



Vanderburgh County Medical Society
Evansville Indiana

Volume 38 | Issue 4

MONITOR

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The Vanderburgh County Medical Society is an Alliance of Physicians dedicated to the promotion of the Art and Science of medicine, to the continual Improvement of Community Health, and to the Advocacy and Protection of the Patient Physician Relationship. The purpose of this organization shall be to unite and strengthen the local medical community, to inform the public on matters of health and medical care, and to promote the best in medical care in our community.

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FROM THE DESK OF THE HEALTH OFFICER

KEN SPEAR, M.D.
VANDERBURGH COUNTY
HEALTH OFFICER

The Indiana statute concerning Lead testing requires all children on Medicaid to have a lead test at 12 and 24 months. If that is not met, the requirement is at age three before starting school.

The test result should then be entered in the Children and Hoosier Immunization Registry Program (CHIRP) along with the Vaccinations. The housing stock in Evansville and Vanderburgh County is quite old, and the incidence of lead exposure is quite high. The health department recommends that any child living in certain areas, whether on Medicaid, uninsured, or other health plans, be tested for lead.

Lead poisoning in children includes the following signs and symptoms:

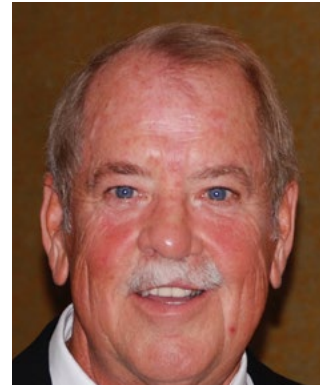
- Developmental delays, learning difficulties, Irritability, loss of appetite, weight loss, sluggishness and fatigue, abdominal pain, vomiting, constipation
- Hearing loss, seizures, eating things, such as paint chips, that aren't food (pica)
- Babies exposed to lead before birth might be born prematurely, Have lower birth weight, and have slowed growth.
- Detecting lead and eliminating it from young children can have highly beneficial results on the child's life.

The Health Department also offers lead testing for pregnant women at risk since lead can affect the developing embryo as well as breastfeeding mothers as lead can be passed to a baby in breast milk.

If you see young children or believe lead exposure may be potential, please obtain a lead test or schedule a time for the person to get a test at the Health Department. If you receive a test, please have your office enter the result into Chirp. This will allow us to have accurate numbers in the future.

Thank you,

R. Kenneth Spear, M.D.
Health Officer Vanderburgh County



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EARLY RETIREMENT MAY NOT BE THE SOLUTION TO YOUR BURNOUT

SUSAN LANDERS, MD
PHYSICIAN
OCTOBER 12, 2024

I miss my stethoscope—the small black one with the tiny neonatal head. I wore it around my neck constantly while on duty in the NICU and L&D. It served as an outward symbol of my knowledge and experience. Inwardly, it reminded me of all the things I could detect about a baby by simply looking, listening, and gently touching. My little stethoscope was ready in any emergency. It helped me to reassure nurses of proper endotracheal tube position and adequate breath sounds. It helped me in allaying a new mother's fears once I determined that her baby's soft heart murmur was innocent.

Over my thirty-five years in practice, I found neonatology to be an intimate specialty. Certainly, it is special learning various “private things” about each baby's parents, but there is a higher intimacy to it. Attending a high-risk delivery and getting to know the parents of a sick baby—from before birth until their child, or children, go home—was extraordinary. It allowed me to be a vital part of the child's life during those early weeks and months. That experience allowed me to share in a singular time in that child's life. Practicing in the NICU was extremely fulfilling.

At age sixty, I was still taking in-house night call and performing the typical obligations of my practice—attending deliveries, meeting prenatally with parents, counseling mothers in preterm labor, and supervising NNPs. But I was growing weary. Practicing neonatology had altered my psyche. I felt drained completely dry by complicated, sick babies, life-threatening birth defects, and needy parents. What I did not realize until late in my career was the effect of all those challenges, the endless long hours, and the unrelenting stress. When I finally began to recognize burnout, it occurred to me only then that it had all been too much. During those final months of my awareness, the worst part was feeling that I no longer made a difference.

In retrospect, I should have noticed my impending burnout sooner. As I made rounds with the nurses in the NICU, I grew increasingly pessimistic, and my interest in work began to wane. I avoided practice meetings, and I began to dread driving to the hospital for upcoming call nights. When I was on call, I stayed holed up in my call room reading whenever possible. I had lost not only my energy but also my enthusiasm. In addition, I became more cynical and irritable. Some days I didn't care very much about what happened to my little patients. I felt so continually overloaded with NICU work and chronic stress that I poured myself a glass of wine when I came home every night. But drinking away the stress didn't accomplish much.

