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Physician wellness, resiliency themes of MSMP's 131st Annual Meeting

Connie DeMerell, BSN, RN said her life, and the lives of her three children Keegan, Finnegan and Grace, have been "forever changed" by the loss last year of her physician husband, Dan, described as accomplished, compassionate, soft-spoken, humble and selfless.

The impact of his death from suicide "is tremendous," she told attendees of the **Medical Society of Metropolitan Portland's Annual Meeting** in May, but stressed that those in the room could help bring about meaningful change to improve the working environment for providers and education around mental illness.

In sharing her story of loss, DeMerell helped shine a spotlight on the critical importance of physician wellness, a theme that permeated MSMP's 131st Annual Meeting at Portland's Multnomah Athletic Club.

Mental illness is not a choice or a weakness, she noted, and a united effort is needed to change those



Connie DeMerell, BSN, RN, shared the story of her family's loss to underscore the importance of physician wellness during MSMP's Annual Meeting.

Photo courtesy of Wiley Parker

misperceptions and provide resources and programs to help physicians in a profession that is about "sacrifice and service" but who, partly because of a culture of medicine that views asking for help as a sign of weakness, far too often suffer in silence.

"The physicians in this room have an opportunity to speak openly and honestly, just as many other physicians have to me in person and via email," said DeMerell, who shared that her husband suffered from severe depression. "Your voice can direct meaningful change that is physician driven. I believe the medical society, myself as well as other organizations in Portland can work to promote change within the profession, work environments and training programs."

DeMerell lauded as proactive the **Physician Wellness Program**, formally introduced at the annual meeting by MSMP and the Metropolitan Medical Foundation of Oregon. The program, intended to address and remove the

obstacles that typically prevent doctors from getting the help they need, offers confidential counseling tailored to doctors. It is accessible to all physicians, and available at no cost to MSMP members.

Brenda Kehoe, MD, MSMP's president for the past two years who swore in **Bradley Bryan, MD**, as the medical society's new president, urged colleagues not to isolate themselves but to reach out to their fellow providers facing challenges. The sooner individuals in need seek help, she said, the more likely they will find a path to healing.

Bryan said he suspects many providers experience challenges similar to Dan DeMerell's.

"As I think about this it occurs to me that Dan sounds a lot like me, and that concerns me because I think there are a lot of individuals walking around

See **ANNUAL MEETING**, page 17

MSMP Student Award

Pacific U's David Bull lauded for service



David Bull shies away from the spotlight, but the Pacific University physician assistant student was front and center last month at the **Medical Society of Metropolitan Portland's Annual Meeting**, where he accepted MSMP's inaugural Student Award.

Bull said it was an honor to be recognized, stressing that fellow students from Pacific and Oregon Health & Science University who were also nominated are "just as, if not more, deserving of it than I am."

Bull was lauded as a mentor to both students and faculty, and as a deft and committed organizer of health fairs and community service activities. **Mary Von, DEd, MS, PA-C**, director of Pacific's School of Physician Assistant Studies who was among those who nominated Bull for the award, noted that he has "demonstrated solid academic achievement and professional knowledge," and "shares his wisdom with a humble attitude, and these outstanding characteristics will make him an exceptional physician assistant."

"He asks thoughtful questions, exhibits sound judgment, is unfailingly professional in dress and speech, and exhibits these behaviors consistently," according to Von.

Having recently completed his didactic year of study, Bull is doing

See **STUDENT AWARD**, page 18

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INSIDE THIS ISSUE

Rich and varied pursuits



Francis Lawson, MD, a SWAT medic and reserve deputy sheriff, has been guided in her personal and professional pursuits by one of her late mom's favorite quotes: "Patience is the stepping stone of success."

—Page 4

- **MSMP News & Events** 3
- Thank you, donors..... 3
- MSMP 2015-16 Board..... 3
- **Physician Profile:** Francis Lawson, MD 4
- Conference to focus on health care equity for Latinos..... 6
- **Medical Resident Profile:** Amy Kerfoot.....7
- **Men's Health & Wellness**
- Serious diagnoses and men: a growing emphasis on mental health.... 9

- Active surveillance of prostate cancer among clinical changes due to research... 10
- Men far less likely to prevent, screen for osteoporosis, research finds..... 10
- Study: X-linked gene mutations cause some male infertility..... 18
- Area physician helps put the pieces back together in Nepal.....12
- **Off Hours:** A flowering pastime..... 13
- **Classifieds Marketplace** 19

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Women's Circle—Topic: Gender, Stress and Patient Care

June 11, 6–8 p.m., MSMP Conference Room

The Women's Circle is a women physicians group facilitated by certified physician development coach Deborah Munhoz, MS. Not only does she address leadership issues important to women physicians, such as how to have your voice heard and competently influence quality of care, but she builds a unique sense of community that has become extraordinarily valued. See details at msmp.org.



BATTLE OF THE DOCTOR BANDS

Battle of the Doctor Bands 2015

June 25, 7 p.m., in Lola's Room at the Crystal Ballroom

The bands have been chosen! This year's Battle of the Doctor Bands will feature Crimson, Wolf Meetings, and Ojos Feos. Buy your tickets now! The Battle of the Doctor Bands is sponsored by The Doctors Company and KGON. The event benefits Project Access NOW. See details and buy tickets at msmp.org.

Risk Prevention Tips for E-mail, Texting, and Social Media in the Workplace Seminar

July 14, 7–8 a.m., MSMP Conference Room

Electronic communication is not a trend or a fad—it is a revolution that is changing the world. This seminar will address the evolving risks and benefits associated with social media and electronic communication, and will provide risk tips to mitigate potential liability. See details and register at msmp.org.



The Scrub Run 5K presented by MSMP & Uberthons

Aug. 15, St. Josef's Winery in Canby

MSMP's First Annual Scrub Run will start with a 5k run through the country roads of Clackamas County into the vineyards of St. Josef's Winery. Following the run, join us for dinner from Qdoba Mexican Grill and a concert overlooking the lake featuring the winner of the Battle of the Doctor Bands. Bring the whole family! See details and register at msmp.org.



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During its May Annual Meeting, the Medical Society of Metropolitan Portland installed its 2015–16 leaders.

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Francis Lawson, MD, relishes adrenaline rushes that come with ER, SWAT service

By Melody Finnemore
For The Scribe

Francis Lawson's first step into the medical field was an accidental yet fortuitous slice of serendipity that has since taken her to the sea, the sky and some serious hit-the-ground-running action along the way.

Lawson, MD, grew up in California with a mother who was a lab technician and a father who was a surgeon. Lawson had planned to follow in her mother's footsteps until she woke up late for her first biology final at the University of California, Davis. In a panic, she sprained her ankle trying to get to class as quickly as she could.

"My biology teacher took me aside, talked to me and calmed me down, and then said, 'Let's go take that exam now.' I got an A on it and the teacher told me I should be a doctor," she said.

After earning a bachelor's degree in physiology from UC Davis, Lawson graduated from the National University of Health Sciences in

Chicago in 1992 with the intention of becoming a surgeon. She completed an internship in surgery at Mt. Sinai Medical Center in 1994. However, a residency in emergency medicine at UCLA's Kern



Photos courtesy of Francis Lawson

Medical Center in Bakersfield, Calif., changed that plan.

"The ER is fast paced and exciting, with a lot of adrenaline rushes. I also enjoy the patient dynamics," Lawson said. "I may give someone a diagnosis that is life-changing. I feel like I connect with patients that way, and it's my one chance to maybe change their life in one small way."

Lawson moved to Portland with her husband, Randy, in 2000, shortly after her mother passed away. One of her mom's favorite quotes, "Patience is the stepping stone of success," has continued to guide Lawson throughout her personal and professional pursuits, both of which are rich and varied.

With specialized training in knee injection therapy, osteoarthritis and musculoskeletal ultrasound of the knee, Lawson works with the **Reflex Clinic** in Tigard and as an emergency medicine locum tenens. She has served as a ship physician for Norwegian Cruise Line and a flight physician for Lifeguard Air Ambulance. Her work as a flight physician has taken her to Japan, Australia and Hawaii, and she frequently has helped surfers in distress.

