46% of all physicians in large surveys felt burned out, depressed, or both. Doctors in the U. S. have the highest suicide rate of any profession, and this rate is three times that of the general public.

**WE LOSE 400 PHYSICIANS
PER YEAR TO SUICIDE,
AND AN ESTIMATED 50 TO
100 MEDICAL STUDENTS
PER YEAR TO SUICIDE.**



I expect that most of us knew from the beginning that medical school, residency, and the practice of medicine would be difficult and at times overwhelming, but that is what we all wanted to accomplish. I will never forget the first week of my internship when I experienced an episode causing “early burnout”. My first rotation starting on July 1 was cardiovascular surgery, and I inherited 20 patients already in the hospital. The 1st year resident who was supposed to monitor and teach me was coming from another hospital, but he was not able to arrive until August 1. I did get some help from the 6th year resident, but he was in surgery most of the time. On the third day I was finishing rounds at about 10:00 pm, and a transfer patient from Portugal arrived for admission. He was from New Orleans, but was working overseas on an off shore oil rig when he fell and had severe trauma six weeks prior to being transferred home. His records, including medications, were mostly in a foreign language which would be translated around 9:00 am. I spent an hour getting his history and doing a complete exam. I went home at midnight, returned to make rounds at 5 am, and began surgery at 7 am. I was in one room starting to

open a patient’s chest, and the staff surgeon and 6th year resident were finishing another patient in the room next door. A code blue alert suddenly came over the intercom, and the patient was the one I admitted nine hours earlier. CPR was done as he was moved to the O.R. The staff surgeon opened his chest, and the patient had a saddle pulmonary embolus which had caused sudden death. The staff surgeon then came into our room yelling that I had killed the patient because I did not give him a dose of Coumadin at midnight. He then quickly left the room, and the anesthesiologist and surgical nurse immediately came to my rescue and reassured me that I had not caused his death. The embolus was old and did not have any sign of fresh clot present. The Coumadin that the patient received the day before would still be active for several days, and a dose given at midnight would not have changed the embolus breaking loose. The staff surgeon knew that also but never apologized for the way he treated me. It took me days to recover, and I promised myself that I would never treat anyone that way whether dealing with another doctor, nurse, orderly or nurse aide. I have kept my promise.

**THE STAFF SURGEON THEN CAME INTO OUR
ROOM YELLING THAT I HAD KILLED THE
PATIENT BECAUSE I DID NOT GIVE HIM
A DOSE OF COUMADIN AT MIDNIGHT.**



My clinical practice in Monroe and West Monroe started in 1979 and included 24 years as the emergency department director at GRMC, and then 10 years at the outpatient wound care clinic at Cornerstone Hospital. I also served as Chief of Staff at GRMC from 1988-1989, and OMS President in 1991. I have been medical director of NLPHO from 2006 until present. As I consider reasons why physician burnout has increased over the years, I would include these four areas:



Electronic medical records have some advantages, but also can cause problems. The doctor/patient relationship can suffer because the doctor spends more time on the computer than talking with and facing the patient. Input errors can also occur, such as a patient with a leg amputation who was sent to me, and the EMR reported normal neurovascular exam in all 4 extremities. It is thus necessary when shifts change in the ER or change for hospitalists that the two doctors involved should have verbal exchange about each patient rather than trust the EMR only.



Malpractice insurance premiums continue to rise, and claims can be devastating for the physician. It would be much better if medical experts would judge on claims rather than a jury with some members who do not understand the material presented. Also many malpractice lawsuits have no merit. I served on multiple three-physician panels under the Louisiana patient compensation fund, and 85-90% of the cases were felt to be frivolous by all three physicians.




Patient satisfaction surveys have caused significant problems for many good physicians. Press Ganey Associates started this process in 1988, and several years later GRMC adopted it and applied it to the emergency department. Some of the payments to ER physicians were reduced based on monthly results from patient surveys. Some patients have unrealistic expectations and have already “diagnosed” themselves online. A good physician must explain why a child with a viral URI should not receive antibiotics, even though mom demands a penicillin shot and oral antibiotics to follow. Of course she will give the physician a low survey score. The same problem exists nationwide with the opioid crisis. If the physician determines that an opioid is not necessary, the patient will give a low score on the survey. The same low score occurs if the doctor refuses to order a test demanded by the patient which is not necessary.







