Indianapolis Medical Society 1848

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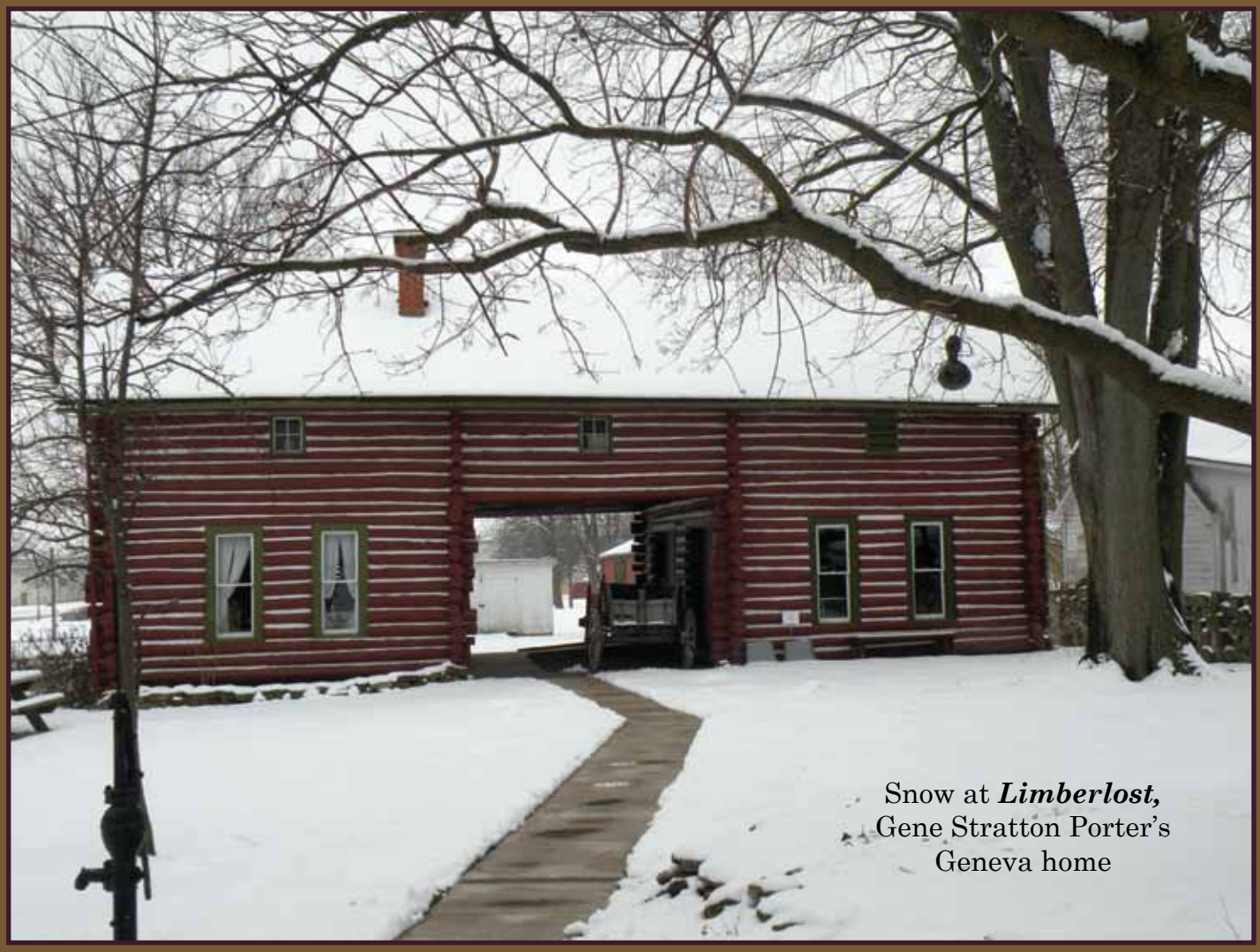
February 2017 • Indianapolis, Indiana

Bulletin



Snow at ***Limberlost,*** Gene Stratton Porter's Geneva home

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Bulletin

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ATTENTION SOCIETY MEMBERS

We like to feature photographs or other artwork shared by IMS members on the cover of *The Bulletin*. Submit photographs, artwork, etc., to Beverly Hurt at the Society Office, bhurt@imsonline.org.