Lawson and her husband are gun enthusiasts, a hobby which led her to become a SWAT medic and reserve deputy sheriff for the Clackamas County Sheriff's Office. She dedicates anywhere from 18 to 20 hours a month to it, and has learned to rappel, clear buildings and confined space barricades, rescue hostages and throw a flashbang grenade.

Lawson, 50, relishes the mental and physical challenges that come with serving with SWAT, as well as the camaraderie. "I have, like, 28 big brothers who will have my back at any time. I have their



Francis Lawson, MD, shows off a halibut amid a fishing excursion with her husband, Randy, during a locums ER stint in Alaska.

wives and kids calling me for advice. It's like having a big family," she said.

Lawson's role as a SWAT medic also broadened her spiritual life. She was raised as a Catholic but said she didn't really understand the Bible. Her SWAT leader holds weekly Bible studies, and Lawson and her husband often attend them. Lawson said she finds enrichment through each one.

When she's not working, Lawson enjoys tending to her 1,200-square-foot garden, which includes flowers and vegetables. "Being in the garden where it's quiet time for me, that's my passion," she said.

The Lawsons also travel every chance they get. They visit Cabo San Lucas, Mexico, each year, and they were planning a 10-year anniversary trip to the Caribbean as Lawson was interviewed for this article. Lawson, who used to visit the Philippines every summer as a child, also has visited Morocco for a yoga retreat.

"I just enjoy seeing new things, meeting new people, learning about new cultures, and experiencing the colors and smells," she said. •

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Conference to focus on health care equity for Latinos

By John Rumler
For The Scribe

Latinos are the fastest-growing ethnic group in Oregon and, according to the 2010 U.S. Census Bureau, make up nearly 12 percent of the state's population. Yet many Latinos, including children and pregnant women, lack access to health care services. For example, nearly one-third of Hispanic mothers statewide do not receive prenatal care during their first trimester, according to a 2014 report published by the Oregon Health Authority.

Working to improve such figures is the Portland-based education, advocacy

and research organization **Familias en Acción**, sponsor of the **2015 Latino Health Equity Conference** June 18 at Portland State University.

"This conference focuses on the facts regarding health care disparities and brings together a variety of professionals to share what they are doing to improve health equity," said Familias en Acción Executive Director **Gail Brownmiller**.



GAIL BROWNMILLER

Through one of Familias en Acción's current projects, the Latina Initiative, in collaboration with Susan G. Komen Oregon and Southwest Washington, it was found that in the Portland area, 26 percent of non-Hispanic women are diagnosed with late-stage breast cancer. However, the rate is 36 percent for Hispanic women.

"We can target Latino women in specific zip codes to provide education for screening and support upon diagnosis of late-stage breast cancer," Brownmiller said. Familias en Acción describes the conference, themed "Equity in the Era of Healthcare Reform," as a forum focusing on individual and community pathways to health equity through research, programs and policies. Breakout sessions cover such topics as palliative care for Latino families, culturally competent care training for health professionals, and increasing the pipeline of Latino/Latina providers through recruitment and retention of postgraduate students.

The Affordable Care Act has created the opportunity for many Latinos who qualify to get health insurance, but figures show a sizable portion lack it. A year after open

at the June conference about ways to diversify the health care workforce. Webb, whose clinical focus is vulnerable populations such as adolescents, the uninsured and immigrants, has seen firsthand what happens all too often to Latinos entering the health care system.

"Often there is no one to guide them, anticipate their needs and provide assistance," Webb said. "Healthy outcomes occur only when the individuals and families are fully informed and someone takes the time to educate and provide answers to their questions."

Webb, who will complete her doctoral degree in nursing this year with a focus on innovative health care delivery models in primary care, said the lack of Hispanic physicians is a result of disparities in the educational system, a lack of role models, financial barriers, cultural biases, a lack of opportunities and other factors.



JACKIE WEBB,
RN, MSN, FNP-BC

2015 Latino Health Equity Conference

Familias en Acción is sponsoring the 2015 Latino Health Equity Conference **June 18 at Portland State University**. The theme is "Equity in the Era of Healthcare Reform." For more information, visit www.familiasenaccion.org and click on the conference tab.

enrollment for the Affordable Care Act began, 25 percent of Latinos nationwide still did not have health insurance, with Latino immigrants more than twice as likely to be uninsured as U.S.-born Hispanics, the Pew Charitable Trusts reported last year. In Oregon, the recent overhaul of the health insurance system excludes 17,600 children because of their residency status, according to a 2014 report from the Oregon Latino Health Coalition and the Oregon Center for Public Policy.

"Even those Latinos who do have health insurance often lack the understanding of how to navigate our complex health care system," Brownmiller explained.

A variety of agencies and programs are reaching out to the Latino community and to other racial and ethnic groups that have been underserved.

"There's a shift in how insurance companies and health care providers are addressing the needs of Latinos," Brownmiller said. "Also, Familias en Acción now has funding, such as a grant from Health Share of Oregon, to serve Latinos who have chronic disease and cancer. We're able to provide extra support to those who are discovering and/or managing their illnesses."

Health care delivery disparities are exacerbated by the lack of Latino physicians active in the state. According to the 2012 Oregon Physician Workforce Survey, 2.4 percent of physicians in Oregon identified themselves as Hispanic/Latino/Spanish.

A Latina practicing nursing as a family nurse practitioner for 25 years, **Jackie Webb, RN, MSN, FNP-BC**, is speaking

"We need to do a lot more to encourage minority students to consider going into health care in general. Latinos as a community need to support students and provide educational opportunities, parents need to become aware of resources, and elementary and high school faculty, staff and parents need to provide more opportunities for shadowing and career opportunities," she said.

Cultural competency in health care will be a big topic at the conference and is becoming a frequently discussed issue. Advocacy groups around the nation, including the statewide Latino immigrant rights organization Causa, support legislation that would require certain health professional regulatory agencies and licensing boards to define "cultural competency," develop a list of continuing education opportunities relating to cultural competency and develop standards for cultural competency training.

Research released in 2014 by Oregon State University also suggests a need to improve cultural competency among health care providers. Patient satisfaction, or the lack of, could influence their health outcomes, affect participation in health care programs under the ACA, and contribute to disparities in care access for Latinos, OSU's lead researcher said.

"Medical schools and nursing school programs need to make cultural diversity a priority," Webb said. "We need to make sure our future health care workforce understands cultural humility, is familiar with literacy issues and has a knowledge of special population needs." •



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MSMP Resident Trustee Amy Kerfoot carves niche in preventive medicine, public health

By John Rumler
For The Scribe

As an anesthesiology intern at Oregon Health & Science University, **Amy Kerfoot, MD**, initially loved the challenging mix of surgery, critical care and internal medicine. She also liked the people she worked with yet, as the year went on, something began to gnaw at her.

Kerfoot, a general preventive medicine public health resident finishing the second of three years of residency and resident trustee of the **Medical Society of Metropolitan Portland**, missed the concepts of wellness and talking to awake, alert people.

Realizing that she would likely not be happy or fulfilled with a career spent in the hospital and operating room, Kerfoot

did some soul-searching and, at the end of her intern year, she learned about the specialty of preventive medicine and public health.

"I realized what a great field it is, with the chance to think at the systems and population level to improve the health of communities. It would also give me an opportunity to put my training in informatics to use."



Amy Kerfoot, MD, MSMP medical resident trustee, toured the Gunderson marine factory in Northwest Portland recently as part of the occupational health component of preventive medicine.

Photo courtesy of Amy Kerfoot

"My lung cancer was already advanced when it was diagnosed."

"The Phase I clinical trial at Compass has given me hope and the social workers on the team have been a major support to me and my family."

Actual patient testimonial. Representative photo.

