



The Scribe

A publication of the Medical Society of Metropolitan Portland

COVID-19

Reopening your practice



An important aspect of the pandemic is patients' mental health. Especially now, medical practices should adequately screen patients and avoid potential liability risks.

– Page 6

OFF HOURS

Kirk Weller, MD



Neurologist embraces ancient craft of encaustic painting.

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June 2020



Hit hard by closures, independent medical groups gradually reopen

Coalition provides support, advocates for funding

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

When **Amy L. Mulcaster, DO**, became chief medical officer of **The Portland Clinic** April 1, her start date had been set for months, but the timing was tough. You could call it her trial by fire. She figures if she can help steer the clinic through a pandemic, anything

The Portland Clinic is among the independent medical groups in Oregon that formed a coalition to support each other, share best practices for care and – in response to COVID-19 – advocate for state and federal financial support.



AMY L. MULCASTER, DO

after that should be relatively routine by comparison.

The Portland Clinic finds itself in the same dire straits as medical groups and practices throughout the state and across the country facing the unprecedented economic impact of COVID-19.

However, independent medical groups are dealing with particular challenges that threaten their existence. Private practices have been struggling for survival in the past several years as more and more physicians become

employed by health systems, but the pandemic “has just exacerbated those issues,” said **Dick Clark**, chief executive of The Portland Clinic.

Even large, established medical groups such as his, The Oregon Clinic and Women’s Healthcare Associates saw their business come to a virtual halt in the weeks following COVID-19’s emergence in Oregon and the subsequent shutdown of elective and non-urgent care delivery.

“We basically turned off the faucet for our business,” Clark said. “But we wanted to put safety first for staff and

See **MEDICAL GROUPS**, page 4



FOCUS ON PHYSICIAN WELLNESS

Health care professionals face myriad stressors during the best of times, and these have only increased during the novel coronavirus crisis.

The Scribe takes a closer look at how medical providers can maintain their well-being, as well as ways employers are supporting health workers.

Turn to pages 10–14 to read more.

More than 50%

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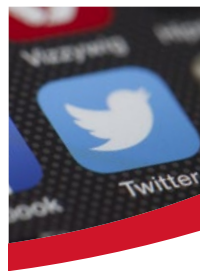
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Top ten tips for reopening your medical office during COVID-19



Though the dynamics surrounding COVID-19 will continue to change in the weeks and months ahead, what must not change is physicians and medical office staff remaining vigilant. Kerin Torpey Bashaw, MPH, RN, senior vice president of patient safety and risk management, and Debbie K. Hill, MBA, RN, senior patient safety risk manager at The Doctors Company, provide ten recommendations for keeping staff and patients safe when a medical practice reopens during COVID-19.

➔ Click here to read the full "Top ten tips" article.

MSMP telehealth toolkit available to you



The Medical Society of Metropolitan Portland has put together a toolkit to offer providers assistance in setting up telehealth. The toolkit offers the following telehealth resources:

- Clear instructions on creating a HIPAA and HITECH compliant account
- A customized email template for providers to send to patients detailing instructions necessary to prepare for their telehealth appointment
- Customized telehealth consent form with the provider's name and any other pertinent information filled in
- Resources to COVID-19-specific telehealth information
- MSMP staff available for questions and assistance on all of the above

If you are interested or in need of establishing telehealth services, please let us know by contacting Amanda@MSMP.org so that we can provide you step-by-step instructions – we are here to help.

NEW WELLNESS LIBRARY CONTENT

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PTSD and burnout threaten medical workers

Before COVID-19, health care workers were already vulnerable to depression and suicide. Mental health experts now fear even more will be prone to trauma-related disorders.



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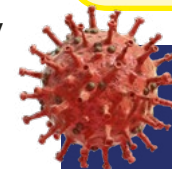
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COVID-19 info and resources

In response to the coronavirus pandemic, MSMP has compiled a variety of resources for providers, including:

- Telehealth appointments through MSMP's Physician Wellness Program
 - COVID-19 cleaning/sanitation and bio-hazard cleanup
 - Coding advice
 - Financial assistance
 - Volunteer opportunities
- ➔ Click here to see these and more.

MEDICAL GROUPS, from page 1

patients. We still have expenses, but only a fraction of business.”

Earlier this year, the leadership of those three groups and four others in Oregon and southwest Washington began meeting and talking regularly “to help and support each other,” said **Thomas E. Sanchez, MBA**, CEO of The Oregon Clinic, who, like Mulcaster, came to his new post right as the pandemic was taking hold. Initially, the informal group – now calling itself the Oregon Independent Medical Coalition and consisting of 10 medical groups representing 1,300 providers and more than 4,000 employees – discussed “best practices in what we were doing in caring for our patients,” he said.

