

LANE COUNTY MEDICAL SOCIETY | FEBRUARY 2023

MEDICAL MATTERS

Pediatrics & Parents

Dr. Geisler creates lasting support and relationships while advocating for children's mental health.



Creating Staff Vitality:
5 Keys to a Trauma-
Informed Space
February 16th



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LCMS MISSION STATEMENT

The Lane County Medical Society is a professional organization that represents, unifies, and supports its physician members as they practice the science and art of medicine.

The Society promotes the interests of member physicians and advocates for the health of the community.



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1992 TIME CAPSULE

PeaceHealth opened a time capsule with a few physicians who were there the day it was sealed 30 years ago.

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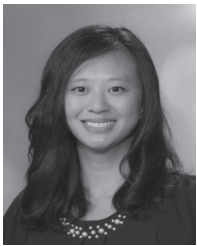
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MEDICAL MATTERS

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Connection & Shared Purpose

Ask someone what they advocate for, and you will get a variety of answers – mainly because it’s a personal choice based on values and purpose.

Some advocate personally for themselves or loved ones – for needs to be met.

Others advocate locally, such as for a non-profit by serving on a board or participating in fundraising events.

And, still others, advocate politically by voicing opinions in a variety of ways to elected officials at local, state, or national levels.

LCMS Advocacy

Part of the LCMS Mission Statement states, *“The Society promotes the interests of member physicians and advocates for the health of the community.”*

And one of our stated Objectives is *“To participate in those political and legislative efforts which best serve the public education programs.”*

As new legislation emerges, the LCMS Board considers bills, and then decides which to support based on the consensus of the full membership. In the past, they have done so with letters of support, testimony, endorsements, or partnerships with other organizations.

Although LCMS does not have a lobbyist, the Oregon Medical Association (OMA) does, so we often rely on them for more in-depth information about specific bills, whether they support them or not, and why. The OMA also has the necessary clout with lawmakers, policy leaders, courts, and the media.

The 82nd Legislative Session began on January 17, 2023. After two years of virtual sessions due to the COVID-19 pandemic, this session will be in person.

Recently, the OMA released six focus areas as legislation begins.

OMA Priorities

- Healthcare interpreter service reimbursement
- Exempting Medicaid and Medicare services from corporate activity taxes
- Healthcare workforce issues
- Funding for the Oregon Wellness Program
- Opioid harm reduction legislation
- Scope of practice

What piques your interest? Ready to get involved, but need help figuring out where to start?

Great news! The 2023 OMA Day at the Capitol is also back in person. OMA members can meet in Salem on Monday, April 17, 2023, to hear from legislative leaders and learn about the legislative process. Physicians, PAs, and medical students will meet in groups with legislators to discuss critical issues facing the Oregon medical community. This event requires OMA membership and registration to participate, so if interested, reach out to OMA@theOMA.org.

This opportunity is a very effective way to learn more about current healthcare priorities and the process to further legislation. For me, getting a glimpse “behind the curtain” was interesting, and surprisingly fun.

With any organization comprised of diverse individuals, there is no shortage of unique strengths and perspectives, but they can only affect change if voiced in an effective way.

Advocacy, Joy, and Purpose Entwined

Physicians are the relative “top dog” in the hierarchy of healthcare, so it’s not surprising to experience the “it’s lonely at the top” phenomenon. For some, it is a stark realization that

developing meaningful connections is challenging, and often leaves physicians feeling isolated.

This creates a need for personal advocacy, by actively developing your own social and supportive network. As any retired physician can attest, you will not remember or cherish the day-to-day tasks, but the people – the relationships.

How does joy play a role? The feeling of joy will be different for everyone, but invariable, it includes happiness. Not the kind of happiness felt with a new job, a new relationship, or even a new puppy, but when it is entwined with purpose.

So, take a moment to consider how purposeful you are in making the world a better place through your practice of medicine, patient relationships, family dynamic, social network, or community involvement.

If you lack joy or happiness, become an advocate on any (or all) level(s). Find those with a shared purpose and start connecting. It will make a difference.

At LCMS, we are grateful for the relationships formed with our members, some of which have lasted for generations. And we will continue to develop activities and events that provide opportunities to build and strengthen relationships with us, your colleagues, and the community.

Join. Get involved. Connect. Discover a shared purpose. Then, use your voice to become a champion for medicine.

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Chart Notes

“One [way you can] be more involved is to look at boards in our community... Whether that’s connecting with one of the many mental health organizations or volunteering with an organization like Parenting Now, you can help make change from the ground up.”

– DR. ANITA GEISLER
ON ADVOCATING IN THE
COMMUNITY

Creating Staff Vitality February 16th

Dr. Amy King and Shannon O’Leary present *Creating Staff Vitality: 5 Keys to a Trauma-Informed Space at The Community at Marquis Eugene* from 5:30-7:30pm.

This hands-on workshop is intended to teach attendees how to apply what they learn with their staff and in clinics. It’s not just information, but actionable items as well. Key takeaways include:

- How to change the culture of your organization
- Creating an open and inclusive environment

- Influence staff and procedures

There will also be a moment to celebrate Women Physicians Month and thank the women in our area for pushing boundaries and paving the way for generations to come.