The Bulletin is your magazine. Share your views by submitting reprints of your published articles; articles written expressly for *The Bulletin*; quips; short stories; brief comments; ideas; cartoons, etc.

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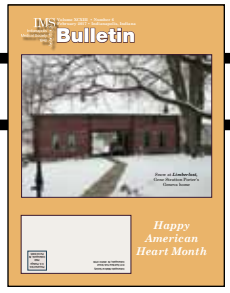
in this issue

Special Features

Departments



about our cover

On our cover: photograph from https://indianastatemuseum.wordpress.com/tag/winter at indiana historic sites/

Author, Photographer, Conservationist and more ... Gene Stratton-Porter is Indiana's most widely read female author. Nearly 100 years ago, her best-selling novels and nature studies were translated into multiple languages and later transformed into movies. Gene's Cabin at Wildflower Woods was her beloved home for several years.

President's Page

Susan K. Maisel, MD

Trade-offs along the way ...

After having been a physician in private practice, self-employed, for 19 years, I have recently "celebrated" my 6th anniversary as an employed physician. I have stood witness to 36 years of physician practice evolution (including medical school, residency, fellowship and practice), impacted first by the introduction of private insurance, and then HMO's, followed by hospital "systems," and subsequently by growing governmental regulations. There have been trade-offs along the way that have gradually eroded the autonomy of the physician, for better or worse, employed or self-employed! With a shift from the practice of medicine to the business of medicine, we are now at a crossroads. How do we marry the practice and business of medicine into a satisfying career that allows us to provide patients with the best possible, timely, unlimited, individualized and affordable care? How do we align ourselves with the pulling forces of privatized, big business and governmentally controlled medicine to curb, conserve, and economize? How do we follow "the rules" of meaningful use and still keep the patient, rather than data collection, at the center of our attention? As physicians, how do we evolve and grow with the changing landscape, and how do we influence and become a part of its change? Is it better for patient care, economy and career satisfaction to maintain self-employment or better to become employed, with less risk, regular hours and work from "within" the organization, or is there still a role for the hybrid practice, self-employed and contracted by the organization. Anyone that thinks that they are escaping the business of medicine by becoming employed is in for a rude awakening – although they may no longer be directly responsible for negotiating with insurance companies and government for reimbursement and responsible for staffing and HR, they are now accountable for daily quotas, charting, billing and justification of labs, procedures and admissions. They are expected to be citizens of the organization by serving on "committees." The pros and cons can be enumerated, with grass looking greener from both sides.

Medscape surveyed almost 5000 physicians in 2014 and 2016, examining key issues affecting employed and self-employed physicians that included salary, productivity targets, work/life balance, to name a few. Of interest, the survey showed that although satisfaction for physicians has been decreasing, it has fallen "somewhat more" for employed physicians than self-employed physicians. I share the results with you:

"Employed doctors are glad not to deal with running a practice, but dislike having less control over decisions. More than one half (54%) employed doctors say that what they like most about their job is not having to deal with the business of running a practice. What they dislike most is the limited influence in the decision-making process (noted by 35%) and 24% are unsatisfied with their productivity targets."

"Satisfaction for all doctors is falling, but more so for the employed. Overall, self-employed physicians are more satisfied than employed physicians (63% vs 55%). One of the reasons? "When the owner speaks, things happen." By contrast, many employed physicians say they have no clout."

"Straight salary is on the wane. The percentage of employed physicians who are paid a straight salary fell from 46% in 2014 to 38% in 2016, whereas those paid for productivity rose from 33% to 37%."

"Employed doctors are lukewarm about productivity targets. As more employers switch to productivity targets for compensation, less than one half (44%) of employed doctors are satisfied with them and just under one half (49%) are satisfied with their bonus structure. Most employed doctors have good relations with leadership, but sometimes feel out of sync with their employers' goals. Less than one half of employed physicians (42%) said they disagreed with their employer regarding decisions about patient care and more than one half (57%) disagree with their employers about workplace policy. But 44% said that employers are making greater efforts to get their feedback."