As the need for financial support quickly became apparent, the members of the coalition turned their attention to letting the public and federal and state policymakers know that such clinics were at “serious



RICHARD L. JAMISON, MD

risk of collapse,” said **Richard L. Jamison, MD**, president of The Oregon Clinic. Independent groups “felt like we were caught in the middle” after passage of the first congressional bill, the CARES Act, allotted aid designated for small businesses and hospitals, he said.

As one example, according to The Washington Post, “Although they’re

still ministering to patients amid a health crisis,” many providers have been unable to gain loans under the federal Paycheck Protection Program, passed as part of the coronavirus relief package. The newspaper cited a survey that found that half of primary care doctors who sought the loans were unsuccessful, and 42 percent had to lay off or furlough staff. All but one clinic in Oregon’s coalition are too large – above 500 employees – to qualify to apply for PPP loans, according to Clark.

Jamison, a general surgeon, said Oregon providers also are hurt by the fact that the CARES Act based grant funding solely on traditional fee-for-service Medicare, and did not include Medicaid or Medicare

Advantage plans, which a disproportionately large share of Medicare recipients are covered by in Oregon compared with many other states.

All members of the coalition received initial funding from the first CARES Act. But the funding was based on member clinics’ traditional Medicare patient volumes from 2019. For The Portland Clinic, the federal grant was equivalent to only a half day of clinic revenue for the year.

Thus, the coalition is continuing to seek more federal support. All applied in late April for the second-round funding of the CARES Act. By late May, only about half of the 10 members of the coalition had received funding from the second round. Clark called the delays disappointing, but typical across the nation. “There is no question that the Oregon coalition will need more funding” if Congress passes a third round of funding directed toward health care, he said.

In addition, independent clinics don’t enjoy the nonprofit status of most Oregon hospitals, and thus must rely on an appropriate payer mix and are heavily dependent on commercial insurance coverage, Clark noted. With skyrocketing unemployment, many Americans have lost coverage through their workplace, leading to either being uninsured, having to self-pay or seeking Oregon Health Plan coverage, which some may not be able to obtain, he said.

The American Medical Association estimated in May that “COVID-19 job loss could leave 27 million uninsured.”

The Oregon Clinic had to furlough about 820 employees, Sanchez said. The Portland Clinic closed its downtown and Tigard offices and furloughed 194 employees, reduced hours or pay for 230 employees, and cut partner-owner physicians’ salaries by 30 percent, according to Clark.

Women’s Healthcare Associates, with 120 clinicians and 430 support staff, furloughed half of its staff and closed all but four of its 16 sites in four counties, reserving one for symptomatic patients, said CEO **Brian Kelly**.

One of the reasons Women’s Healthcare Associates closed 12 of its offices was due to a shortage of personal protective equipment. “We moved quickly because we needed

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BRIAN KELLY

to conserve PPE and followed the governor's orders in terms of when we have clinicians utilize PPE," Kelly said. "We focused on patients who really needed to be seen" in person. Even "in the middle of a pandemic, some patients needed in-office, hands-on care."

By necessity, though, Women's Healthcare Associates, like The Oregon Clinic and The Portland Clinic, quickly moved much of its practice to remote video and telephone visits. Kelly's group has had a HIPAA-compliant video-conferencing system in place for some time, but transitioning within one week to remote patient visits presented challenges for both patients and clinicians who had no previous experience with telehealth, he said.

The Oregon Clinic went from doing no remote visits before the pandemic to their comprising one-fourth of patient encounters within a few weeks, said Sanchez. The Portland Clinic converted rapidly from "a handful of phone visits and no video visits" to the combined remote visits now "representing two-thirds of our patient contact," Clark said.

Coalition members also implemented significant procedural and physical changes to offices, pointed out The Portland Clinic's Mulcaster, who practices gynecology part time while serving as chief medical officer and is a member of the **Medical**

"We basically turned off the faucet for our business. But we wanted to put safety first for staff and patients. We still have expenses, but only a fraction of business."

– Dick Clark, chief executive of The Portland Clinic



Society of Metropolitan Portland.

Clinical staff screen all patients at the front door, including taking their temperature, and provide masks for any patients who don't arrive with one. Patients then are asked to wait in their vehicle until being called by cell phone for their appointment rather than sitting in the waiting room. Office space has been redesigned, too, to accommodate appropriate spacing between people. Flow of traffic is one way, with one entrance and a separate exit.

Physicians "are used to electronic medical records, but adding another layer of that definitely has its challenges," Mulcaster said. Some connectivity issues inevitably arise, but in general, doctors have adjusted well to remote visits, and patients have been receptive, she said.

At The Portland Clinic's two

ambulatory surgery centers, patients must undergo pre-procedure testing for the novel coronavirus, and must be deemed "low risk as far as health concerns," Mulcaster explained. Patients who test negative are required to self-quarantine for two to three days prior to surgery.