Space is limited for this event, so be sure to register early at www.lcmedsociety.com.

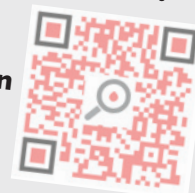
WANT TO GET MORE INVOLVED WITH LCMS?

Join a committee! LCMS is looking for physicians, spouses, and community members to help guide the organization by joining a committee. Available committees include Physician Wellness Program, Community Health (new), and Events. Whether you’re wanting to support local physicians, share your connections, or are looking to make an impact in the medical community, we’re looking for input, suggestions, and volunteers for this year. Email info@lcmedsociety.com for more information or to get involved today!



Bloodworks Northwest Urgently Needs Donations!

Scan the QR code to make an appointment.



NEWS



LCMS Executive Director, Shondra Holliday was recognized by Lane Workforce Partnership for 18 years of service on the LWP Board of Directors.

Sign up for updates from the Oregon Medical Association to learn more about what’s happening throughout the state at theoma.org or reach out to OMA@theOMA.org.

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GET INVOLVED!

VISIT OREGONLEGISLATURE.GOV & LANECOUNTY.ORG/GOVERNMENT

Relationships for Positive Change

BY JOE SAGE, MD
CANDID MEDICAL

Hello, colleagues! How's 2023? Some people I know have labeled February the most challenging month of the year. Will you spend a few minutes with me as we explore the topic of advocacy?

One of the more transformative lectures I had as a resident was the one about advocacy. The attending suggested we view ourselves as advocates. His recommendation: substitute advocate for physician and proceed accordingly.

As physicians, we routinely encounter situations that are antithetical to health. Some events we witness violate our core values. This can lead to a tangle of emotions.

What should we do? That question feels like a lot of pressure. I try my darndest to avoid telling people what to do. Perhaps, though, a short true story.

Six or seven years ago, I joined a study group. It met once a week in the morning for six weeks, right during work. My office manager graciously gave me time to attend the group. During the last class, I remarked that I had never "skipped work" for this type of thing, and classmates encouraged my new behavior. Unbeknownst to me at the time, that nonmedical classwork was the launch of my lifestyle medicine and well-being endeavors.

That endeavor was successful for several reasons. First, the area of interest was important to me (meaningful). Second, the work was fun (positive emotions) and challenging (engagement/flow state). Probably most important, I had the support of a group of people (positive relationships). Change happens in the context of relationships¹.

The other aspect of this process was my expectations. I kept the focus solely within my area of control. It's easy to look into

the world and see all the areas that need fixing. When I do that, I get overwhelmed and paralyzed. So I do best when I accept what I can control and let go of what I cannot. Or as Mother Teresa said, "If you can't feed 100 people, feed just one."

Sometimes feeding just one is effort. Our systems are set in a specific direction and remain that way unless we act upon them. Acting upon them requires two things: a reason to act and the energy to act.

"It's easy to look into the world and see all the areas that need fixing... Acting upon them requires two things: a reason to act and the energy to act."

We usually encounter many reasons to act. We want to alleviate suffering or eliminate wrongdoing. Another reason exists. You have a unique collection of strengths and perspectives. Your community benefits when you use these talents and skills.

This notion of community is a powerful one when viewed through the lens of advocacy. Community can provide the reason to be an advocate. Advocates can harness the power of community to fuel their work. Change happens in the context of relationships, and positive relationships give us a life with purpose and meaning. Positive relationships are the single most important element of

personal thriving.

It's common to identify a challenge we want to address and yearn to work on this with a group. We even know the group will be friendly. Still, we find ourselves hesitant to get started.

One way to overcome this is to harness your strengths. An evidence-based way to do this is to complete the Via character assessment². As you work through your strengths, you learn ways to use them to bolster your courage to start new endeavors. In this case you benefit with long-term improvement in life satisfaction and your community benefits from your advocacy efforts.

(You can do this on your own for free. If you prefer, sign yourself or a group up at candidmedical.com, and we will work through it together. It's fun!)

Let's put this all together. You put on your advocate hat and envision a change in your community. If needed, you harness your strengths so you're ready to do something new. Then it is time to find a community of supporters. For example, a personal board of directors.

We find our community in many different places. Consider local chapters of national organizations. With video calls, sometimes, our community is more widespread than ever. The most powerful supporters for me have been local people with advocacy skills who believe in me and encourage my cause.

"Never doubt that a small group of thoughtful, committed citizens can change the world; indeed it is the only thing that ever has." - Margaret Mead ♦

Joe Sage, MD is a Wellcoach® Health and LCMS Physician Wellness Program provider.

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1. 5 elements of thriving: positive emotions, engagement/flow, positive relationships, meaningfulness and accomplishment.

2. Viacharacter.org

Non-Compete Clause Update

CONTRIBUTED ARTICLE

The end of the non-compete clause may be near. Non-competes prohibit a worker from leaving one employer and moving to another (or self-employment) within a certain distance of the original employer, often for a certain period of time. The Federal Trade Commission, an agency dedicated to promoting marketplace competition, recently proposed banning the practice on a nationwide scale. Should the rule be finalized in the coming months or years, it may significantly change physician job transitions.