Many private practices are not able to afford the numerous expenses which have evolved because of government regulations and advanced technology needs. Some doctors will retire early, and others may sell their practice and become an employee. Some of those doctors will feel burnout because of low patient satisfaction scores or requirements of how much time they can spend with each patient.

SO HOW DO WE REDUCE PHYSICIAN BURNOUT?

There is no quick or easy answer to that question. I recommend that you would be a warm, compassionate and caring friend for your colleagues so they will discuss their problems with you, and even call you in the middle of the night if depression suddenly increases. I will end by saying that Sam Walton was wrong in his quote “There is only one boss at Walmart - the customer”, and will also tell Press Ganey Associates that patients are not always right, and some of them will make false accusations about their doctor. 🙏



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Oyefara, Benjamin Iyiola - MD
Zambie, Michael - MD

Anatomic Pathology

Geisler, James W. - MD

Anesthesiology

Batareseh, David T. - MD
Beebe, Johnathan L. - MD
Clark, Hannah - MD
Ellis, Ronald L. - MD
Gates, Gordon D. - MD
Hendrick, Robert S. Jr. - MD
Herman-Ferdinandez, Lilantha - MD
McIntosh, Charles A. III - MD
McKnight, Denise Elliott - MD
Spence, John W. - MD
Stage, Rosemary - MD
Travis, Joe T. - MD
Warren, Philip - MD
Wetzel, Ezekiel - MD
Yumet, Luis A. - MD

Cardiac Anesthesiology

Guiab, Robin L. - MD

Cardiology

Causey, Percy T. - MD
Saad, Marc N. - MD
Sampognaro, Gregory C. - MD

Cardiology/Electrophysiology

Manrique-Garcia, Alvaro F. - MD

Cardiovascular and Thoracic Surgery

Donias, Harry - MD

Cardiovascular Diseases

Barrow, Emile A. Jr. - MD
Caskey, David Melton Jr. - MD
Koepke, Ronald P. - MD
Napoli, Mark C. - MD
Rittelmeyer, James - MD

Clinical/Laboratory Medicine

Walters, Kermit L. Jr. - MD

Dermatology

Altick, James Arthur Jr. - MD
Hopkins, Janine O. - MD

Diagnostic Radiology

Barraza, J. Michael - MD

Emergency Medicine

Asbury, Ralph G. - MD
Guillory, Clinton C. - MD
Twitchell, Daniel W. - MD
Najberg, Christopher J. - DO
Williams, Norman B. - MD

Family Practice

Abraham, Ralph Jr. - MD
Anders, Kerry - MD

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Beard, Barbara - DO
Breard, Erin Robinson - MD
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Calhoun, Brian K. - MD
Dahal, Ruma - MD
Daniel, Warren A. Jr. - MD
Depa, Sreekanth R. - MD
Donald, Albert - MD
Ellerbe, William Michael - MD
Elliott, Clyde E. - MD
Ghanta, Sumatha - MD
Givler, Amy M. - MD
Givler, Donald N. Jr. - MD
Green, Gregory R. - MD
Guinigundo, Noli C. - MD
Gujjula, Rajesh - MD
Hayward, Michael Sr. - MD
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Jones, Tammy - DO
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McMahan, Steven H. - MD
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Metoyer, Kenneth Paul Jr. - MD
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Momah, Tobe - MD
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Oglesby, Leslie - MD
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Sharma, Gyanendra - MD
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Sunkireddy, Nandini - MD
Thapa, Trishna - MD
Tirumaniseti, Pavana Naga
Gopi Krishna - MD
Uprety, Subodh Bhakta - MD
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Woods, Ronald - MD
Wootton, James Leonard III - MD
Yarbrough, David - MD
Yembe, Enaka M. - MD

Gastroenterology

Coon, Clayton C. - MD
McHugh, J.B. Duke - MD, PhD
Richert, Arthur E. - MD
Seegers, Robert - MD
Smiarowski, John S. - MD