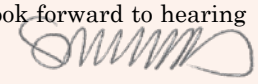
"There's less switching between employed and self-employed status. The rates of doctors moving from self-employed to employed status (27%) and from employed to self-employed status (13%) were roughly 1/2 the rates for each category in Medscape's 2014 survey: 52% and 29%, respectively."

"Four in ten employed physicians say they have a patient quota. Typically the quotas they work under range from 21 to 25 patients a day, but some physicians must see more than 35 patients."

"Female physicians are more likely to be employed than male physicians, but are less happy about it. Women make up 37% of employed physicians, which is higher than their 33% share of all physicians. But only about one half (51%) are satisfied with their work situation, compared with 58% of employed men."

"Most physicians are unhappy with EHRs. A higher proportion (40%) of employed physicians is satisfied with their electronic health record (EHR) systems and tech support than are self-employed physicians (31%). One probable reason is that hospitals and larger groups are more likely to have tech support on staff, as well as other staff members who can help out is the physician is having EHR problems."

The full report can be viewed in the *Medscape Business of Medicine* June 14, 2016 article, "Employed vs Self-employed Physicians: Who's happier? These are the Tradeoffs." Regardless of our manner of employment, we must continue to position ourselves at the center of the change. It is our choice – to be at the table, to participate in the evolution of medicine, or to be silent and be controlled. Get involved in your medical environment and community; get involved with your Medical Society! Look for and participate in our upcoming Indianapolis Medical Society events! As always, I look forward to hearing from you!



William H. Dick, MD

Speaker – Steve Frank – Genetic Genealogy

An amazing number of retired physicians braved the ice and snow; some came from as far away as Nashville and Noblesville. Our speaker, Steve Frank, arrived on time and was prepared. Mr. Frank is Deputy Attorney General of the State of Indiana. He is a graduate from the Indiana University School of Law.

Steve's talk title also included "Ancient Migrations and the Citizen Scientist." The field of DNA and genealogy has greatly expanded in the last 15 years. Since 2008, when Mr. Frank entered the field, there has been rapid progress – especially in the price and ease of DNA testing. He gained expertise in the field when, as part of his law practice, he helped adoptive children find their birth parents.

The human genome was sequenced in 2000. It is stored in 130 books and cost $300 million. Now it can be done for about $800. A partial DNA study used to cost $1000; now it is available for just under $100. Firms such as Ancestry.com, Family Tree DNA and 23 & me are the main sources. Three types of kits are available: a *y* chromosome study, mitochondrial DNA and Autosomal DNA. Autosomal DNA exists in the chromosomes 1 through 22. Chromosomes 23 are the sex chromosomes. The male genealogy can be traced through the *y* chromosome and mitochondrial DNA through the *X* chromosome.

Both mitochondrial DNA and the *y* chromosome are fairly stable over time. Therefore, they can be used to trace ancient migrations from Africa to other continents. Migration out of Africa began 70,000 years ago. Some pre-modern humans bred with Neanderthals. About 2-4% of our DNA is from Neanderthals. Africans have no Neanderthal DNA.

DNA studies can determine which area of the world one's ancestor originated from. Other types of DNA studies can show ones living relatives. This is really amazing, since 97% of DNA is identical for all humans. Vive la difference! Language matches up very well with haplotypes and is a good marker for ethnic groups.

Interesting discoveries were cited by Steve Frank: Bones of English King Richard III (1452-1485) were found under a car park in England; one- fourth of Chinese men are descended from Genghis Khan; 8% of all Asian men are descended from Khan; one-twelfth of all Irish men are descended from a king in 500 AD; and Thomas Jefferson was definitely the father of Sally Heming's children.

Autosomal DNA is used for most people's tests. It is cheap, versatile, reflects ancient and recent information, lists ethnic origins and shows health information. Other companies in the field are:

GEDMatch.org, which has tools for genetics and DNA. Next is DNA.Land from Columbia University; it can do whole genomes. Lastly, Promothease.com can give health reports. Some patients bring these to their physician! That can be a problem; or not.

This field is changing so fast that Steve Frank hesitates to make any predictions. However, he said that futures versions of Ancestry.com could list hundreds of relatives. We might discover that we have a King in our background – or a horse thief.