Physician employers generally defend non-compete clauses as being necessary to recoup the costs of recruiting a physician and to protect themselves from being undercut when a physician chooses to leave employment and attempt to bring existing patients to the new practice. Physicians traditionally oppose them as being unnecessary in light of current physician recruitment practices and restrictive of a patient's right to seek medical care from the provider of their choice. The FTC notes that the proposed rule will reduce the cost of healthcare by \$148 billion.

In Oregon, the law limits non-competes

“This potential change adds to the importance of effective employee retention and recruiting programs.”

to 12 months post-employment and generally to employees making in excess of about \$100,000 per year. The law also voids them unless the clause is tied to hiring or promotion. This contrasts with California, where non-compete clauses are unenforceable.

Physician-employees present several novel issues compared with other workers. First, the physician-patient relationship is different and more personal than with, for instance, that between a fast-food worker and a customer. (Yes, fast food employers were using non-compete clauses.) Additionally, the high training requirements and low density of physicians, especially sub-specialists, creates a real risk of the loss of a service entirely if a physician can no longer work in a particular area. In turn, this can impact the network adequacy of insurers.

In fairness, some of these factors cut both ways. A sub-specialty physician or small group of them could effectively command higher prices after leaving an employer to start a new practice. And, while large hiring bonuses are currently rare, employers do spend significant sums on physician recruiting. Notably, this latter impact could be ameliorated by limiting non-competes to a set period from hiring, rather than from termination of the employment relationship. Concerns about patient-poaching may be legally addressed by an enforceable non-solicitation contract provision.

The ban on non-compete clauses may not happen quickly, or at all. Federal law requires a 60-day notice and comment period, followed by significant time for the agency to respond to the comments that are submitted. If passed as a final rule, business interests have already said that they will challenge the rule as being

“Federal law requires a 60-day notice and comment period, followed by significant time for the agency to respond to the comments that are submitted.”

beyond FTC's legal authority.

Should the rule pass, change in the physician-employer relationship will likely happen slowly. Even if non-compete clauses were banned, provisions allowing the employer to recoup recruitment costs and non-solicitation clauses may still be legal. Further, while non-competes are technically banned and unenforceable in California, many employers still have them in form contracts. Employees there may not realize the legal inoperability of the language and still feel bound.

This potential change adds to the importance of effective employee retention and recruiting programs. These may include increasing the rate of earned leave or pay over time or paying off a percentage of student loans over time. For recruiting, employers may want to look at expanding physician training programs in the area to build bonds between the trainees and the local area. Through changing retention away from the “stick” of non-compete clauses to the “carrot” of positive retention programs, the policy change has the strong potential to improve working conditions for physicians. ♦

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The Power of Poignant Messaging

BY ANGELA ZALLEN, MD, FAAP
PRESIDENT, OR PEDIATRIC SOCIETY

As physicians, we are accustomed to advocating for our patients on an individual level, whether it be fighting for appropriate placement, for appropriate medical equipment or medications, or medically necessary procedures. Many of us are not as comfortable advocating on a systems level for issues that impact the health of populations, but it is a very powerful avenue for physicians to become agents for change in a system that often prioritizes money over health. There are many ways we can be engaged in advocacy, and every time we use our voices, we have the capacity to incite changes for the greater good. We have power and influence as a medical community that is often underrecognized by us, but can be significant with policy makers that listen to and value our opinions as content area experts. We need to use those voices



Zallen and her infant daughter testifying in committee in favor of a bill that would remove philosophical vaccine exemptions.
Photo provided by Dr. Zallen

“There are many ways we can be engaged in advocacy, and every time we use our voices, we have the capacity to incite changes for the greater good.”

to educate and empower them to make policy decisions that will benefit our communities. For vulnerable populations such as children, the elderly, or those with intellectual disabilities, it is more integral that we partner, collaborate, and advocate for those that cannot advocate for themselves. My advocacy journey started in medical school where I found a passion for advocacy and the ability to make a difference for the patients I was learning to care for. Throughout my journey, I learned effective ways to bring attention to issues that matter. I continued to learn advocacy tools in residency by attending the American Academy of Pediatrics Advocacy conference. Now, as an attending physician, most of my advocacy efforts are at the State level through the American Academy of Pediatrics and our state chapter, the Oregon Pediatric Society. I want to highlight some of the things I have learned along the way that have improved my confidence in being a strong advocate for the health of children and my grasp of the power of poignant messaging.

- **WE HAVE MORE POWER TOGETHER.** The more we can advocate in groups for things we collectively believe in, the stronger our message and the more effective we will be. This can mean getting a group together to write letters to our elected leaders or call their offices. Using the influence of our professional organizations to organize lobby days where many professionals gather at the same time to amplify a message can be very effective. This means finding allies in the legislature that can lend clout to our efforts. We are stronger when we advocate together.
- **WRITE IT DOWN.** We have powerful stories of the people, families, communities that are affected by specific policies. We see and hear those daily with the patients we care for on the front lines, and we can effectively relay those stories to key decision makers to bring to light issues that policy can affect. We can write and/or give verbal testimony in public hearings

Continued on page 19...

“To be effective advocates, we don’t need to do [everything] to effect change, we need only find the avenues that make the most sense to us and our communities.”