General Surgery

Alley, Jo Ann - MD
Clay, Roy Jr. - MD
Cummings, Russell O. Jr. - MD
Ferguson, William T. - MD
Liles, William Bartling - MD
Long, Stephenie R. - MD
Minor, Claude B. - MD
Sanfiel, Francisco J. - MD
Sartor, Walter M. - MD
Smith, James Patrick - MD

White, Robert K. - MD
Zizzi, Henry C. - MD

General Surgery/
Bariatric Surgery

Marx, Daryl S. - MD

General Surgery/
Vascular Surgery

Sartor, Frank B. - MD

General Surgery/Wound Care

Lolley, Russell T. Jr. - MD

General, Thoracic &
Vascular Surgery

Rizzo, Frank P. Jr. - MD

Gynecology

Bryan, David G. - MD
Clark, Dellie H. Jr. - MD
Hall, Peyton Randolph III - MD
Jackson, Phyllis Gwenn - MD
Williams, Adrienne M. - MD

Internal Medicine

Adams, Alyce - MD
Cavell, Richard M. - MD
Ewing, Robert C. - MD
Ford, Ladonna - MD
Hammett, Donald - MD
Harter, Herschel - MD
Hebert, David A. - MD
Joyce, Charles B. Jr. - MD
Koirala, Prashanta - MD
Lawson, Michael R. - MD
Mason, Charles - MD
Matthews, William - MD
Morgan, Charles G. Jr. - MD
Navarro, Priscilla J. - MD
Olinde, Kurt D. - MD
Ponarski, Roland - MD
Rangaraj, Uma - MD
Rodgers, Julia S. - MD
Sampognaro, Michael J. - MD
Shroff, Pankajrai S. - MD
Smith, Richard D. Jr. - MD
Smith, William D. Jr. - MD
Thadur, Anuradha R. - MD
Turpin, Corbin J. Jr. - MD

Internal Medicine
+ Pulmonary and
Sleep Medicine

Irby, Marshall S. - MD

Internal Medicine-Pediatrics

Bruyninckx, Kyle B. - MD

Interventional Cardiology

Homan, David - MD

Neonatal Perinatal Medicine

Payne, Carmen Sanudo - MD

Nephrology

Anumele, Nkeekam - MD
Archie, Michael W. - MD
Hand, Michael R. - MD
Lee, Frederick B. - MD
O'Donovan, Richard M. - MD
Yount, Nelson - MD

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Greer, Carlton Russ - MD

Neurology

Boykin, Michael E. - MD
McCarty, Garland Edward - MD
Olinde, Melanie P. - MD
Thompson, Lowery - MD

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Alvernia, Jorge - MD

Nuclear Radiology

Wilder, William M. - MD

OBGYN/Phlebology

Belsom, William B. - MD

Obstetrics/Gynecology

Armstrong, Rafael B. - MD
Caire, Michael J. - MD
Coffman, Leslie R. - MD
Gullatt, Erin M. - MD
Hunter, Tonya Hawkins - MD
Klug, Sara J. - DO
LeBleu, Laurie - MD
Lee, Won S. - MD
Luther, Sherry G. - MD
Pennebaker, Dawn W. - MD
Petty, Laura Rush - MD
Shemwell, Amber - MD
Smith, J. Wayne - MD
Truly, James A. - MD
Tugwell, Terence R. - MD
Wilson, Jason B. - MD

Oncology/Hematology

Barron, Scott Morris - MD
Gammage, Coy W. - MD

Ophthalmology

Barron, Joseph - MD
Cooksey, John C. - MD
Haik, Raymond E. Jr. - MD
Humble, Joseph Elgin - MD
Parker, Thomas Guy Jr. - MD
Read, W. Jason - MD

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Bailey, Myron B. Jr. - MD
Bailey, Sidney L. - MD
Brown, Douglas C. - MD
Bulloch, R. Brian - MD
Counts, Jeffrey R. - DO
DeGravelle, Martin J. Jr. - MD
Dona, Grant - MD
Gavioli, R. Louis - MD
Graves, White Solomon IV - MD