So, at age sixty-two, when I recognized that I was burned out, my practice allowed me to work part-time, only thirty-five hours each week. Fortunately for me, I changed my practice location to a smaller, quieter labor and delivery unit with a small intermediate care nursery. The opportunity to work part-time in a low-risk delivery hospital was my lifesaver. Volunteering to see these newborns and supervise an intermediate care unit was an easy decision. Our practice contracted with this hospital to provide delivery coverage, and no one else wanted to take care of newborns who weren't sick. All my partners thought it would be boring. Boring sounded pretty good to me.

It was the perfect part-time position, just enough hours to maintain my health insurance benefits and retirement plan savings. And while I worked part-time, I began to heal from my burnout. I enjoyed more regular exercise, joined a handbell choir at church, and started weekly piano lessons. I taught myself calligraphy, a superb hobby for a perfectionist. For the last two years of my career, I enjoyed lunches with friends while working part-time, and I began a gratitude journaling habit.

The medical work was effortless, and I quickly discovered how uplifting it felt to work there. Mostly, I examined newborn babies or attended deliveries all day. A nice group of OBs, all millennial-aged women, did a fine job of delivering mothers with normal pregnancies—there were very few high-risk patients delivered there. I rediscovered the

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joy in seeing babies who were completely healthy, well-grown, and normally responsive. New mothers asked ordinary questions about infant care, breastfeeding, pacifiers, and vaccinations. The dads were all interested in circumcisions, and it was fun and slightly exciting to perform them. Toddler and school-age siblings with pink or blue balloons came to visit, and proud, happy grandparents were everywhere. It was an enjoyable place to work. The L&D nursing staff was superb, and, on this unit, we felt a sense of camaraderie.

During the two years of my part-time work in this small unit, my burnout resolved. Regular exercise, weekly psychotherapy, gatherings with friends, journaling, and an emphasis on hobbies succeeded in canceling out my chronic stress. As a result, I felt ready to retire. In retrospect, I wish I had worked longer.

Before I retired, I expected to feel free and to be absolutely finished with job-related stress. Once retired, however, I did not feel free. Instead, I felt adrift—lost in my own home with nothing of any significance to do. I enjoyed puttering around the house for an hour or two each day; however, my days seemed empty. I felt like I had no direction and no purpose. No one needed me. Of course, I continued to enjoy time for reading, time for hobbies, and exercise. I relished daily long walks in my hilly neighborhood. My subscriptions to the Wall Street Journal, the New York Times, and the Atlantic provided me new issues to think about. My monthly book club with other retired professional women offered plenty of stimulating conversation and laughter.

I enjoyed cleaning out and sorting through drawers and closets that had accumulated years of clutter, and my little stethoscope lay in a prominent place on a closet shelf. I looked forward to the monthly birthday luncheons with several friends from church, and I made new friends in my Pilates and aerobic classes at the gym. I especially loved helping take care of my first grandchild. I drove to Houston three days each week to care for her after her mother returned to work at eight weeks postpartum. (We had to wait until she was five months old to be admitted to a child care center.) Caring for my granddaughter was truly lovely—watching her smile and respond, listen to stories and music, and begin to coo and babble. She cooperated wonderfully as I made a video for Facebook showing how babies learn speech—by careful listening and producing repetitive sounds.

But despite all this activity, when I was at home by myself, I continued to feel lost and alone. (During this time, my husband was still working full time.) While at one of those monthly birthday lunches, I found myself seated next to a friend who was a retired psychiatrist. When she asked me how I liked retirement, I described how I was feeling. She paused, then looked at me directly, and said softly, “What you are feeling is being no longer important.” She said this in a matter-of-fact way and with kindness so that I was not offended. I responded to her, “Yes. I suppose that must be it.” Later that day, thinking through what she surmised, I realized that, in fact, I had no major decisions to make, nowhere to be at any particular time, no life-or-death procedures to perform, no questions to answer, no practice discussions to attend, and no diseases to explain. I was no longer important.

My decision to retire early was made in haste, after a period of profound burnout. Even though working part-time and taking better care of myself cured my burnout, I thought the time was right to exit medical practice. I was wrong, and now I believe that decision was made with some false assumptions. I assumed I would feel great with lots of free time, that I would enjoy doing anything, or nothing, and that I would like to be more social. But I did not really enjoy those things. I missed doing the medical things that were challenging, exciting, fun, and rewarding. I still miss all those things, and my little stethoscope.