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MEMBER PROFILE

Pediatrics & Parents

Dr. Geisler provides patient care
through a preventive approach.

BY ALAN SYLVESTRE
FOR LANE COUNTY MEDICAL SOCIETY

When you have a child, especially your first, your world will be changed forever. When you're in the hospital, you're provided resources for how to take care of your newborn.

But what happens after? What do you do after you get home and you're uncertain about what comes next? When they become a toddler and beyond.

Parenting Now, a non-profit in Lane County, offers parenting groups, education, and activities for children, with the goal to provide the local and global community of parents and educators the tools and resources to create and sustain healthy, safe environments for children.

For pediatrician Anita Geisler, who serves as a board member of Parenting Now (and 2022 board president), she believes the program is a great benefit for parents of any skill level, but especially those who are first-time parents or new parents to the area who don't have large familial support systems.





“One of the things that Parenting Now does is help parents who might be the most vulnerable and feel the most isolated, in that, there is no manual for a child,” Geisler says. “I feel like often, and especially since COVID-19, parents are working in their own little silos and trying to figure things out. What’s great about the organization is that it has several layers of classes for parents depending on your child’s age.”

The groups meet for either 10 or 12 weekly sessions. A professional Parenting Educator facilitates each group and follows a carefully designed curriculum. Each session includes group discussion and problem solving around topics of interest to you.

They welcome all people, regardless of gender identity, family makeup, religion, race and ethnicity, or ability. No one is turned away.

“I think this program is a great win because you’re getting to spend time with your child, and the biggest plus is that you’re getting to spend time with like-minded parents and get the opportunity to develop bonds and alleviate the isolation of being a parent that is so prevalent in communities.”

She believes the program provides an outlet to facilitate better parent education. As a pediatrician, she thinks that a preventative medical approach, paralleled with more parent education, can lead to better pediatric health.

“When we get parents together for these classes, they often set up play dates and play groups outside of Parenting Now,” Geisler says. “It provides an outlet

“Since about 2012, as cell phone use increased, pediatricians saw a lot more anxiety and depression in their patients... We, as pediatricians, have had to reinvent the way we practice [to handle these new situations].”

to connect parents so they learn how to take care of their child better. For example, at what point do you introduce different foods to your child? It can be really challenging knowing what to do next for your child. The Parenting Now programs are perfect for any parent, whether you’re new to the community, you’re the first person in your family that has young children, or whatever your situation may be.”

And Geisler says that many of the parents continue their support systems and friendships far past the conclusion of their parenting groups.

“These friendships become long-lasting,” Geisler says. “I’ve heard of parents who have come through the program that are now attending their friends’ kids’ weddings. I think the program makes a long-term, lasting impact on many families.”

Medical Family

For Geisler, she says initially she had little interest in medical school.

“At first, I was trying to fight it,” Geisler says. “My parents are immigrants to this country and came here as physicians for

their residency. So I grew up watching their medical careers unfold – watching my mother take her exams to get her medical license in this country.”

Loving the career paths her parents choose for themselves, she thought other careers might be better suited for her. But by late high school, a career in medicine became the apparent choice.

“I loved biology and the sciences, so it made sense that I would pursue medicine in college,” Geisler says.

Having gone through her different rotations in medical school, she always drifted toward pediatrics.

“To me, it always felt like a fun way to practice medicine,” Geisler says. “I was also attracted to the idea of a more preventative approach to medicine.”

Another – and perhaps most important – area of pediatrics that called her to the specialty was that she enjoyed “babies and giggles.”

Now having practiced since 1994, Geisler says one of the things she has enjoyed seeing as a pediatrician is how medicine has evolved in the community.

“We used to do a much more hands-on approach in the hospital when the community was smaller,” Geisler says. “We would go to every delivery, assist on all traumas that would come through. It was an all-inclusive form of primary care. That was very exciting and I really enjoyed that.”

As time has gone on and the size of the medical community has grown in the region, she says she has enjoyed being able to take a few steps back and letting

“These friendships [from the Parenting Now programs] become long-lasting. I’ve heard of parents who have come through the program that are now attending their friends’ kids’ weddings.”

hospital staff help in providing care.

"I don't mind at all now that the hospitalists can provide care if a child is in the hospital, so I can focus more on the relationships with my patients," Geisler says. "I'm now taking care of children of patients I used to take care of as children. It's great that I can sometimes take a step back and focus on looking at the history of my patients to provide more preventative care."

Reinventing Medicine

Part of the progression of her work in medicine as a pediatrician was a rise in cell phone use.

"Since about 2012, as cell phone use increased, pediatricians saw a lot more anxiety and depression in their patients," Geisler says. "I started scratching my head at how to treat it, and I think all pediatricians were experiencing the same thing."

Now adding in a higher amount of social

media use among children, the problems of depression and anxiety among children has increased further.

According to the American Academy of Pediatrics (AAP), children having cell phones is different from a child working on a computer or laptop for school. "[Children can] have a smartphone with them almost all the time. As a result, they may be on their phone instead of having face-to-face conversations, doing homework, participating in sports or sleeping."