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The opportunity to serve as the MSMP resident trustee came about when outgoing resident Rachel Seltzer, who was finishing her preventive medicine residency and leaving the area, told Kerfoot about the opening. After one year, Kerfoot says it is a fantastic growth experience and she's grateful for the chance to learn a lot more about the larger health care community in the Portland area.

"I'm much more keyed in as to what the important issues facing organized medicine in our state are, and I have a more sophisticated understanding of the policies and the political landscape in our city and state."

Born and raised in Redmond, Ore., there were no physicians in Kerfoot's extended family, but she had no shortage of role models. Her mom was a high school business teacher for 30 years and her dad was a police officer for the city of Redmond for 27 years. Both are retired but volunteer actively in the community on numerous fronts.

As not only a police officer, but also a volunteer firefighter and EMT for the Redmond Fire Department, her father assisted at nearly every emergency in town, arriving in either a police car, fire truck or ambulance.

"I remember him explaining the circulatory system to me when he was studying cardiac physiology," Kerfoot recalls. "He showed me pictures of the aorta and vena cava with the 'red blood and blue blood' from illustrations in *Gray's Anatomy*. I still have that copy of *Gray's Anatomy* and I still love cardiology."

Another role model was Steve Cross, MD, a local family doctor who taught an advanced biology class, including

See **MEDICAL RESIDENT**, page 14

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Serious diagnoses and men: a growing emphasis on mental health

By **Cliff Collins**
For *The Scribe*

As psychosocial support for patients with serious or chronic illnesses becomes more prevalent, programs that treat such patients find that men sometimes have specific needs.

Mental health specialists say these can include needs as a patient or as a caregiver to a partner, either role of which can manifest in high stress. They add that men also are generally less receptive to participating in traditional support groups, an exception being if a group is devoted to education about particular aspects of a disease or on a specific disease itself.

For example, **Compass Oncology's** group support is built on six different modules related to common symptoms, said **Magdolna Solti, MD**, a medical oncologist who directs the Compass



MAGDOLNA SOLT, MD

Survivorship Program. These topics include fatigue and sleep, chemotherapy and neuropathy, sexuality, emotional issues such as anxiety, nutrition and exercise. Program staff includes three social workers and a palliative care oncologist.

"Support starts at the diagnosis," not after treatment, she explained. The goal is to screen each patient to determine what that individual will be facing, whether it is physical symptoms, emotional symptoms such as fear, or financial concerns related to treatment.

Group visits last 90 minutes and are moderated by the survivorship team, which tackles different topics each month. Each visit includes a presentation, group discussion and a question-and-answer session. Compass also offers 45-minute one-on-one visits with a physician assistant to help patients with the transition after treatment.

An example of a support group for men focused on a single type of cancer is a prostate cancer group at **Oregon Health & Science University's Knight Cancer Institute**. The group, co-facilitated by



PETER BENNETT, MSW

Peter Bennett, MSW, brings in expert speakers to explain subjects that are closely connected to the patients' disease. A recent topic was sexuality and intimacy after treatment.

"Sexuality is a huge issue for prostate cancer survivorship," said Bennett. The speaker

in that session focused on "redefining intimacy" and creating new ways to interact with a partner, he said. The format of having experts speak helps men be more open to discussion, whereas the sharing

of experiences tends to be easier in, say, a support group for women with breast cancer, he said. A comparison could be made that women prefer "face to face," while men are inclined to "shoulder to shoulder, working on an activity together," he said.

Ken Wizer, ND, a naturopath with **Providence Health & Service's Integrative Medicine Program**, said he has found that male patients with serious illnesses tend to respond well "to working with a physician in a gentle, connected way" one on one.

Integrative medicine plays a significant role in support services. The emphasis now is on wellness programs such as yoga, nutrition, exercise, massage therapy, acupuncture, mindfulness-based stress reduction, and retreats for people with cancer, according to **Susan Hedlund, MSW, LCSW**, manager of Patient and Family Support Services at the Knight Cancer Institute.

"In terms of integrative medicine, it's absolutely a national movement," she said.

"What we have known for a number of years is that cancer patients were using integrative medicine, but not necessarily telling their doctors."



SUSAN HEDLUND, MSW, LCSW

That can cause problems for both physicians and patients, because self-directed alternative and complementary remedies may be contraindicated

and conflict with standard treatment, noted Wizer. He said the original catalyst for the Providence program, now 12 years old, was that breast cancer patients asked for integrative medicine to be incorporated into their treatment. But "physicians wanted it, too," because they wanted that type of care administered by practitioners they know and trust, he added. The program now has broadened to taking care of not just patients with cancer, but also heart disease and other illnesses, as well as for preventive medicine.

Mental health support services have received greater attention after the American College of Surgeons stipulated two years ago that cancer centers accredited as centers of excellence must offer survivorship and wellness services, Solti and Hedlund pointed out. This must involve not just a paper handout given to a patient, Hedlund said; instead, it must include services related to quality of life and "lifestyle change. We have more cancer survivors than we used to." And, as a result, the issues they deal with such as pain and fatigue need to be addressed.

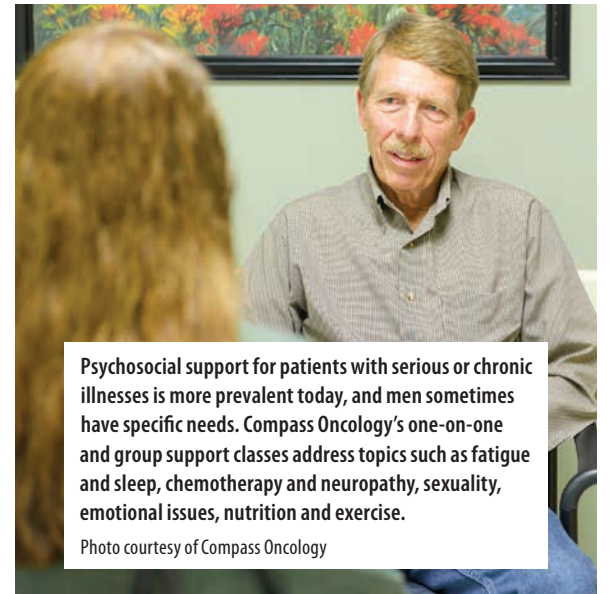
A problem is that such services often aren't covered by insurance, including Medicare and Medicaid, Hedlund noted. For the program she directs, nine social workers—each subspecializing

in different types of cancer—have their salaries covered through OHSU Hospital, she said. But all other support services are funded through Knight Cancer Institute's foundation, which fills in the funding gap that often plagues cancer centers' efforts to include support services, she said. The Affordable Care Act's emphasis on promoting less-expensive care may bode well for these services to be covered in the future, she added.

A recent study by the British Psychological Society identified key markers for vulnerability to psychological problems in men experiencing cancer. The findings indicated that participants who were separated or divorced had lower social support and greater depression. Younger age was related to higher anxiety and distress, and living in an area of higher economic deprivation was associated with greater depression and anxiety. Social support in general was a key indicator of psychological health.

Noting that psychological problems in male cancer patients are an "area that has been historically neglected in the literature," the authors wrote that "it is important to target those at greatest risk of psychological problems following a diagnosis of cancer for psychosocial support....Men typically have smaller networks than women and often rely on their wives for support. Some men who are separated or divorced lack such support, which can leave them more vulnerable to depression."

OHSU's Bennett said, referring to his prostate cancer support group: "One thing I've observed is that some guys who are single participate more and put themselves out there more than those in a supportive relationship. It's a great place for them to process their experience."



Psychosocial support for patients with serious or chronic illnesses is more prevalent today, and men sometimes have specific needs. Compass Oncology's one-on-one and group support classes address topics such as fatigue and sleep, chemotherapy and neuropathy, sexuality, emotional issues, nutrition and exercise.

Photo courtesy of Compass Oncology

Men are often more reluctant than women to describe their symptoms and concerns, said Solti, a reason why Compass Oncology uses "biosocial screening" before, during and after treatment to gauge patients' stressors and support system.