Hand, Charles R. - MD
Houseworth, Stephen W. - MD
Liles, Douglas N. - MD
McClelland, Scott K. - MD
Nipper, Elliott - MD
Sirmon, Kristopher C. - MD
Soeller, Clemens E. Sr. - MD
Spires, Timothy Davenport Jr. - MD
Spires, Timothy Davenport Sr. - MD
Taylor, Randolph H. - MD
Trettin, David M. - MD

Otolaryngology

Barham, Wilson - MD
Danna, Lawrence - MD
Fields, Thomas H. Jr. - MD
Metts, Brent A. - MD, PhD
Mickey, Lauren - MD
Miller, Lee A. - MD
Norris, Joel W. - MD
Taliaferro, Henry Van Jr. - MD

Pain Management

Forte, Vincent R. - MD
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Ledbetter, John - MD

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Armstrong, John - MD
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Blanchard, Stephen P. - MD
Elias, Abdalla L. - MD
Liles, William Jerome Jr. - MD
Nawas, Soheir - MD
Pankey, Lee R. - MD
Wright, Howard W. III - MD

Pediatric Cardiology

King, Terry D. - MD

Pediatric Medicine

Bimle, Cynthia P. - MD
Bivens, Marilyn G. - MD
Bodron, Milhim A Jr. - MD
Bulloch, Russell H. - MD
Soler, Marc De - MD
Dyess, Bonita H. - MD
Eason, Margot Bell - MD
Everist, Jane - MD
Fichter, Elaine - MD
Grino, Marie Michelle - MD
Jones, Shelley Coats - MD
Malmay, Kim - MD
Ricks, Barry - MD
Rosales, Joaquin - MD
Yusuf, Munira Abdullah - MD
Zukowski, Nancy Lynn - MD

Pediatrics

Stanley, Gary - MD

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Physicial Medicine /
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Morstead, Rolf Daniel - MD
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Antrobus, Stephen David - MD
Mickel, Timothy - MD
Worthen, Eugene F. - MD

Psychiatry

Ragsdill, Roy - MD
Robertson, Gerald M. - MD
Walker, Calvin Cecil - MD
Zentner, Scott David - MD

Pulmonary Diseases

Gullatt, Thomas - MD
Hammett, Ronald F. - MD
Maran, Antti G. - MD

Radiation Oncology

Bland, Ross E. - MD

Radiology

Abraham, Ralph III - MD
Broyles, Michael - MD
Davidson, Dan B. - MD
Davis, John A. - MD
Erikson, Christopher J. - MD
Golson, Robert - MD
Green, Warren J. - MD
Halsell, E Anne - MD
Halsell, Robert David - MD
Hollenberg, Henry - MD
Pate, Steven - MD
Worley, Emery E. II - MD
Yatco, Reynaldo - MD

Rheumatology

Hull, John E. - MD
Mallepalli, Jyothi R. - MD
Robicheaux, Rochelle - MD

Therapeutic Radiology

Zollinger, William D. Jr. - MD

Thoracic Surgery

Borders, Blaine - MD
Jones, Thomas - MD

Urological Surgery

Humble, Robert Lee - MD

Urology

Cage, John M. - MD
Dean, Odell J Jr. - MD
Edgerton, Edwin III - MD
Johnson, Jon B. - MD
Liles, Arthur - MD
Liles, William B. - MD
Marx, Don F. - MD
Marx, Robert - MD
Rutland, Edward - MD