Before giving your child a smartphone, the AAP has published a list of questions that parents or care providers should consider first. Some of those questions include, What would your child use the phone for? What are your child's challenges that might make having a phone more difficult? And do you have a regular way to check in with them about how life is going, including their digital life?

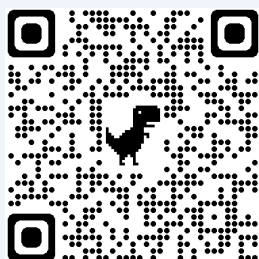
"We, as pediatricians, have had to reinvent the way we practice," Geisler says. "You either had to rise to the occasion, or say I'm done. Because it has been extremely trying on physicians."

As an advocate for more pediatric education in the community, Geisler hopes that more physicians will advocate for legislative change, given how pediatric medicine has changed in recent years.

"One of the things you can do is write to your congressman to pass laws in order to regulate social media due to its negative impact on child mental health," Geisler says. "One of the other ways you can be more involved is to look at boards in our community you can be involved in. Whether that's connecting with one of the many mental health organizations, or volunteering with an organization like Parenting Now, you can help make change from the ground up." ♦

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...Continued from page 12

for bills we believe in or offer our expertise for further work sessions on priority bills. Our words and expertise have weight and writing them down is an enduring way to communicate our policy objectives.

- **USE THE MEDIA TO OUR ADVANTAGE.** Write op eds in local or state newspapers. Use our content area expertise to shed light on important issues by doing interviews on radio, television, and written news content. Now, more than ever, the media needs to hear what we have to say to appropriately frame and shape the messaging delivered to our community.
- **PAY ATTENTION TO FRAMING.** Framing of a message can make a world of difference in how that information is received by the public and how effective it is in guiding policy decisions. Our messages should be short, concise, direct, and on message. Plan out the

framing of a message before meeting with policy makers or the media. Plan the answers to inevitable questions that

What I've learned:

- We have more power together
- Write it down
- Use the media to our advantage
- Pay attention to framing
- Run for Office

delve deeper into an issue so as to avoid veering from that message or making other sound bites that do not fit our

view of the issue.

- **RUN FOR OFFICE** Most politics are local and if policy making appeals to you, elected positions at every level need voices from medicine to guide the debates on policies that affect our population's health and well-being. Getting involved in politics can be daunting and the commitment is not for everyone, but the more voices we have in government, the more informed our policies will be.

To be effective advocates, we don't need to do all the above to effect change, we need only find the avenues that make the most sense to us and our communities. Working advocacy into busy physician schedules can be daunting especially if there are other demands for our time, but engaging in some advocacy to elicit systems-level changes can make the world of difference to those we care for. ♦



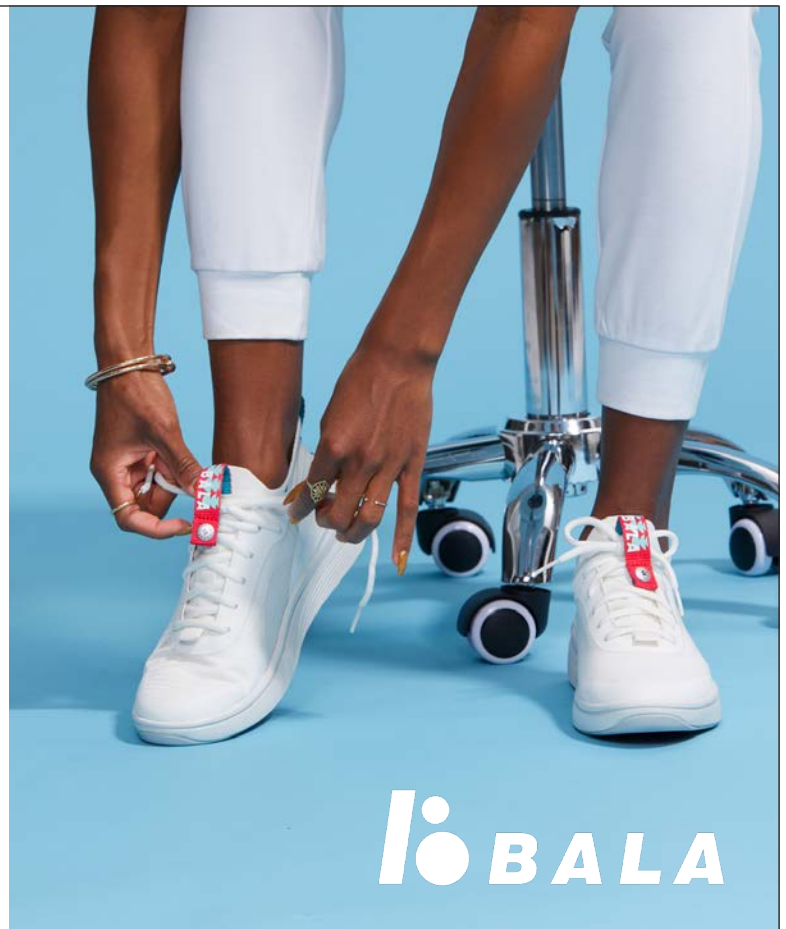
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Community Health Plan

Celebrate Effort

BY AMY KING, PHD

FOR LANE COUNTY MEDICAL SOCIETY

Can we talk a bit about emotional endurance? I've heard this phrase popping up lately as a remedy for pandemic fatigue. I'm down with relying on a phrase to create meaning. Words help us make sense. People use words and create phrases as a way to construct meaning during times that feel out of balance, trying, or hopeless. Language is our way of finding a common understanding or agreement to how we're going to talk about something. But, if we're using language and words as a tool, let's be clear about what we mean.