Solti also helped develop support services for caregivers of patients. When men are the caregiver to their partner, "it's a great stressor on their lives," she said. If the female spouse or partner has cancer, communication can become a major issue, because some men will reduce treatment decisions to just, "Go and fix it," rather than recognizing that the woman may feel anxiety about challenges such as how to tell their children about the diagnosis and how to care for the couples' own parents.

A Compass support group that meets primarily outside the office is for patients with testicular cancer, who generally are between the ages of 15 and 35. Being able to mingle with people in their own age range helps young men "to connect and realize they are not fighting this on their own," Solti said, as well as helping them achieve a life balance to cope with the "novel anxiety that goes with partnership and dating after a cancer diagnosis." •

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PORTLAND EUGENE SALEM

Active surveillance of prostate cancer among major clinical changes due to research

By Barry Finnemore
For The Scribe

Active surveillance of prostate cancer, during which some men are watched carefully for disease progression but do not undergo immediate treatment such as radiation or surgery, has been among the most significant recent changes in clinical care for men resulting from research, area physicians say.

Active surveillance among those whose localized cancer is small, slow growing and in a limited area of the prostate “is much more prudent and patient centered” and allows for individualized care, and delays or negates potential side effects from treatment, said **Nicholas Boncher, MD**, with **The Center for Men's and Women's Urology** in Gresham.

Shammai Rockove, MD, president of The Center for Men's and Women's Urology, emphasized that the concept of patient-centered care is not new, but it has become “so well accepted that it is the norm.”



SHAMMAI ROCKOVE, MD

A pair of significant developments in the past few years resulted in providers and patients having richer conversations about the nature of prostate cancer and treatment approaches, including the concept of active surveillance. The first was the U.S. Preventive

Services Task Force issuing its recommendation, based on two major studies, against prostate-specific antigen-based, or PSA, screening for prostate cancer, saying there is convincing evidence that the screening programs result in detection of many cases of asymptomatic prostate cancer, and that a substantial percentage of men with asymptomatic cancer detected by PSA screening have a tumor that will not progress or progress so slowly that it would have remained asymptomatic for his lifetime. It went on to say that the benefits of PSA screening for prostate cancer do not outweigh the harms—pain, fever and transient urinary difficulties, among them.

The U.S. Preventive Services Task Force recommendation was important, Rockove said, because it fostered nearly universal prostate cancer conversations between providers and patients.

“The task force recommendation blew (the issue) into the headlines,” he noted.

The second development was the guideline, issued in 2013 by the American Urological Association, concerning early detection of prostate cancer. The AUA's panel recommended against PSA screening in men younger than 40 and against routine screening in men between ages

40 and 54 who are at average risk. It recommended that decisions about screening be individualized for men younger than 55 at higher risk due to such things as having a family history of prostate cancer. The guideline noted that the greatest benefit of screening appears to be in men 55 to 69, and that a routine screening interval of two years or more may be preferred over annual screening among men who have participated in shared decision making. The panel recommended against routine PSA screening in men older than 70 or any man with less than a 10- to 15-year life expectancy.



NICHOLAS BONCHER, MD

“We have always tried to personalize medicine,” Boncher said. “The difference now is that within the last five years, with research and the PSA screening protocols, we have the data to support the conversations, and patients and providers are more informed. It's

an exciting time. We're finding patients relish the fact that they are involved in their care and making informed choices.”

Michael Kaempf, MD, with **The Urology Clinic, PC, Physicians & Surgeons**, agreed, saying selective screening, while controversial, has “opened up a dialog” between physicians and patients. Among many men, it has meant fewer biopsies, less related harm, and reduced costs.



MICHAEL KAEMPF, MD

“People have more information to make decisions, and in that sense it has been good,” Kaempf said.

Other than skin cancer, prostate cancer is the most common cancer among American men, according to the American Cancer Society. And although prostate cancer is a serious disease, most men diagnosed with it don't die from it, the society notes.

Rockove emphasized that it's important to convey to men who go on active surveillance that it does not equate to doing nothing with respect to their cancer diagnosis, but that it involves a careful regimen that includes lifestyle changes.

Indeed, providers say it's critical overall that any discussion of men's health start not with prostate health but overall wellness, emphasizing a balanced diet, regular exercise and weight loss. What Boncher refers to as the “Homer Simpson inevitability” of middle adulthood for men does not have to be the reality.

Rockove said there has been change in this regard. He sees scores of men of

varied backgrounds at his clinic—many retired, in their 60s and 70s—who, for one reason or another, are taking better care of themselves.

“I'll say, ‘You're looking better than I've ever seen you look,’” Rockove said.

“They say they've changed their diet, lost weight and cut back on their drinking. It's happening in real numbers. Why that's important is that it starts to impact their friends. We need to promote that momentum.” •

“We have always tried to **personalize medicine**. The difference now is that within the last five years, with research and the PSA screening protocols, **we have the data to support the conversations**, and patients and providers are more informed. It's an exciting time. We're finding patients relish the fact that **they are involved in their care and making informed choices.**”

—Nicholas Boncher, MD, The Center for Men's and Women's Urology

Research Briefs

Men far less likely to prevent, screen for osteoporosis, research finds

Although the consequences of osteoporosis are worse in men than women, older males are far less likely to take preventive measures against the potentially devastating bone-thinning disease or accept recommendations for screening, according to new research by North Shore-LIJ Health System geriatricians.

A cross-sectional survey of 146 older adults in New York and Florida showed stunning gender differences in perspectives, beliefs and behaviors surrounding osteoporosis, which primarily affects women but also impacts as many as 2 million American men. Another 8 million to 13 million U.S. men have low bone mineral density.

More than 10 million Americans suffer from osteoporosis—raising their risk for serious bone fractures—and another 43 million have low bone mineral density, according to the National Osteoporosis Foundation. Prior research showed that 13 percent of white men in the United States older than 50 will experience at least one osteoporosis-related fracture in their lifetime.

The risk of death after a hip fracture is twice as high in men compared to women, and loss of independence is also more common in males. Some medical conditions and drugs that can affect osteoporosis risk are male specific, such as prostate cancer drugs that affect the production of testosterone or the way it works in the body.

The new research examined the psychological and social factors surrounding osteoporosis influencing each gender. Roughly one-third of survey respondents were men with an average age of 72. More than 70 percent were white. Women were far more likely to have never smoked compared to men and markedly more likely to report a family history of osteoporosis.

Additionally, while most women would accept osteoporosis screening if offered, less than 25 percent of men would. Women were also more than four times likely to take preventive measures, such as calcium and vitamin D supplements.

Researchers say they hope their study prods greater awareness among the public and clinicians, including specialists who care for more older adults as the population ages. •