NEW MEMBERS

WELCOME NEW MEMBERS

WHO JOINED THIS YEAR

Elliott Nipper, MD

Orthopedic Surgery

North Louisiana Orthopaedic and Sports Medicine Clinic

1501 Louisville Avenue,Monroe, LA 71201

Christopher J. Najberg, DO

Emergency Medicine

St. Francis Medical Center

309 Jackson Street, Monroe, LA 71201

J. Michael Belue, MD

Family Practice

Belue Family Clinic

707 S. Vienna Street, Ruston, LA 71270

Leslie Oglesby, MD

Family Practice

University Health Conway

4864 Jackson Street, Monroe, LA 71202

Erin Robinson Breard, MD

Family Practice

Family Doctors of NELA - North

2995 Sterlington Rd, Ste A, Monroe, LA 71203

Clinton C. Guillory, MD

Emergency Medicine

Affinity Health Group: Walk-In Clinic

2408 Broadmoor Blvd, Ste 2, Monroe, LA 71201

Erin M. Gullatt, MD

Obstetrics/Gynecology

The Woman's Clinic

312 Grammont Street, Ste 300,Monroe, LA 71201

A DAY IN THE LIFE OF A RESIDENT

Mina Wilson, MD
Family Practice Resident, Ochsner LSU Health – Monroe

- 102 DAYS SINCE HIS LAST VACATION
- 29 DAYS SINCE HE VISITED FAMILY
- 16 DAYS SINCE HE WORE ANYTHING OTHER THAN SCRUBS
- 13 DAYS SINCE THE LAST HOME-COOKED MEAL
- 10 DAYS SINCE HIS LAST DAY OFF
- 2 MORE AHEAD

It is 5:30 on a cold December morning. Adam, a general surgery resident at a renowned university hospital, just got out of shower. He still remembers his Match Day as he was opening that envelope to find out not only where he matched, but also where he will be spending the next 5 years of his life. The excitement, the passion, the enthusiasm have faded somewhere between that day and today as he is wrapping up his first year of residency. He puts his jacket on top of his blue scrubs. The cold air hits his face as he tries to run his patient list in his mind. “Take the drain out of this open cholecystectomy. Check the wound on this laparotomy.” He gets on the empty subway train as he takes out an expired 2.0 Vicryl from his pocket and automatically ties it down on the side rail. He closes his eyes and ties one surgical knot after the other as fast as he can, maybe one day he will come across the same subway train with an old knot he made.

As he is getting off the train, he checks his texts and emails. He missed his niece’s birthday yesterday as he was in the OR. He needs to let his parents know he is OK. He hopes he can get off a little early today so he can buy groceries. His fridge has nothing inside but a few bottles of water. He exits the elevator on the 6th floor, the med/surg floor that holds the sickest patients in the hospital. He greets his co-residents and prints out a list of patients he will be responsible for today. “Just the North Wing today. Looks like I might get out of here early after all,” he thinks to himself. He checks the charts in the computer quickly, and starts to round on his 18 patients.

When he enters each room, he puts a smile on his face, raises his voice a little to sound enthusiastic instead of exhausted. He greets each patient, asks them how was the night, then asks about more specific things. “Did you have a bowel movement?” “Did you see any blood in the stool?” He examines them then proceeds to explain the current plan for the day with reservation. He needs to run everything by his chief resident anyway, who then talks to the attending. By 9:30 he needs to start writing notes, as quickly and as accurate as he can, for he wants to watch that laparoscopic Whipple procedure at noon on the 2nd floor during his lunch break.

Adam barely finishes half of his notes before his pager starts to insatiably scream: “clarify this order.” “Family needs to speak with you.” “Where is your script for this patient?” “2 trauma patients with free fluid in their abdomens.” He leaves everything upstairs and rushes downstairs. He orders fluids, blood transfusions, labs, images and completes consents. He tries to stay



as calm as he can despite the gravity of the situation. His chief resident finally arrives and takes over. He asks him, “why is that patient upstairs still not discharged? Why is that note not completed before noon for insurance purposes? Why are your H&Ps still missing on those 2 traumas? I am taking them to the OR now.” Adam nods and walks away. It is now 4:30 PM.

The pager did not stop beeping. Adam wanted to use the restroom since he walked out of the ED but there has not been a moment of rest. He wishes he could be at 2 places at a time while trying to type whatever is left of his 18 notes. It suddenly hits him: not only did he miss the laparoscopic Whipple, but also the cafeteria has closed its doors for lunch. He grabs his wallet from his locker and walks down the hall to the vending machine to eat anything that will keep him running until it is time to go home. As he inserts that \$1 bill into the machine, the pager beeps again. A little girl with a ruptured appendix in the ED. He does what he needs to do, now the night chief resident takes over as it is already 8:30 PM and the day shift has ended at 7. Adam walks out of the hospital at 10 because he promised this afraid little girl he would be there for her when she wakes up from anesthesia. It is almost 11 now as he crawls back to his bed.

IT WILL BE 5:30 AGAIN BEFORE HE KNOWS IT.