Okay, you get what I'm saying. So, if we're going to say we need to build or create or maintain "emotional endurance" what does that mean? The ability to have feelings for a long time? The ability to tolerate feelings? Having grit to bear emotions over time? Endure – to undergo, to tolerate, to stomach, to bear...I mean really, having endurance could mean so many things! If I tell you to stomach something vs. tolerate vs. undergo – it determines whether or you not you feel like you can show up for it. And then, throw in feelings??? Who wants to tolerate or endure feelings, especially negative or hard feelings? Happy, sunny, loving feelings – I'll endure those all day.

What I really think people mean when they say we need "emotional endurance" is that we need to build muscle in order to continue to undergo the stress and strain of pandemic life. And that, over time, if we adapt, we will have the stamina to endure these continued ups and downs. But here's where I have a problem: Time after time, we continue to ask individuals to ENDURE without fixing systems! AND, we continue to place this burden on individuals instead of leaning on relationships!

Folks – no human was meant to endure prolonged stress and continue to adapt. It FRAZZLES our nervous system. Predictable, tolerable stress

“In the absence of accolades, we all need someone rooting for us, win or lose... Who's rooting for you through loss? Who's helping you hold onto your purpose? How are you advocating for your needs to be met?”

creates resilience, but prolonged, erratic stress creates overwhelm, which leads to burnout. So, if we're going to ask people to continue to build emotional endurance despite no systemic change and no recognition that we DO BETTER in relationships of trust and support...I cannot support this mentality.

The only way to heal and learn from what we've "endured" over the last many months is to begin to address systemic harm and build supportive relationships where it's okay to be human instead of heroes.

So, I want you to begin to ask yourself, how are you advocating for yourself and



who's in your corner?

Take a look at this photo! It's over 90 degrees outside – hot and dusty with no breeze. He's charging out of the box on his horse, string in his mouth, rope outstretched as he throws to catch his calf. It's SO MUCH to put together. He practices for hours. Besides the sheer grit

and determination on this young cowboy's face (my son!), look behind him. All of those kids, trainers and peers? They're ALL ROOTING FOR HIM. Every single one of them hopes he catches that calf. They look on with anticipation, hope and a sense of urgency – "COME ON JACK!" Even the announcer in the crowd's nest wants to celebrate him. And the cool thing? Even if he misses, they celebrate him. They're celebrating the effort. The sheer determination and dedication to a sport where you often miss – no accolades, no awards.

Does this sound familiar?

In the absence of accolades, we all need someone rooting for us, win or lose.

There's been so much loss over the last few years – loss of colleagues to burnout, loss of patients, loss of hope and dedication to jobs once coveted, loss of authority, loss of determination.

Who's rooting for you through loss? Who's helping you hold onto your purpose? How are you advocating for your needs to be met?

We all need a little more community right now. The gang behind us cheering for our success – and not success with a blue ribbon, or money, or star power – success for trying, for our efforts, for our sheer perseverance.

I want you to think about this – who are your people in your corner, rooting for you? Have you told them? And who's corner are you in? Do they know? Tell someone today that you believe in them. You never know what a difference it could make. ♦

Photo provided by Amy King

Time Capsule Marks Dramatic Changes in Life & Medicine

BY SHERRI BURI McDONALD
COMMUNICATIONS SPECIALIST
PEACEHEALTH

In the final days of 2022, several retired doctors who had worked together at Eugene Hospital and Clinic, cracked open a time capsule that had sat in storage for 30 years.

Created by the clinic's staff in 1992, the capsule was to be opened in 2022 to celebrate Eugene Hospital and Clinic's



Above: Dr. Larry Hirons, who wrote a history of Eugene Hospital and Clinic's first 50 years, had the honor of opening the time capsule. **Top Right:** A message penned by a younger Dr. Barry Jarvis on a poster Eugene Clinic staff were invited to sign in 1992.

100th anniversary.

The clinic no longer exists. In 1995, it merged with PeaceHealth to become PeaceHealth Medical Group, which now has dozens of clinics and over 1,200 employees in Oregon.

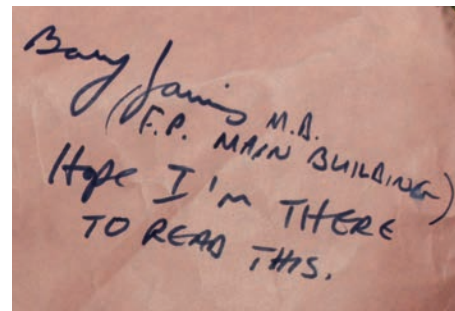
Opening the time capsule, however,

“Perhaps the best thing about the time capsule wasn’t anything it contained, but the opportunity it created for friends and former colleagues to share a laugh and reminisce.”

brought back memories of the special camaraderie at the clinic, where offices, exam rooms, X-ray, and the ER were all under one roof, and doctors lunched and shared stories at a large table in the basement dining room.