See **RESEARCH BRIEFS**, page 18

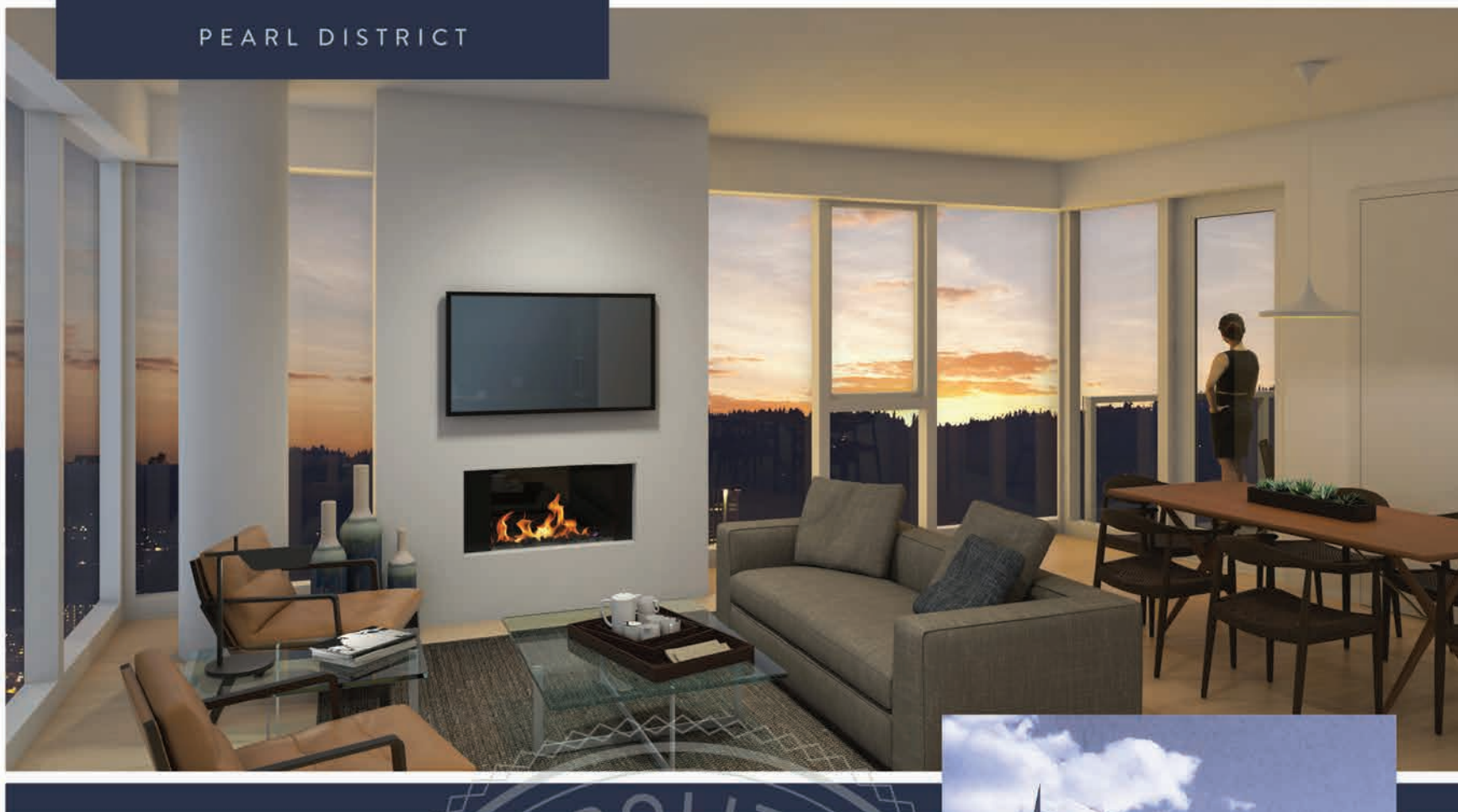


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Area physician helps put the pieces back together in Nepal

By Jon Bell
For The Scribe

Within a couple days after the April 25 earthquake that rocked Nepal, killing nearly 8,000 people and injuring more than 17,800, Paul Neumann, MD, found an email in his inbox. The message was from **Medical Teams International**, the Tigard-based nonprofit that responds to disasters and emergencies all over the world.

MTI wanted to know if Neumann, co-owner of the **Santiam Medical Associates** family clinic in Stayton, would be able to head to Nepal with its first team of medical volunteers. Even though doing so would mean rescheduling scores of appointments and leaving his business partner a physician short for nearly two weeks, Neumann was in.

"Typically I have committed to work with MTI and to be available as early as I can to go," Neumann said. "My business partner does this kind of work, too, so we have a culture in this clinic that makes it work. My patients and employees are very understanding, too, so that allows me to go early."

Not long after that initial email, Neumann was on a plane to Kathmandu with some of the earliest MTI volunteers to head over. MTI's Global Emergency and Security Advisor Dominic Bowen landed in Kathmandu the day after the deadly quake, and the first aid team arrived on April 30.

"I've just always known that I would do this kind of work, in an austere environment, the way some people always know they want to be an astronaut or something."

—Paul Neumann, MD

Being among the first to get there meant that MTI didn't have a huge amount of specific information to go on in terms of where there was need and what the need was.

Neumann, who has volunteered with MTI and other organizations in places such as Lebanon, Uganda, Cambodia and Haiti, said one of his first reactions amidst all the devastation was how well the Nepalese appeared to be handling the evacuation of the injured.

"They've been preparing for this kind of disaster for decades, so they had been doing incredibly well with their helicopter evacuations," he said. "They would go and evacuate anyone who flagged them and who was in need of care. It was hundreds and hundreds in just the first few days."

Neumann and his team provided some acute care to people in need, though their larger mission was more about



A local health care clinic in Nepal (top) was rocked by a massive April earthquake. Paul Neumann, MD, (below) was among the earliest Medical Teams International volunteers to arrive in Nepal. Photos courtesy of Paul Neumann



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Red Cross

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assessing needs. In Kathmandu, hospitals were overflowing and understaffed, but providers seemed to be handling the situation as well as they could. Farther out, however, the situation was more desperate.

"In some regions, we would drive or walk for hours and there would be no useable buildings," Neumann said.

Many of the more rural villages had been cut off by landslides. Elsewhere, Neumann said medical providers were picking medications out of the rubble and administering care from under tarps. Birthing centers had been destroyed and there was no refrigeration.

"Devastation is certainly an appropriate word to describe it," Neumann said.

In all, Neumann's aid trip to Nepal with MTI was 12 days long. The initial assessments he and others made helped identify areas in need and helped set the stage for the next phase of MTI's work, which has been transitioning into a broader early recovery program, including restoration of health services in local health facilities.

Neumann said his time in Nepal came during somewhat of a lull that occurs during such disasters. The first two or three days bring the initial surge of injured victims and the most urgent needs. After that subsides, there is a relative "sweet spot," he said, before a second surge swells up as the lack of infrastructure, medical shortages, diseases and other factors start to emerge.

"We were there right after the initial surge, but before the next one," Neumann said. "I believe that, soon, with the housing situation and the lack of infrastructure and the loss of the health system, that there is going to be a lot more coming."

If he could go back to Nepal and continue to help, Neumann said he would not hesitate. Stateside responsibilities—his patients in Stayton, for one—prevent him from doing that. But his list of international medical work is long, and his latest MTI stint is not likely to be his last.

"It's sort of funny, but I've just always known that I would do this kind of work, in an austere environment, the way some people always know they want to be an astronaut or something," Neumann said. "For me, practicing in an area where there is nobody else who is able to be very meaningful. People have said to me that we have a need here in the U.S. and that I should find ways to help out more here. That's very true, but what people forget is that even the poorest or most disadvantaged people here can still walk into an emergency room in any city and get care, but a Syrian refugee has nowhere to go." •

A flowering pastime

Physicians enjoy growing, showing and judging roses

By Jon Bell
For *The Scribe*

It's Rose Festival time in the Rose City.

And while the annual festival is often about parades and carnival rides and race cars and princesses, it's also very much still about roses.

Honoring the Rose Festival's floral roots, *The Scribe* connected with three retired physicians who are not only rabid rose fans, but who have won awards for their flowers, judged rose contests and who, between them, have more than 400 roses in their home gardens.

John and Sally Linman

John Linman, MD, and his wife, Sally, MD, live on about an acre in West Linn, with a rose garden planted in the front and another in back. Over the 30 years that the retired physicians have lived there, they've filled those gardens with more than 200 roses.

"I'd probably have more if I had more room," John Linman said, "so it's probably a good thing."

Formerly a physician at Kaiser Permanente in obstetrics and gynecology, Linman grew up in Minnesota. His father, also a doctor, was often busy, but

on Sundays he'd work in his garden. One of the plants he tended to: roses, which are much harder to grow with the harsh Minnesota winters.

"That's probably where I started getting into growing stuff, was with him," Linman said.

Linman's parents later moved to Portland, and Linman found himself at home here when he would visit after graduating from Stanford University.

"I liked growing stuff and long-distance running, and Portland was a good place for both," he said.

Linman met his wife-to-be as an undergraduate, and the two both became physicians in the same fields. While doing his residency in Chapel Hill, N.C., Linman and his wife lived in a small farming town nearby. He tried to grow some vegetables in a garden but didn't have much luck.