Steve Frank has been most generous with his free time. He has spoken at seminars at the Fishers and Carmel Public Libraries, among other sites. Retired physicians listened with rapt attention about the marvels of DNA.

One can reach Steve Frank at:

Steven@geneticgenealogist.net.

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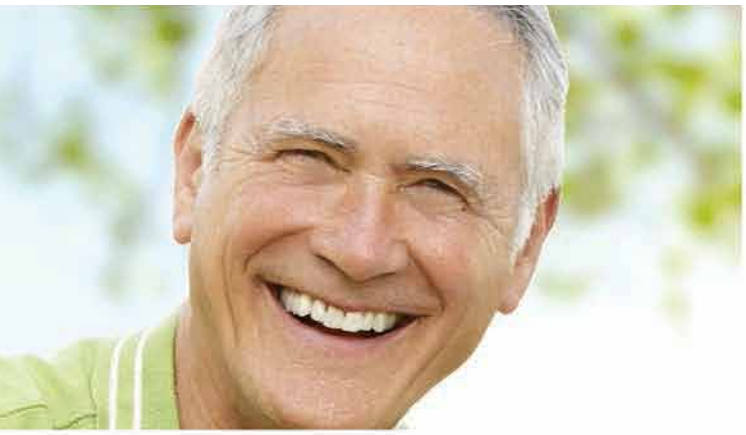

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Bulletin Board

John J. Wernert, MD, IMS Past President, has joined the Sagamore Institute as a vice president and will be responsible for a new health policy division and is charged with advancing health innovation. Dr. Wernert, a Carmel psychiatrist was most recently the secretary of the Indiana Family and Social Services Administration.

Rick C. Sasso, MD, Indiana Spine Group, served as a faculty member and gave an invited lecture on the cervical spine unintended consequences of chemical prophylaxis for prevention of venous thromboembolism at the Cervical Spine Research Society annual meeting held in Toronto, Ontario, Canada. Dr. Sasso also presented research papers he co-authored with two ISG physicians titled: "Long-Term clinical outcomes of cervical disc arthroplasty: A prospective, randomized, controlled trial." and "Adjacent-level degeneration after Bryan cervical disc arthroplasty compared with anterior discectomy and fusion."

Stephen W. Perkins, MD, IMS Past President, Meridian Plastic Surgeons, was Key Invited Faculty Member at the recent Cutting Edge 2016: 36th Aesthetic Surgery Symposium in New York City at the Waldorf Astoria Hotel. The symposium was titled "Debating the Choices in Rhinoplasty." Dr. Perkins gave multiple presentations on the topic of Rhinoplasty.

Edward B. Aull, MD, presented at the CHADD 28th Annual International Conference in Costa Mesa, California, on November 12, 2016. He spoke on "Medication Management of Side Effects When ADHD Patients Are Comorbid for Asperger's Syndrome or Autism and Anxiety Disorders." This was Dr. Aull's 19th appearance as a presenter at the international meeting.

News from Goodman Campbell Brain and Spine ...

A new article by **Andrew H. Jea, MD,** and his co-author titled, "Pediatric Thoracolumbar Spine Trauma" appears in the January issue of *Neurosurgery Clinics of North America.* The article reviews thoracolumbar injury patterns that may be seen in children. While management of these injuries in adults has been previously reported, the authors discuss the unique surgical and nonsurgical considerations in treating children with thoracolumbar spine fractures.

Aaron A. Cohen-Gadol, MD, contributed to a research study recently published in the *Journal of Neurosurgery* titled, "Microsurgical and endoscopic approaches to the pulvinar." The investigators compared the surgical approaches to different parts of the pulvinar and examined the efficacy of the endoscope as an adjunct to the operating microscope in this area.

Pediatric neurosurgeon **Daniel H. Fulkerson, MD,** has published the memoirs of his life work, *"Nothing Good Happens at the Baby Hospital: The Strange, Silly World of Pediatric Brain Surgery."* According to the reviews, "In an honest and compelling retelling of his long and winding road to train and then practice as a pediatric neurosurgeon, Dr. Fulkerson guides others through his journey from medical school to service on a small military base, through residency training, and finally, to a practice in a highly specialized children's hospital. The journey reveals the dramatic swings of emotions experienced by both patients and doctors in an increasingly hostile medical environment." The book is available in retail stores and online booksellers.