It was an opportunity to reflect on what has changed — and what has stayed the same — over the past three decades.

It also was a moment to remember the pioneering doctors who founded Eugene Hospital and Clinic in 1922. The clinic once stood at 1162 Willamette, now the site of the 13th & Olive apartment complex.



The doctors pulled hundreds of items out of the capsule — some historic, some wacky, some woefully out-of-date, and others surprisingly still relevant.

Among the highlights was a large poster covered with staff signatures. Dr. Barry Jarvis, who retired from PeaceHealth Medical Group last year after a 40-year career in family medicine, found his signature with this message: “Hope I’m there to read this.”

He was there, along with former Eugene Clinic doctors Larry Hirons, Richard Loescher, and Pat Merrick. They were joined by Dr. Robin Virgin, chief medical officer for PeaceHealth Medical Group in Oregon.

Most of the capsule, a 55-gallon drum, was filled with paper: old photos, blank patient charts, a Nov. 4, 1992, *USA Today* trumpeting Bill Clinton’s presidential win, a two-inch-thick US West phone directory, and several Lane County Medical Society membership directories from the 1980s and ‘90s.

The doctors also found some outdated technology, including cassette tapes, a set of old hearing aids, and a CT brain scan film with the anonymous message: “This machine is one year old – state of the art – hope you have seen improvements.”

A few of the items are as relevant now as they were back in 1992: a vial of



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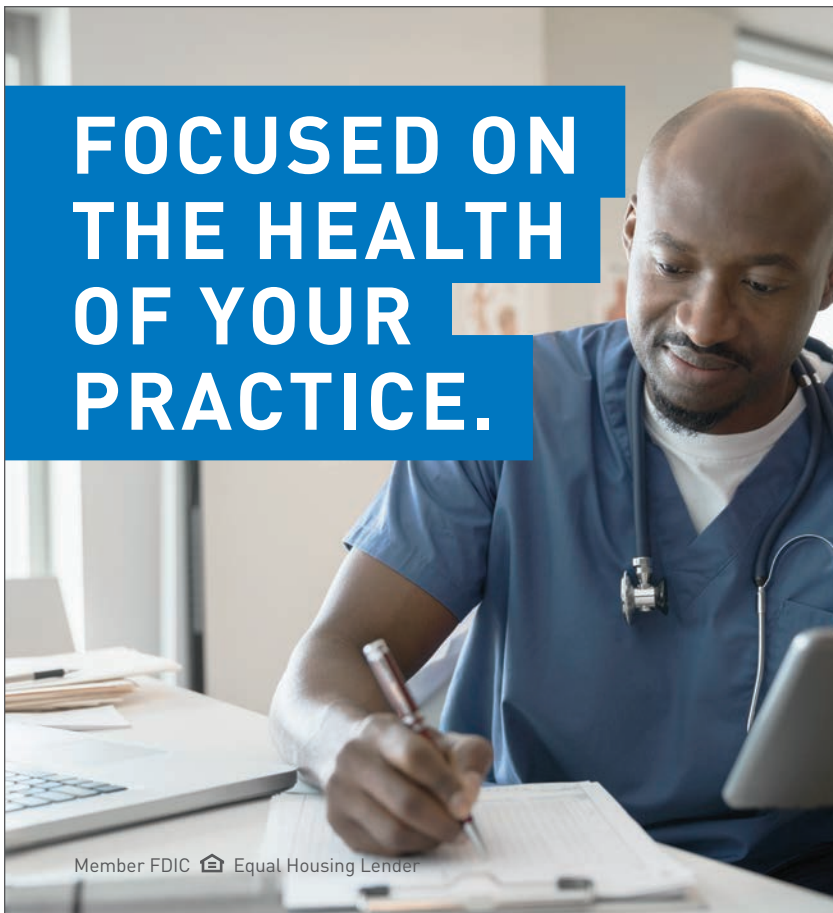
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influenza vaccine, a wrist cast made of the same materials used today, and a blue surgical mask like those worn throughout the COVID-19 pandemic.

The doctors marveled at the technological advancements over the past few decades.

When Dr. Loescher, a retired



gastroenterologist, joined Eugene Hospital and Clinic in 1972, he was one of about 35 doctors. They wore beepers and had to stay close to a phone for emergency calls. The invention of cell phones was revolutionary.

Uneasy at first about the transition to electronic medical records, Dr. Loescher said it didn't take long to see the advantages of being able to securely access patient records at home when a patient was having a medical emergency.

The nature of doctoring also has changed dramatically.

Dr. Jarvis recalled that early in his medical career, "I did everything — primary office practice, delivered babies, worked in urgent care, admitted and cared for my own patients in the hospital. It was a wide-reaching scope of practice."

The scope of his practice narrowed considerably with the advent of more specialists, subspecialists, and hospitalists. These changes, in some ways, reduced practice satisfaction, but also improved



Left: Dr. Hiron opens the capsule filled with items from the '80s and '90s. **Right:** Dr. Barry Jarvis holds up the paper declaring Clinton's presidential win.

quality of life, he observed.