"I learned early on that to get smart about something, you start with a book and then you find an old person who knows what they're doing and can teach you," Linman said. "So I was out running one day and I ran down this old farmer's driveway and he told me what I needed to do."



"There's just nothing better than cutting a bucket of roses in the summer and stopping off at the neighbors' with them."

—John Linman, MD

In 1980, Linman and his wife moved to Portland to work for Kaiser Permanente. Their first home on Mount Scott had a rose garden, and since they were in the Rose City, it seemed natural for them to develop an affinity for the flowers. Years later they moved to their current home in West Linn and have been living there, and tending to their roses, ever since.

"There's just nothing better than cutting a bucket of roses in the summer and stopping off at the neighbors' with them," said Linman, who also coaches track at Lakeridge High School. "It's just fun to look at them in the yard or bring them inside."

See **OFF HOURS**, page 14

EPIC Imaging welcomes Mammography & Women's Imaging Expert Dr. Brian Wadley to our Gateway Team

Dr. Brian Wadley joined the EPIC Imaging Gateway Team in February 2015. Dr. Wadley has been a practicing diagnostic radiologist since 2003. He came to us from Desert Valley Radiology in Arizona where he was in private practice. There he spent the majority of his time practicing mammography and other associated women's imaging studies. He has extensive experience performing all of the women's health procedures that EPIC offers, making him a vital part of our Women's Health imaging team.

Dr. Wadley is widely published and has been the recipient of multiple awards and recognitions in the medical field including the Phoenix Patient's Choice Award for five consecutive years as well as the Compassionate Doctor Recognition Award in 2012. Throughout his career, Dr. Wadley's proficiency and kindheartedness have made his patients feel at ease. We are pleased to welcome him to EPIC Gateway.

Medical Degree: University of Southern California Medical School
Residency: Santa Barbara Cottage Hospital Diagnostic Radiology, Chief Resident
Certification: Diagnostic Radiology



Dr. Brian Wadley

"Dr. Wadley's proficiency and kindheartedness have helped his patients feel at ease while receiving the best medical imaging care possible."



OFF HOURS from page 13

His favorite rose is the Fragrant Cloud, an orange-red rose that has an especially pleasant smell.

"You put one of those roses in a room in a house and it will just light up," Linman said.

There was a time when the Linmans used to show their roses, and they were involved with the Portland Rose Society. Linman himself is a past president. He said his showing days are largely over, however, because of one main reason: deer.

"They come up and eat my roses, so it's hard to show much," he said.

Even so, Linman is still deep into his roses. He said he and his wife spend about an hour a day in the gardens. Linman is also a consulting rosarian and a judge with the American Rose Society. He said the best-of-show roses are those that have incredible form: a high center and a very symmetrical shape. They also need to be free of disease and have a good stem size, but primarily it's all



about the form. Growers can try to influence that as they're tending to their roses, moving petals and such, but Linman said there's really only one way to get the perfect rose.

"The ones that I had that were really, really good? I didn't make them," he said. "The good Lord made them."

Richard and Pat Allen

At a national rose convention one year, Richard Allen, MD, and his wife, Pat, entered a single rose into the competition. Other growers at the convention had been bringing in buckets and buckets of roses, but there were the Allens with just their one lone stem.

"Somehow we walked in with that one single rose and walked out with the trophy," Richard Allen said.

A Portland native whose mother's appreciation for roses became his own, Allen was an OB/GYN at Legacy Good Samaritan and, later, at Oregon Health & Science University. A former president of the Multnomah County Medical



Pat and Richard Allen, whose love of growing roses continues today, were named the Royal Rosarian Garden Contest winners in June 1983.

Photo courtesy of Pat and Richard Allen

Society, Allen and his wife first got really into roses when they bought a house on Alameda Ridge in Portland in the 1980s. A neighbor encouraged them to enter some of their flowers in a garden show.

"We got an honorable mention," Allen said. "It was really a nothing little ribbon, but it got us started."

He also said that, as a physician, he gravitated toward roses instead of the golf course.

"I figured it would be something that would be a diversion and that I would enjoy," he said. "With golf, if you're on the 13th hole and your pager goes off, you're in trouble."

Now in a home on Mount Scott with about two-thirds of an acre, the Allens tend to about 200 roses. Pat Allen, a former president of the Portland Rose

Society, said there was a time when there seemed to be an uncanny amount of OB/GYNs in the group.

"I think there's kind of a nurturing thing that goes along with it," she said.

A Virginia native, Pat Allen said she was glad to leave the harsher rose-growing conditions—and Japanese beetles—behind for the Rose City.

"When I moved here, I was enthralled," she said. "The growing conditions are perfect for them."

In their years of roses, the Allens have won a fair share of trophies. They don't show as much as they used to, but Pat is an accredited designer and arranger, so she often enters arrangements from their spread.

Though taking care of 200 roses might seem like a lot of work, Richard Allen said he enjoys it and that, in reality, growing nice roses, especially in a place like Portland, is easier than one might imagine.

"You get out of it what you put into it," he said. "If you just want a nice rose to look at or smell, you don't have to do much of anything. You can drive anywhere around Portland and see beautiful roses climbing up telephone poles—and you know nobody's touched those in years." •

"Somehow we walked in with that one single rose and walked out with the trophy."

—Richard Allen, MD, on their success in a national event

MEDICAL RESIDENT from page 7

medical anatomy and physiology, at Redmond High School. "Five of his 14 students in that class ended up becoming physicians," Kerfoot says. "He is still working in primary care at the VA clinic in Bend, and is an amazing example of giving back to the profession."

A third influence was Bill Claridge, MD, another Redmond physician who's been practicing family medicine for three decades. Although Claridge cut back to working just two days per week, when Kerfoot was a fourth-year medical student he increased his practice time to serve as her preceptor.

"Each of these people exemplify what it is to give back to the profession," Kerfoot says. "I'm very grateful that they helped me get started in medicine."

After graduating high school, where she was a 4.0 student and valedictorian, Kerfoot attended Stanford University, majoring in human biology. Adjusting to the culture shock of life in the big city after growing up in Redmond, Kerfoot planned to work for a few years and save up before applying to medical school. The Silicon Valley startup bubble was in full bloom, and with Kerfoot's increasing involvement in long-distance triathlons, the period extended to six years.

At one Palo Alto startup, Kerfoot created image-guided software for neurosurgery. She also did marketing and technical support for a pharmaceutical firm

and, later, for a cancer diagnostic company based in Denmark. After a decade in California, she returned to Oregon in 2006.

At 28, Kerfoot felt she was too old to enter medical school, so she earned a master's degree in biomedical informatics at OHSU. However, her dormant attraction to medicine awoke and she took some undergrad pre-reqs on the side. She then took the MCAT and entered medical school in 2009, matriculating at Albany Medical College in upstate New York.

'The stars aligned perfectly'

After four years on the East Coast, Kerfoot returned to Oregon and found deciding on her specialty was difficult. The variety and relationships of a family practice appealed to her, but she chose anesthesiology due to her interest in cardiac and respiratory physiology. At the year's end, when she decided to switch specialties, the change went smoother than she imagined.

The OHSU Preventive Medicine Residency program had an opening so, with the support of the anesthesiology program director, Kerfoot finished the anesthesiology internship on a Friday and started as a preventive medicine resident the following Monday. "The stars aligned perfectly," Kerfoot says.

Currently in his third year of medical school at OHSU, Victor Tung also took a nontraditional path to medicine, having previously enjoyed a successful

career as a software engineer. Tung met Kerfoot in 2008 when both were working in OHSU's ER department as Clinical Research Investigative Studies Program (CRISP) volunteers and shared many shifts together.

The two, both transitioning from high-tech careers into medicine, found much in common. "Amy is definitely very focused when she has a goal in mind," Tung says. "She cares very much about her patients and I can see her tirelessly exhausting all possible options and treatments to ensure her patients are well taken care of."