Edward B. Aull, MD


Aaron A. Cohen-Gadol, MD


Daniel H. Fulkerson, MD


Andrew H. Jea, MD


Troy D. Payner, MD


Stephen W. Perkins, MD


Rick C. Sasso, MD


Mitesh V. Shah, MD


John J. Wernert, MD

Troy Payner, MD, Mitesh V. Shah, MD, Aaron Cohen-Gadol, MD, and fellow researchers published a new research study "Outcomes in transcranial microsurgery versus extended endoscopic endonasal approach for primary resection of adult craniopharyngiomas." The paper appeared in the December issue of *Neurosurgery Focus.*

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IMS Suggestion Box @ imsonline.org

Dr. Maisel welcomes suggestions from physicians, IMS Members and non-members. Simply click on the suggestion box icon and

"Let Us Hear from YOU!"

ims@imsonline.org

CME & Conferences

Community Hospital East

First Wednesday — Critical Care Conference
Ste. 420, 12:00 - 1:00 p.m.

Second Tuesday — Medical Grand Rounds
Ste. 420, 12:30 - 1:30 p.m.

Community Hospital North

First Friday — North Forum
Reilly Board Room; 12:00 - 1:00 p.m.

Every Other Month, 4th Thursday — Psychiatry Grand Rounds
7250 Clearvista Dr.
Multi-Service Rms. 1 & 2, 7:30 - 8:30 a.m.

Community Heart & Vascular Hospital

First Wednesday — Imaging Conference:
rotates Cath & Echo Case Presentations
CHVH MCV Boardroom Videoconference to
HVC Anderson Office, HVC East Office BR (Ste. 420)
HVC South Office CR (Suite 2400)
HVC Kokomo, 7:00 - 8:00 a.m.

Third Wednesday — Ken Stanley CV Conference
CHVH MCV Boardroom Videoconference to
HVC Anderson Office, HVC East Office BR (Ste. 420)
HVC South Office CR (Suite 2400)
HVC Kokomo, 7:00 - 8:00 a.m.

Fourth Wednesday — Disease Management Conference:
rotates CHF & EP Case Presentations
CHVH MCV Boardroom Videoconference to
HVC Anderson Office, HVC East Office BR (Ste. 420)
HVC South Office CR (Suite 2400)
HVC Kokomo, 7:00 - 8:00 a.m.

2016 Cancer Conferences
Community Hospital East

Third Thursday — East General Cancer Conference - CHE
Ste. 420, 12:00 noon to 1:00, lunch provided

Fourth Tuesday — East Multidisciplinary Breast Cancer Conference - CHE
Ste. 420, 7:00 to 8:00 a.m.

Community Hospital North

First & Third Tuesdays — North Multidisciplinary Breast Cancer Conference - CHN
8040 Clearvista Parkway, Suite 550
7:00 to 8:00 a.m.

Second & Fourth Wednesdays — North Multidisciplinary GI/Colorectal Oncology Conference - CHN
8040 Clearvista parkway, Suite 550
7:00 to 8:00 a.m.

First Friday — North Multidisciplinary Gynecologic Surgical Oncology Conference - CHN
8040 Clearvista Parkway, Suite 550
7:30 to 8:30 a.m.

First Wednesday — North Chest Cancer Conference - CHN
8040 Clearvista Parkway, Suite 550
7:00 to 8:00 a.m.

Third Wednesday — Melanoma Cancer Conference - CHN
8040 Clearvista Parkway, Suite 550
7:30 to 8:30 a.m.

Community Hospital South

Second Wednesdays — South Multidisciplinary Breast Cancer Conference - CHS
Community Cancer Center South
1440 E. County Line Rd., Community Room
8:00 to 9:00 a.m.

Third Wednesday — South GYN
Community Cancer Center South,
1440 E. County Line Rd., Community Room
12:00 to 1:00 p.m.

Fourth Wednesday — South Thoracic
Community Cancer Center South,
1440 E. County Line Rd., Community Room
7:00 to 8:00 a.m.

First Tuesday — South Multidisciplinary GI/Colorectal Oncology Conference
1440 E. County Line Rd.
Community Cancer Care, Community Room
12:00 to 1:00 p.m.