"When the hospitalists came, I said, 'Hallelujah.' But I did enjoy the early years of doing everything."

Perhaps the best thing about the time capsule wasn't anything it contained, but the opportunity it created for friends and former colleagues to share a laugh and reminisce. ♦

Photos provided by Peacehealth

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Events

Create Staff Vitality on Thursday, February 16th at The Community at Marquis Eugene with Dr. Amy King and Shannon O'Leary. Learn how to apply skills to create a safe and inviting workplace. Space is limited! Register at www.lcmedsociety.com.

SAVE THE DATE! The 66th Annual LCMS Golf Tournament is set for June 17th.

Notes

Want to get more involved with LCMS? Help guide the organization by joining a committee – Physician Wellness Program, Community Health (*new*), or Events. Whether you're a physician, provider, or community member looking to make

an impact in the medical community, we're looking for input, suggestions, and volunteers for this year. Email info@lcmedsociety.com for more information or to get involved.

Sign up for updates from the Oregon Medical Association to learn more about what's happening throughout the state at theoma.org.

Upcoming Medical Matters themes include

Cancer Control Month, Senior/Hospice Care, and Summer Family Traditions. Theme and article ideas are always welcome! If you, someone you know, or your organization would like to contribute to one of these themes, please email info@lcmedsociety.com.

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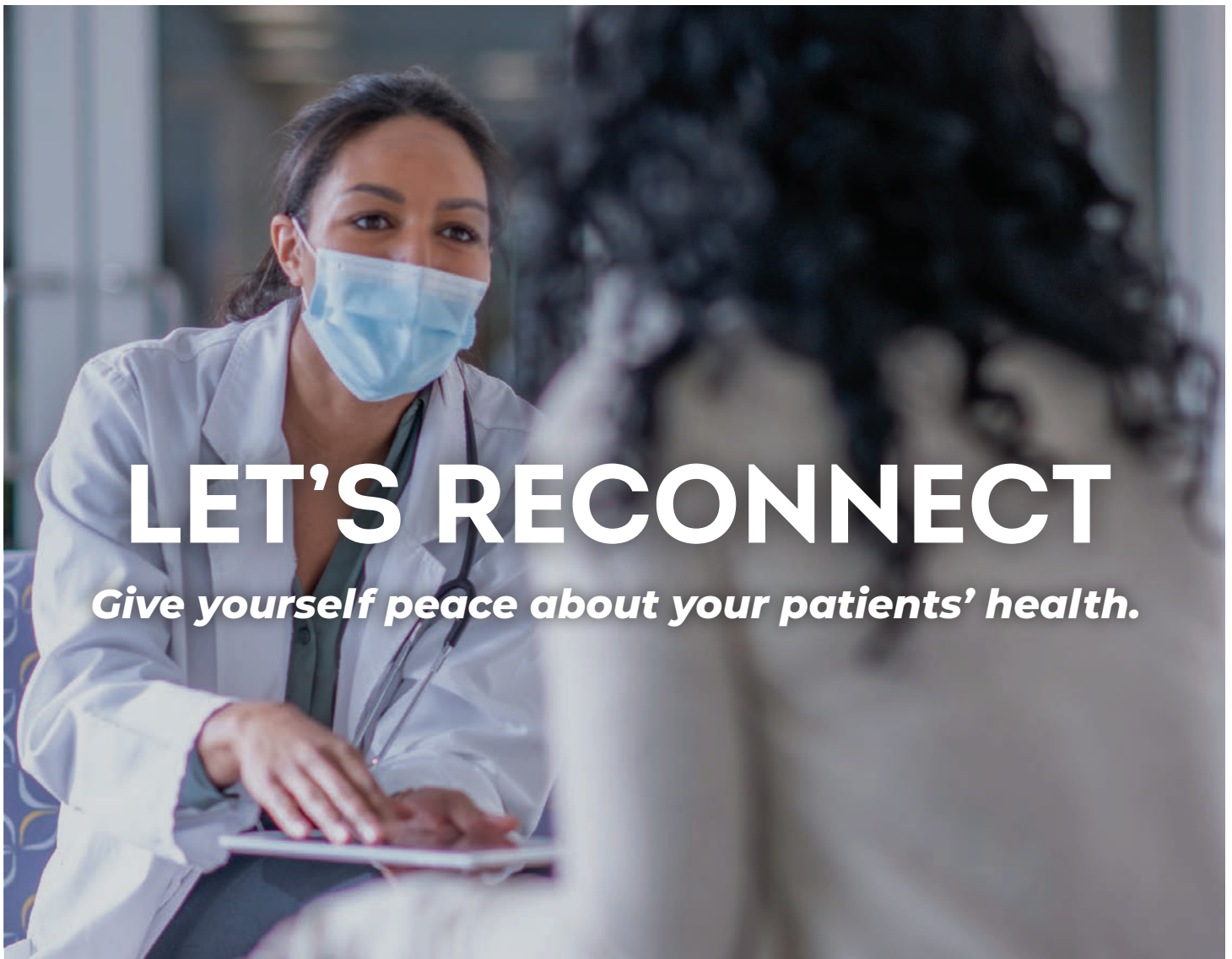
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