Mulcaster hopes telehealth visits will remain part of the medical landscape once the pandemic subsides, and she believes "patients will expect it, because we've been able to do it in this time" of a pandemic.

The Oregon Clinic's Jamison supported government and insurers' coverage of remote patient encounters, but he is wary that it will remain only temporary.

"As appealing as virtual visits are to patients, we're certainly not going to be reimbursed at that level for long," he said. "That's going to put a lot of pressure on physicians."

The clinic's CEO, Sanchez, echoed

the sentiment of his counterparts in describing a measured reopening of practices, which the governor allowed to begin May 1. "We're continuing to ramp up," but it will be a "very slow and cautious process for us," he said. "We're doing everything we can to make (patients) feel and be safe."

Kelly agreed, emphasizing that a key to the success of offices' reopening is inspiring confidence in patients that they can safely venture out and go to a doctor's office again.

"I think it's going to be very gradual," he said. Until government restrictions get lifted further, "people are more comfortable seeking care through telehealth. It will take that broader opening before people feel comfortable. The good news is that in medical facilities, we follow infection-control protocols anyway." But the challenge is "making sure we share that with patients." ■

Searching for funding?



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MSMP MEMBER EXCLUSIVE



Don't miss this article!

Amid the COVID-19 pandemic, the Oregon Wellness Program is seeing an ever-growing number of physicians and other health care professionals seeking support to improve their mental, emotional and physical well-being. **Don Girard, MD**, a member of the Oregon Wellness Program's Executive Committee and professor of medicine emeritus with Oregon Health & Science University's School of Medicine, shares with *The Scribe* why the program is growing and where it is expanding to further its goal of promoting well-being through education, coordinated regional counseling services, and telemedicine services and research.

To read this piece, please visit www.MSMP.org/MembersOnly.

Reopening your practice

Avoid risks when treating stressed patients during COVID-19



By Carol Murray, RHIA, CPHRM
and Jennifer Perla, RN, LPC-S

While most resources are directed at screening for COVID-19 and treating affected patients, there is another important aspect of the pandemic: the impact on your patients' mental health. Fear and uncertainty are driving the dramatic increase in stress, anxiety and depression. While your patient's immediate physical well-being is the primary concern, you also must consider the potential legal liability that can come from failing to adequately screen patients for suicide risk and taking the proper steps when needed.¹

Anxiety is being exacerbated by patients' mistrust of the health care system and fear that they or their loved ones will contract the virus. A recent survey indicated that 67 percent of people have increased levels of stress since the start of the COVID-19 outbreak, 54 percent are emotionally exhausted and feel increasing sadness day to day, 50 percent are more irritable, and 42 percent have an overall decline in their mental health.²

As the sense of loss of control – fed by the daily news cycle – escalates, mental health concerns may intensify or reoccur if the patient has a prior history. Some reports suggest the greatest fallout from the COVID-19 virus may be the impact on mental health. Children may be even more affected than adults. (See the CDC article "[Talking with children about Coronavirus Disease 2019](#)") Elderly patients living alone or otherwise isolated may suffer significant problems with depression.

What are some warning signs or cues that show a patient is in emotional distress?

Watch for the following signs when seeing a patient onsite or via telehealth:

- Changes in appetite, sleep, and/or behavior, including impulsive and dangerous behaviors
- Nonverbal cues during an interview, such as an inability to sit still, often shifting weight in a chair, lack of eye contact or wringing hands

- Decreased or no energy
- Changes in cognition, such as decreased focus or memory, or difficulty holding a conversation
- Feelings of hopelessness/helplessness, being overwhelmed, irritability, fear/worry
- Withdrawal from friends/family and activities
- Increased conflict within relationships
- Lack of follow-through with seeing therapist and/or psychiatrist (if patient has a mental health diagnosis / history / prescribed psychiatric medications)
- New somatic complaints
- Excessive smoking, drinking, or using drugs, including prescription medications

If these warning signs are missed and an adverse event – such as suicide – occurs, the health care provider may face the risk of a medical malpractice claim.

Phillip J. Resnick, MD, in a presentation at the 2017 US Psychiatric and Mental Health Congress Conference, emphasized the importance of obtaining sufficient data for a thorough suicide assessment. Errors in the process of gathering assessment data through careful questioning may make it more difficult to successfully defend the care.