For more information, contact Valerie Brown, (317) 355-5381.

Indiana University School of Medicine/ Indiana University Health

IU – Methodist – Riley

Online CME Activity
HPV Documentary, Someone You Love: the HPV Epidemic
http://cme.medicine.iu.edu/hpvdocumentary

Feb. 24 — 40th Annual Arthur B. Richter Conference in Child Psychiatry
Ritz Charles, Carmel

March 3 — RESPECT Conference Let's Talk Palliative Care: Challenges, Controversies, and the Cutting Edge
Ritz Charles Banquet Facility

March 10 — Transgender Health Conference 2017
Eskenazi Hospital

March 17 — 4th Annual Pediatric Gastroenterology Update for the Primary Care Clinician
Ritz Charles, Carmel

March 30-April 2 — AMWA 102nd Annual Meeting
San Francisco, California

May 12-13 — IU School of Medicine General Surgery Update 2016
IU Health Neuroscience Center

Mary 17-18 — 52nd Annual Riley Hospital for Children at IU Health Pediatric Conference
NCAA Hall of Champions Conference Center

July 21 — Review and Interpretation of the 2017 ASCO Meeting
Hine Hall Auditorium

Course dates and locations are subject to change. For more information, please visit http://cme.medicine.iu.edu or call 317-274-0104.

The Indiana University School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

We have more than 100 recurring meetings available. For a listing or more information, please visit http://cme.medicine.iu.edu or call 317-274-0104.

IMS Meetings & Events

Meetings are Subject to Change; All meetings occur when Agenda items warrant. Board & EC Meetings will occur on the 3rd Tuesday of alternating months.

February

8 — Medical/Legal Event: Non-Compete Contracts, Meridian Hills Country Club
21 — Executive Committee, Society, 6:00 PM, Sandwiches

March

TBD — IMS Advisory Breakfast (Le Peep), 7:30 AM … prior to ISMA BOT 9:00 AM, ISMA
14 — Senior/Retired Luncheon, 11:30 AM. Speaker TBD, Northside Knights of Columbus, 2100 E. 71st St., Indpls., 46220, 317-253-3471,
21 — IMS Board, 6:00 PM, Social; 6:30 PM, Dnr/Mtg., Holiday Inn, 251 E. Pennsylvania Pkwy., Indpls., 46280. 317.574-4600
30 — HAPPY DOCTOR'S DAY!
TBD — IMS Nominating Cmte., 6:30 PM, Light Dinner.

April

18 — Executive Committee, Society, 6:00 PM, Sandwiches
22 — IMS 5K in conjunction with Carmel Marathon
26 — Administrative Professional's Day

In Summary

New Alliance Forms to Lead Development of Guidelines for Evaluation of Mobile Health Applications

Four organizations announced that they have formed a *new, multi-stakeholder collaboration, Xcertia, dedicated to* improving the quality, safety, and effectiveness of mobile health applications (apps). The initial supporters of the collaboration include the American Heart Association (AHA), the American Medical Association (AMA), DHX Group, and the Healthcare Information and Management Systems Society (HIMSS).

As a nonprofit corporation, Xcertia will establish and promote best practices for mobile health apps. Xcertia's membership and governing board will be open to broad representation from consumers, developers, payers, clinicians, academia and others with an interest in the development of guidelines for mobile health apps.

"The collaboration builds on each organization's ongoing efforts to foster safe, effective, and reputable health technologies, while complementing our mutual commitment to advancing innovation in medicine, and improving the health of the nation," said Xcertia's four founders. "Our combined expertise, along with a diverse membership, will leverage the insights of clinicians, patients and industry experts to help improve patient care and increase access to data."

Xcertia will respond to the critical need for a comprehensive effort to develop a framework of principles that will positively impact the trajectory of the mobile health app industry. Xcertia's guidelines will also be a resource to support consumer and clinician choice of mobile health apps.

This collaborative effort will incorporate feedback from its members in a consensus-driven process to advance the body of knowledge around clinical content, usability, privacy and security, interoperability and evidence of efficacy. Xcertia will not engage in certifying mobile health apps, but will encourage others to apply its principles and guidelines in the development and curation of safe and effective mobile health apps.