- 103 DAYS SINCE HIS LAST VACATION
- 30 DAYS SINCE HE VISITED FAMILY
- 17 DAYS SINCE HE WORE ANYTHING OTHER THAN SCRUBS
- 14 DAYS SINCE THE LAST HOME-COOKED MEAL
- 11 DAYS SINCE HIS LAST DAY OFF
- 1 MORE AHEAD

BUT...

1 DAY SINCE HE LAST FELT HE MADE A DIFFERENCE IN SOMEONE’S LIFE †



LOVE, LIFE, LAUGHTER AND #\$&@!?

Cynthia Brown-Manning, MD
Family Practice, Ochsner LSU Health – Monroe

PLEASE DOC, CAN YOU REFILL MY NORCO?

REALLY, HOW COULD OR CAN YOU SAY "NO" TO MY PAIN MEDS?

WHY ARE YOU BEING MEAN?

DOC, CAN YOU NOT SEE THAT SOMETHING IS REALLY GOING ON WITH ME? I REALLY NEED MY PAIN MEDS!

I SERIOUSLY CANNOT LEAVE HERE NOR CAN I LIVE WITHOUT THEM.

Physician heal your patient and do no harm, is the oath that we took. Physician listen intentionally and intelligently answer their questions and address their concerns without making them feel less than humane. But today, it is be their drug dealer, not their healer. It is be their preacher, not their teacher. It is be their light bearer when their way is dark and oh by the way...“Xanax bars are great for all that ails me, too”...NOT!!!

And now the world is wondering why we no longer want or desire to practice medicine and why we are “Burned Out”, “Brain’s Fried”, “Brain Tied”

(yes, Tied and not Tired), “Traumatized”, “Undeniably Fatigued”, “Uniquely Fed-Up”, and literally “Over It”. There is no rest for the weary. What is that? When is there time to rest, and when do you propose we try to get the rest accomplished, and where should we actually rest? At work? Nah, there are nurse

questions and business calls or beeper notices and emails to answer or EMR notes or EMR labs, etc. to complete. Then, there are meetings to attend and portfolios to complete if you want to ever be promoted, and arguments to have if you want to prove your points to your male colleagues...

Then let’s talk about home. After you feed your flock or

your offspring, converse with your spouse or your family and friends and catch up on your favorite show, it is time for bed. Well, this should be real relaxation, but if we eat too much or drink too much then we have over indulged, and in a few weeks or months we are “fat”, or we are on a list we never want to be caught dead or alive on. However, if we copulate cautiously and often with our spouses, this has been shown in many studies to reduce stress, improve sleep and aid in our ability to handle all things in life better. This extracurricular activity justifies our need for spending time in the mall at Victoria’s Secret, Bath and Body Works, and Spencer’s. Try something on and try out something new to ensure it’s not all the same.

In the face of work-related stressors and our deepest fears in life, we must learn to lean on each other and learn to love and laugh to release all the tension. Laugh instead of crying. Smile instead of frowning. Love instead of hating. Don’t get me wrong, physician burnout is real sh*t, forgive my French, and it is traumatizing, believe me. I have been there and I am still dealing with it.

But the enemy cannot win – because if they do, then those of us who truly are called to the war that is medicine, we lose. And, we cannot allow “donkeys” to win. We must learn to love our craft again. We must learn to smile when we want to scream. We must learn to live after the rain. We must learn to dance, sing and run in the midst of the storm and rain.

Physician burn out is real. But the art of medicine – it too is real. So, doctor, keep your head up. Learn to watch out for the stumbling blocks and the setbacks, because they will come and you will need tools for the road to help and to be healed. My tools are love, life, laughter, and a dash of comedy with a few sprinkles of profanity. What works for me may not work for you. It is what it is.

“Sh*t happens”, and at the end of the day, it happens to us all. How we handle it – that is what really matters.



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Billy Haddad
Origin Banker



Damon Marsala
President
Marsala Beverage

Here's to Raising Standards **AND RAISING GLASSES**

Delivering 2.5 million cases of beer annually requires some heavy lifting. That's why Damon, president of Marsala Beverage, looks to Origin banker Billy to go the extra mile. Damon leans on Billy and his team for prompt responses, problem solving and financial insight.

Start relationship banking at www.Origin.bank/relationships

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