I decided to write a memoir. It started initially as a compilation of stories about my favorite patients and their parents—mostly mothers—who I had found inspirational. Certain mothers had taught me essential lessons over the years, and I wanted to describe their children and some of those learnings. I contacted each set of parents and requested permission to tell their child’s NICU story. Surprisingly, not a single parent withheld their consent. As I progressed along in my recollections, I missed the NICU activity even more. At the urging of my book club buddies, I included stories about my own motherhood lessons from raising my own children. In the end, I wrote a memoir about balancing a neonatology

CONTINUED ON NEXT PAGE

career and motherhood.

Writing this book, *So Many Babies*, provided me with a wonderful outlet for pent-up energy and thoughtfulness. It felt cathartic and awarded me countless reasons to remember how good it felt to practice medicine and to be a mother. After my memoir was published, I became a guest on many podcasts to promote my book, and, as I spoke, I recognized that I was advocating for working mothers in general. I dabbled in social media, both Instagram and Facebook, but found those platforms to be brainless pits of comparison activities and marketing. They did not serve as comfortable places for me, so I developed a weekly newsletter, called *MomsMatter*, on Substack, a platform for writers. That effort has unfolded quite well.

I found things to do that seemed important—a book, podcasts, social media, and a newsletter—but now, eight years into retirement, I wish that I had practiced longer. I wish that I had continued to work part-time for another five years or so just to keep my hands in medicine. Practicing medicine is special, intimate, challenging, and so enormously rewarding. It stresses us and tires us out tremendously, but the degree to which it fulfills our souls cannot be understated. Perhaps I am just one of those “baby boomers” who are secured to my identity as a physician. Perhaps I am bored, or boring. Perhaps I need to chase around my grandchildren more often.

My goal here is to offer other physicians a perspective on early retirement after burnout. Retirement is not all it is promised to be. Even though it is what you make of it, depending on your interests, it is nothing like practicing medicine. Retirement does not feed your energy, your passions, or your soul. Early retirement may not be the best solution for your burnout.

Susan Landers is a retired neonatologist with 34 years of experience and has practiced both academic and private medicine. She can be reached on her website, Instagram @drsusanlanders, Facebook, and Substack.

She is an expert in burnout, breastfeeding medicine, and human donor milk banking. Her memoir, So Many Babies, is a realistic look into life inside the NICU and recounts many of her travails as a professional working mother. Her new eBook is Defeating Burnout: A Guide for Working Mothers.

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INFOGRAPHIC: DOCTORS HOLD UP A MIRROR TO PEER REVIEWS

JON MCKENNA
DECEMBER 10, 2024



Twenty-one percent of the physicians in a Medscape survey said they had undergone a medical peer review of their patient care at least once. A majority of doctors believed that peer reviews most often were motivated by overall quality improvement and to avoid possible mistakes in clinical decisions. But many physicians also told Medscape they were concerned that the peer-review process could be commandeered to punish them for unrelated reasons or to remove competition for staff doctors.

This infographic presents insights from a new report on how US doctors view the value of peer reviews. To learn more, check out the Medscape Physicians and Peer Reviews Report 2024.

What Doctors Really Think About Medical Peer Reviews

Medscape recently surveyed physicians on their experiences with, and feelings about, peer reviews.



How Often Physicians Face a Medical Peer Review

Medscape asked doctors how many times during their career they had undergone a medical peer review of their patient care.



Why Are Peer Reviews Needed, Anyway?

Assuming a peer review is initiated for productive reasons, physicians chose the following motivations.



Suspicious That Peer Reviews Are Misused

Still, some doctors believe that many peer reviews are shams intended to punish them for unrelated reasons or to remove competition for staff physicians.



On a scale of 1 (Not at all concerned about misuse) to 5 (Very concerned), 56% of physicians chose 4 or 5.

Only 23% of them picked 1 or 2.



CLICK LINK BELOW FOR FULL REPORT

Medscape

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Vanderburgh Medical Alliance



September 17th
General Membership Meeting.



October 15th
General Membership Meeting



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Medical Alliance Holiday Party
December 5th -- Oak Meadow Country Club

Pictured: VMA members enjoying some of the general membership meetings and the Holiday Party. We are not all meetings & entertainment, but also raise funds to support local medical education, health-related organizations and even the Vanderburgh Medical Society's Destination Wellness. If you area new to the Evansville area or a former member, we would love to have you join us.

Coming up in the New Year, we will be holding monthly general membership meetings, volunteering at the Tri-State Food Bank and meeting monthly for book club and Foodies.

To good health!

Sabrina and Marty

Sabrina Koleilat & Marty Vibul
Co-Presidents, Vanderburgh Medical Alliance



Join us at the Valentine Party!

February 5th, at the home of Heidi & Randy Lance, 6433 Pebble Pointe Ct., Newburgh. 6-9 pm. Spouses/partners & prospective members welcome. RSVP to Sabrina at 812-629-6213.