Xcertia invites other organizations in the patient, technology and other health care communities to join the collaboration and add their expertise to the development of guidelines for mobile health apps. To join AHA, AMA, DHX Group, and HIMSS in this collaborative effort, go to the Xcertia website at www.xcertia.org for more details.

In Memoriam

Gene A. White, MD
1935 – 2016
General Practice
Member since 1989

Edward Ross MD
1937 – 2017
Cardiovascular Disease
Member since 1970

Recruit-a-Colleague to Join Your IMS Today!

Our Members need help in "carrying the load" for healthcare in Indiana. Your Society is the leading voice for healthcare for your patients and your profession in Central Indiana! **The Indianapolis Medical Society wants you to recruit your colleagues to join you as a Member of the IMS.** You know, membership organizations are only as good as their members ... Make a difference in the professional lives of your colleagues, friends, and family in medicine by asking them to join you as a Member. Recruit-a-Colleague to help "carry the load." Applications are available online at imsonline.org or by calling 639-3406 Ask for the Membership Department.

Save This Information for Tax Filing

Part of your AMA/ISMA dues used for lobbying, is not tax-deductible, please check with your tax advisor.
As always, your IMS dues are 100% tax deductible as a business expense.

Non-Compete Clauses and Restrictive Covenants in Indiana

Medical-Legal Seminar & Dinner
February 8, 2017, 6:30-8:30 p.m.

Meridian Hills Country Club

Speakers:

Stephanie T. Eckerle, Partner
Krieg DeVault LLP

Ashley N. Osak, Associate
Faegre Baker Daniels LLP

The program will begin with a networking reception for lawyers and physicians to meet with one another, discuss topics of mutual interest, and develop relationships among the two professions. Following the networking reception, speakers will discuss non-compete clauses and restrictive covenants in Indiana, their construction under the law, and how they apply to physicians and the practice of medicine. This will be a high-level overview of non-competes and related restrictive covenants in Indiana, and will briefly touch on how non-competes are applied in other states for comparison purposes. The speakers will discuss applicable case law and the Indiana courts' application of restrictive covenants, including the courts' use of the "Blue Pencil Doctrine" as a unique approach to addressing disputes over non-compete clauses.

Registration at IndyBar.org,
$15.00 Indianapolis Medical Society Member
$90.00 Non-member

If it feels like you are drowning at work ... you need way more than a few breaths at the surface to give yourself any kind of meaningful recovery.

Here are three keys to using holidays and vacation to recharge yourself in ways that will make a big difference. These are keys to actually creating work-life balance. Use these to ensure you head back to work rejuvenated and in a better place than when you punched out.

I've tested all of these in my own life and with hundreds of physician coaching clients. Now is the perfect time to try them out over a vacation or holiday or at least a couple days off.

1) Your Boundary Ritual A boundary ritual is a simple and specific mindfulness exercise you perform at the BOUNDARY between work and home.

Have you ever noticed you come home and are still thinking about work and patients - stuck in your to-do list? It happens to all of us all the time. It is part of our physician conditioning. We learn how to be workaholic, superhero, perfectionists but no one ever showed us the "off switch." Your boundary ritual helps you come all the way home ... *take your doctor hat all the way off.*

And the perfect example comes from someone you probably know really well. We don't know what Mr. Rogers life was like before he came in the door and started the show, but what did he do first every single time? Putting on his zip up cardigan and slippers made him the Mr. Rogers we all know and love. *That is a boundary ritual!*

What is YOUR boundary ritual? What do you do that reminds you to come *all the way home?*

Here's why this is so important If you don't come all the way home and a piece of your mind stays on the gerbil wheel back in the office ... two very important things happen that increase your risk of physician burnout:

- You can't be completely present with your family (the one thing they want most of all)
- You can't recharge your energetic bank accounts because you are still being drained by your thoughts of work.

Keys to an effective boundary ritual Your intention is number one. There is no way to go wrong with a boundary ritual if your intention is to let go of the doctor and come ALL THE WAY HOME. *Whatever action you choose as your release ... let the doctor go and become simply YOU.*

Physical is memorable ... so I strongly advise you take a physical action as part of your boundary ritual. Don't just think about coming all the way home ... take an action to release the doctor.