Kimberly Matheson, a physician's assistant, has known Kerfoot for eight years and the two run together at least once a week. She describes her friend as organized, motivated and dedicated, and says she is an overachiever.

"Amy gets stuff done no matter what is on her plate or what is going on in her life. Her ability to stay organized amidst chaos is astounding. This will be key to remembering details about each individual patient during those crazy days at the clinic," Matheson says.

Now doing adult general medicine for the Veterans Administration, Cross has known Kerfoot since she was a little girl. "I feel honored and privileged to have had some positive influence on Amy's life. I'm also very pleased with the choice of her specialty, as preventive medicine represents the crux of what we physicians should do."



Kerfoot, who grew up in Central Oregon, cross-country skis near Mount Bachelor.

Photos courtesy of Amy Kerfoot

Kerfoot loves Portland and plans to stay in the area after completing her residency. She looks forward to working in a local public health organization, and hopes to continue her parents' strong legacy of volunteerism.

"Through my service as resident trustee, I've met some wonderful physicians and am excited to see MSMP grow and provide valuable resources to the physician community." •

Dr. Chelsea Hardin

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Dr. Hardin completed her surgical residency at Oregon Health & Sciences University in 2006. During her training, she completed a year of research in Surgical Oncology and published several research papers. She received the Martin Howard Award for the Best Surgical Research Paper, 2003-2004, the William S. Fletcher Traveling Fellowship Award, 2004-2005, and the Best OHSU Resident Research Paper Award, 2004-2005. She was inducted into the Alpha Omega Alpha Medical Honor Society in 2006.

Dr. Hardin practiced for 8 years in San Diego, California, where she co-chaired the Breast Center Leadership Team. She helped Sharp Grossmont Hospital receive the designation as a Breast Center of Excellence. Dr. Hardin is a Fellow of the American College of Surgeons (FACS). She is a member of the American Society of Breast Surgeons, the San Diego Medical Society and Oregon Medical Association.

Dr. Hardin performs a wide variety of operations including laparoscopic gallbladder, colon, splenic and intestinal procedures; laparoscopic and traditional hernia repairs; surgery for breast cancer and benign breast issues; placement of breast radiation catheters; treatment of hemorrhoids, anal fissures and fistulae; excision of skin cancers and many others.

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MSMP's 131st Annual Meeting: Focusing on Service

ANNUAL MEETING from page 1

dealing with these same issues," Bryan said.

Kathleen Haley, JD, executive director of the **Oregon Medical Board**, said in a profession that is all about serving other people, there may be times physicians themselves need support. She said the board supports the Physician Wellness Program, which she described as well thought out and designed. She added that the OMB does not require physicians to report participation in a counseling or wellness program on their biennial renewal of licensure.

Service to others was underscored at the Annual Meeting, as keynote speaker **Sarina Saturn, PhD**, explored stress and the neuroscience behind resilience. Saturn, a neuroscientist and director of The Saturn Lab at Oregon State University, said that resiliency in the face of stress, trauma and other negative experiences

is rooted in a person's genetic disposition, and emotions such as anxiety and depression have a direct pathological impact on a person's brain. However, resiliency can be developed by building social bonds, engaging in altruistic acts and witnessing compassion in action. And, the brain can repair itself when chronic stress is dealt with in a healthy manner.

"We all know that if you take care of yourself, you can take better care of others," Saturn said.

In the context of the benefits of serving others, Saturn commended **Jim Reuler, MD**, recipient of this year's **Rob Delf Honorarium Award**, presented by MSMP and the medical foundation for exemplifying MSMP's ideals through outstanding community service related to health care.

Reuler, founder of the nonprofit health care clinic The Wallace Medical Concern, accepted the award on behalf

of "everyday saints" who contribute heroically to make communities more caring and kind. Reuler, who had a 36-year career with the Portland Veterans Affairs Medical Center and is an emeritus professor at Oregon Health & Science University, told Annual Meeting attendees that individuals don't need to "save the world" or start an organization to contribute and make an impact on such pervasive challenges as homelessness, limited access to health care and food insecurity. He said it's incumbent on those of privilege to double their efforts to help individuals and families in need.

"Use your skills, find your niche, invest your compassion and join others in strengthening the fabric of communities, one stitch at a time," he said. It creates a better world and is personally fulfilling, he added.

See **ANNUAL MEETING** page 18



Sarina Saturn speaks during MSMP's Annual Meeting.



Jim Reuler, MD, (right) recipient of this year's Rob Delf Honorarium Award, presented by MSMP and the Metropolitan Medical Foundation of Oregon, visits with Gary Oxman, MD.

"The physicians in this room have an opportunity to speak openly and honestly, just as many other physicians have to me in person and via email. Your voice can direct meaningful change that is physician driven. I believe the medical society, myself as well as other organizations in Portland can work to promote change within the profession, work environments and training programs."

—Connie DeMerell, BSN, RN



MSMP Past President Brenda Kehoe, MD, welcomes Bradley Bryan, MD, as MSMP's new president.



Guests enjoy the camaraderie at MSMP's Annual Meeting.

Photos courtesy of Wiley Parker

ANNUAL MEETING from page 17

The Rob Delf award comes with a \$1,000 honorarium, which Reuler has donated to the nonprofit Black United Fund of Oregon, for which he volunteers. The funds will create one or more college scholarships for high school students eyeing medical careers.

Former MSMP trustees **Marianne Parshley, MD**, and **Sharon Meieran, MD**, received awards for their dedication and service to the organization. Bryan presented Kehoe with an award for her commitment and contributions as MSMP president.

David Bull, a physician assistant student at Pacific University, received the first-ever **Student Award** for embodying MSMP's mission to create the best environment in which to care for patients. Student Award nominees were **Anushka Shenoy, MS**; **Linda Lin, MS**; **Mariah McGaffey, PA-S**; **Michelle Beam, MS**; **Rita Aulie, MS**; **Susan Lou, MS**; and **Susanne Hotchkin, PA-S**. Kehoe referred to Bull and the other nominees as "some of the brightest and hardest working members of society, our medical professionals of the future."

Barry and Melody Finnemore, editors of *The Scribe*, received a Presidential



Citation from MSMP for their work on the publication.

Music during the Annual Meeting was provided by The Moderator Band Lite, and wine tasting was courtesy of St. Josef's Winery in Canby, the site of MSMP's inaugural 5K Scrub Run on Aug. 15. •

From left to right: MSMP President Bradley Bryan, MD; former Trustee Marianne Parshley, MD; At-Large Members John Evans, MD, and Mary McCarthy, MD; Past President Brenda Kehoe, MD; Secretary-Treasurer Jack Kron, MD; Resident Trustee Amy Kerfoot, MD; Public Member Carmen Gaston; At-Large Member Lydia Villegas, MD; Student Trustee Anushka Shenoy; At-Large Member Adam Obley, MD; and former Trustee Sharon Meieran, MD.

Photo courtesy of Wiley Parker

STUDENT AWARD from page 1

15 months of rotations. He enrolled in Pacific's program when he was 42, having first worked as an EMT and later in information technology.

Bull said there are parallels with his prior work and practicing medicine in that one needs to stay ahead of the curve with respect to information and to be able to diagnose problems. "I've been diagnosing for a long, long time," he said. "It just happened to be with computers. All of our experiences shape us."

Bull has long had an interest in medicine. For a time he contemplated becoming an MD or doctor of osteopathic medicine, but decided being a

introduced to volunteer work at a free clinic in a Chicago suburb. "It opened my eyes to the great need there," he said. "When I came to Pacific, I wanted to involve myself that way."

In receiving the MSMP award, Bull was commended for his dedication to helping others through community service as well as ensuring classmates are aware of volunteer opportunities. He serves as chair of a community service committee at Pacific, volunteering at such events as school and community health fairs. He and fellow classmates also volunteered to help relocate the Vernonia Health Center.

A National Health Service Corps (NHSC) scholar, Bull has committed to

"... [Bull] shares his wisdom with a humble attitude, and these outstanding characteristics will make him an exceptional physician assistant."