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MEMBER BIRTHDAYS |

November

Alicia M. Stafford, MD	11/2	Patrick C. Flamion, MD	11/13	David W. Johnson, MD	11/23
Charles D. Franks, MD	11/3	Raymond L. Lamey, MD	11/14	Tommy Symreng, MD	11/24
Martin J. Bender, MD	11/6	Marc C. Johnson, MD	11/15	Reynaldo N. Gonzales, MD	11/25
Charles A. Strickland, MD	11/6	Joseph E. Franklin, MD	11/17	John D. Pulcini, MD	11/25
David B. Curtis, MD	11/10	Mona F. Wooten, MD	11/17	Laura B. Finch, MD	11/26
Aaron T. Gries, MD	11/10	Michael B. Rusche, MD	11/18	Vernon H. Humbert, Jr., MD	11/26
Michael A. Herrell, MD	11/10	John M. Burnley, MD	11/20	Christie M. Reagan, MD	11/27
Michael J. Dukes, MD	11/11	Melanie J. Helms, MD	11/20	Glenn T. Johnson, MD	11/28
Thomas R. White, MD	11/11	Kailyn S. Kahre-Sights, MD	11/20	Arich R. Reynolds, MD	11/29
Frank L. Hilton, MD	11/12	Kyle O. Rapp, MD	11/21	Ahmed S. Khan, MD	11/30
Andrew W. Piering, MD	11/12	Shayne R. Kelly, DO	11/22		
Deane L. Smith, II, MD	11/12	Mark F. Morrison, MD	11/22		

December

Susan M. Martin, MD	12/1	Jerry D. Becker, MD	12/6	Steven G. Becker, MD	12/21
Thomas J. Rusche, MD	12/1	Jon D. Frazier, MD	12/6	Hunter J. Hicks, DO	12/21
David E. Schultz, II, MD	12/1	Andrew T. Saltzman, MD	12/7	Nicholas J. Rensing, MD	12/22
Brian W. Schymik, MD	12/1	Mark E. Meyers, MD	12/9	Robert L. Rusche, MD	12/22
Dora R. Spears, DO	12/1	Sally G. Primus, MD	12/9	Gene R. Flick, MD	12/25
Gary L. Beck, MD	12/2	R. Buckland Thomas, MD	12/11	V Paul Banning, MD	12/26
Thomas B. Anderson, MD	12/3	Todd M. Dunaway, DO	12/15	Jean S. Haseman, MD	12/27
Nicholas C. Kuchle, MD	12/3	Carl H. Linge, MD	12/15	Edward L. Brundick, MD	12/28
Andrew S. Pfaff, MD	12/3	Richard A. Tibbals, MD	12/17	James R. Porter, MD	12/28
Todd S. Burry, MD	12/4	Bruce W. Romick, MD	12/18	Craig T. Carter, MD	12/29
Taylor S. Gardner, DO	12/4	Thomas M. Harmon, MD	12/20	Bryn N. Thatcher, MD	12/29
John D. Guletz, MD	12/4	Peter A. Rosario, MD	12/20	Juan C. Cabrera, Jr., MD	12/30

January

Jason M. Conaughty, MD	1/1	Parker Schouten, MD	1/13	Craig A. Triola, MD	1/21
Daniel B. Daniels, MD	1/1	Darla R. Grossman, MD	1/14	David S. Risner, MD	1/24
Theodore J. Stransky, MD	1/1	Thomas S. Hastetter, MD	1/14	Richard L. Gries, MD	1/25
Mell B. Welborn, Jr., MD	1/1	Jeana J. Lee, MD	1/14	Larry W. Lutz, MD	1/25
Santi Vibul, MD	1/6	Joseph C. McConaughy, MD	1/14	James M. Heinrich, MD	1/26
Cory L. Dixon, MD	1/7	Michael R. Hodges, MD	1/15	Gary R. Moore, MD	1/26
Eric S. Brackett, MD	1/8	John M. Myers, MD	1/16	Philip Jackson Kline, MD	1/27
Peter A. Knoll, MD	1/9	William C. Houser, MD	1/18	Susan Elizabeth Nesbitt, MD	1/27
Mohammed S. Adeel, MD	1/10	John F. Lawler, MD	1/18	R Kenneth Spear, Jr., MD	1/29
Kevin W. McConnell, MD	1/10	Barney R. Maynard, MD	1/18	Randall R. Stoltz, MD	1/29
Shari L. Barrett, MD	1/13	Terry A. South, MD	1/18	Robert R. Penkava, MD	1/30
David D. Christeson, MD	1/13	Michael R. Sutton, MD	1/19		





Vanderburgh County Medical Society
Evansville Indiana

Volume 38 | Issue 4

MONITOR

PHYSICIANS DEDICATED TO THE HEALTH OF THE COMMUNITY

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