Here are some examples.

Take Cleansing Breaths (learn the squeegee breath here) triggered by any one of a number of steps in your trip from work to home

- Putting the key in the ignition of your car – breathe and release
- Turning your car off or opening the car door at home – breathe and release
- Opening the front door – breathe and release

Other Actions

- Listen to special music or chant on the car ride home – and release
- Change your clothes when you get home just like Mr. Rogers – and take the doctor all the way off
- Take a shower – and release
- Take out your contacts and put your glasses on – and release
- Work out – and let it all go
- Take the dog for a walk – and let the dog help you let go

What is Your boundary ritual? Be prepared to do it again and again – especially the cleansing breaths - whenever you notice your mind wandering back to thoughts of work. Your mind will do this from time to time. It is not a sign that something is wrong. It is just what the mind does.

- Breathe
- Release those thoughts
- Then, come back to what is right in front of you right now.

The boundary ritual is a tool that works every time. Here is what I mean ... You will feel more present and relaxed after each time you practice your boundary ritual than if you had not done it!

The key is to do your ritual early and often on days you are off call. Set your intention to release the doctor and come all the way home. Hit the off switch on your doctor programming and give your body and soul the green light to start recharging.

The key is for you to practice ... because practice makes better.

2) Turn your electronics off Have you ever been out to dinner and seen whole groups of people sitting at the same table, each silently staring into the glowing screen of their cell phone and madly texting?

Typically these groups are younger people (I am 55) however the WORST addicts to technology in healthcare are physicians.

We trade our sanity for 24/7 connection to our work. You know you are hooked when you can't leave your email unchecked for more than 10 minutes or find it impossible to sit still if your phone is -heaven forbid - turned off.

You are not your phone. You are not your email. In fact email, texts and constant internet connections are the #1 enemy of mindfulness, presence, quality time with your family and your own ability to recharge when you are home.

Once you have taken your doctor hat off with your boundary ritual (no matter how many times you have to breathe) don't blow it all to smithereens by staying connected to your mobile device.

If you are OFF WORK ... TURN YOUR ELECTRONICS OFF

3) Spend "Quality Time" with the people you love. Emotional energy accounts for physician burnout prevention opt-physician-work-life-balance. One of the primary symptoms of burnout is compassion fatigue.

Instead of empathy and compassion for our patients we become cynical, sarcastic and feel put upon by their complaints. There is a very simple reason this happens.

Inside every physician there are a set of energetic bank accounts. One of them is your Emotional Energy Account.

- You fill this account by spending quality time with your loved ones and getting your emotional needs met.
- You draw on this account when you share empathy and compassion with your family, patients and staff.

The mathematics of Empathy are very simple

You can't give what you ain't got!

If you are not getting your emotional needs met, your Emotional Energy Account is tapped out and you have nothing to give ... simple, yes?

How do you know if your Emotional Energy Account is full?

Try this mind experiment: Take a breath and think for a moment – of all the people you love. Take another breath and imagine they are circulating in a cloud above your head like a constellation of stars.

As you contemplate this constellation of people you love ... ask yourself this: **Is there anyone here who I owe**

- a phone call
- a cup of coffee and a chat
- a card in the mail

Because it has been way too long since we connected last? I know your answer is yes to this question. Write their names down now and start planning to make that connection.

Time off from your practice is a great opportunity to write a note, make that call or have these special people over for a visit or a meal.

The more you are able to express your love and appreciation for the important people in your life – the higher the level of energy in your Emotional Energy Account – and the more empathy you will have for your patients, your staff and even your own family.

These connections are the key to authentic life balance. All of this takes intention and planning. Get started now!

Two additional keys to being able to give your family and loved ones your undivided attention ... you see this coming, right? ... are steps one and two of this blog post

- Your boundary ritual ... so you are all the way home
- Turning off your electronics (and them turning off theirs) so you are not distracted

These three steps are essential to transforming simple Time Off in to meaningful Life Balance for busy doctors

They are keys to recharging your energetic bank accounts when you are not at work and preventing physician burnout. We have holidays and vacations coming up soon...great opportunities to practice these three core work life balance skills for doctors.

I encourage you to get started today and always remember to practice ... because, *Practice Makes Better.*

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