—Mary Von, DHEd, MS, PA-C, director of Pacific's School of Physician Assistant Studies

physician assistant was a better fit. "I told people I knew about my interest, and they said, 'You would be great at that.' It was very encouraging—a little scary to make a major (life) change, but helpful to have a lot of people cheering me on practically before I began."

Bull continues to put his IT knowledge to work at Pacific, serving as the class audiovisual/IT representative and working with lecturers to ensure smooth presentations.

A Midwest native who grew up in Wisconsin and went to college in Illinois (he earned his undergraduate degree in biomedical science), Bull was

practicing in an urban or rural underserved area for at least a few years after he graduates and is licensed. Through the federal government program, his tuition and related educational costs are fully covered, and he receives a monthly stipend while in school. "It is a very competitive application process and I'm grateful to have been chosen," he noted.

Bull is due to graduate from Pacific in August 2016. He plans to relocate to Pittsburgh, where his fiancée, Rebekah Woolner, is a law student and paralegal.

"I'll miss the area," Bull said of metropolitan Portland. •

RESEARCH BRIEFS from page 10

Study: X-linked gene mutations cause some male infertility

Some male infertility cases are due to mutations in the maternal X chromosome that prevent viable sperm development, according to a study led by University of Pittsburgh School of Medicine and Magee-Womens Research Institute (MWRI) researchers. The study was published online in the *New England Journal of Medicine* in May.

Nearly half of cases not due to a physical obstruction are estimated to have genetic roots, and about 20 percent of infertile men have azoospermia, meaning they don't make sperm, explained co-principal investigator Alexander Yatsenko, MD, PhD. He noted the only causes for infertility that have been identified are sex chromosomes defects, such as deletions of the Y (male) chromosome or duplication of the entire X (female) chromosome in Klinefelter syndrome.

"Eight times out of 10, conventional genetic testing doesn't reveal a chromosomal problem, so the cause is considered idiopathic or unknown," Yatsenko said. "This study is among the first to describe specific gene mutations on the X chromosome that contribute to azoospermia and male infertility."

Researchers scanned the genomes of 15 men with azoospermia and found a deletion in part of the DNA coding of the testis-expressed gene 11 (TEX11) on the X chromosome, which men inherit from their mothers. The alteration caused meiotic arrest, meaning the precursor cells could not properly undergo meiosis.

They found similar TEX11 gene mutations and meiotic arrest in two of 49 men diagnosed with idiopathic azoospermia from the Center for Fertility and Reproductive Endocrinology at Magee-Womens Hospital of UPMC, and the Institute of Human Genetics of the Polish Academy of Sciences. Also, TEX11 gene errors were found in five out of 240 infertile men from Germany's Center of Reproductive Medicine and Andrology.

Yatsenko noted it might be possible for an older father, whose precursor sperm cells have a greater likelihood of acquiring a mutation, to pass the genetic error to his daughter, which could make it impossible for her son to make viable sperm. Also, men without seminal sperm who have a few rare, viable sperm extracted from the testes to attempt conception with in vitro fertilization could unknowingly pass a TEX11 gene mutation to a daughter, making her a carrier.

"This research suggests screening for TEX11 gene mutations might be useful in cases of otherwise unexplained azoospermia," Yatsenko said, adding that gene therapy and other interventions might one day correct these problems. •

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- Graduate of an accredited Physician Assistant program.
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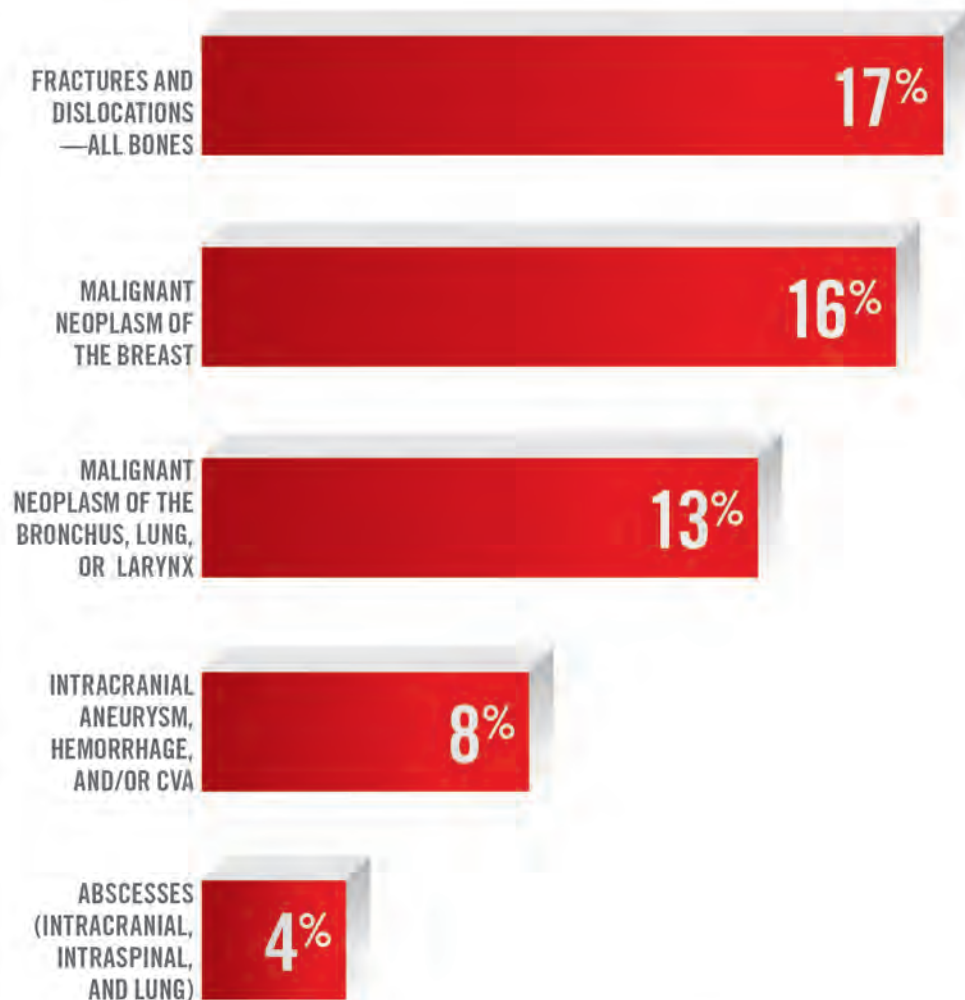
Job Duties

1. Responsible for diagnosing, developing and implementing a plan of care for patients presenting to the clinic.
2. Performing physical examinations and obtaining, updating, and recording medical histories.
3. Completes appropriate documentation of all evaluations, care, and services rendered in the medical record.
4. Makes appropriate referrals for consultations.
5. Provides counseling and patient education for recommended interventional procedures to patients and families.
6. Responds to telephone inquiries of patients in a timely manner.
7. Communicates with referring or primary care physicians regarding patient care and treatment.
8. Orders and interprets diagnostic test results.
9. Prescribes medications and therapies as appropriate.
10. Sees patients in a timely and courteous manner.
11. Recognizes the guidelines and implications of insurance carrier regulations.
12. Works with the staff in a positive, constructive manner.
13. Contributes to the training and proficiencies of all clinical personnel.
14. Maintains an organized and prioritized work load.
15. Abides by employer's Policies and Procedures not otherwise addressed in employment contract.
16. Provides documentation and medical review of insurance companies' requirements of medical necessity for procedures performed by providers.
17. Responds to patient, payers, referring physician, and business associates' correspondence.
18. Maintains professional and technical knowledge by attending educational workshops, reviewing professional publications, establishing personal networks, and participating in professional societies.
19. Enhances practice reputation by accepting ownership for accomplishing new and different requests and exploring opportunities to add value to job accomplishments.
20. Maintains strictest confidentiality; adheres to all HIPAA guidelines/regulations.
21. Other tasks as assigned.

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