Evaluating suicide potential is a considerable challenge. Many who entertain thoughts of suicide may not follow through. A report from the Substance Abuse and Mental Health Services Administration showed that "almost 10 million U.S. adults seriously thought about committing suicide" during the year prior to the study.³

Using telemedicine during the pandemic makes it even more challenging to detect whether a patient is so stressed that they may harm themselves. The subtleties of body language may be difficult to discern. Especially in a telehealth session, it is important to probe further when you have a patient who has some history of depression, mood disorder or suicidal ideation. Posing questions carefully may yield better information, e.g., not "Are you considering suicide?" but "Have you ever had thoughts about suicide?" While the vast majority of your patients who are anxious and stressed about the COVID-19 virus are not suicidal, it is important to keep in mind the possibility of suicide as you complete your assessment. A helpful resource is the "[Suicide Prevention Toolkit for Primary Care Practices](#)" from the Suicide Prevention Resource Center and the Western Interstate Commission for Higher Education Mental Health Program.

The following key elements of the Stress First Aid peer support model⁴ have been linked to better

The guidelines suggested here are not rules, do not constitute legal advice, and do not ensure a successful outcome.

The ultimate decision regarding the appropriateness of any treatment must be made by each health care provider considering the circumstances of the individual situation and in accordance with the laws of the jurisdiction in which the care is rendered.

functioning during times of ongoing stress and should be used in discussion with patients showing signs of anxiety:

COVER: Restore and support a sense of safety by asking:

- Has the pandemic affected your sense of safety?
- Are you safe at home?
- Are you currently able to meet your needs?
- What would help you feel safe?

CALM: Calm and orient distressed persons by asking:

- Have you experienced any changes in sleep, appetite, mood, relationships, energy level or activities?
- What are you doing to maintain a sense of calm?

CONNECT: Connect in a helpful and respectful manner by asking:

- Have you been able to stay connected with others?
- Do you have a good support system?
- Are you taking breaks from the media?
- Have you known anyone that has done or said something that has helped?

COMPETENCE: Remind them of skills that have worked in the past for them. Ask them:

- Do you have any concerns about handling what is going on in your life today?
- What things have you been able to do during this pandemic?

CONFIDENCE: Foster a sense of hope, limit self-doubt and guilt, and help patients concentrate on strengths by asking:

- Have you noticed any change in confidence in your ability to accomplish your daily tasks?
- Are you feeling overwhelmed?

During these discussions, explain to patients the importance of self-care during times of stress and the importance of staying connected to their support system. Provide positive encouragement and reinforcement.

You may want to develop a handout for patients, including key websites that provide ideas on overcoming negative feelings.

See **REOPENING YOUR PRACTICE**, page 14

The Doctor Will **TWEET** You Now

>> New Frontiers
in **SOCIAL MEDIA**
and **MEDICINE**

By Avital
O'Glasser,
MD, FACP,
FHM

Digital technologies have revolutionized how clinicians, patients, and patient advocates communicate in the 21st century. Despite the negative criticisms of social media, social media use by clinicians—particularly the public platform Twitter—has demonstrated its expanding value for professional development, research dissemination, and advocacy as well as “flattened hierarchies” and given a new voice to many in the profession, including those often not well heard such as women and underrepresented minorities.

But can Twitter truly help us learn and excel as clinicians—or is it a professional and HIPAA violation waiting to happen?

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The Portland Clinic Foundation increases giving by 25 percent in 2020 grants

Organization awards \$75,000 to 31 non-profits, including those providing pandemic relief

Donors and friends of The Portland Clinic have rallied to direct philanthropic focus to **The Portland Clinic Foundation** to support area non-profit organizations on the front lines of the COVID-19 pandemic.

In its fourth year, The Portland Clinic Foundation announced in mid-May it awarded \$75,000 in unrestricted grants to 31 nonprofits in the Portland metropolitan area. Among them, Portland Street Medicine received an early grant to support its mission of caring for unhoused Portlanders during the COVID-19 pandemic.

“The Portland Clinic is proud to be aligned with this private foundation which receives donor gifts from our employees, providers, patients and friends, and to partner with its community board to provide grants to nonprofits in the local area,” said **Dick Clark**, CEO of The Portland Clinic.

“We had to change all our programming to keep our community safe while continuing to serve. **These funds provide so much stability for our most vulnerable.**”

– *Debra Mason, executive director of Clackamas Service Center*

COVID-19 will have a long-term impact on some of the Portland area’s most essential local nonprofits. They have experienced cancelled fundraising events, furloughed staff, service demands that outstrip capacity, volunteers and employees falling ill, and bills mounting just as income streams dwindle. Combined, these

factors make it difficult for nonprofits to keep core programs running, the foundation noted.

“These are desperate times for many of our community’s most essential nonprofits: their income has plummeted just as demand is skyrocketing,” said **Kris Anderson**, executive director of The Portland Clinic Foundation. “We hope that by offering flexible funding, The Portland Clinic Foundation can provide added resilience, helping nonprofits to continue operating and eventually to rebound successfully.”

The Portland Clinic Foundation’s partner nonprofits work across a range of sectors, including education, health and wellness, culture and community building, social and environmental justice, food and housing insecurity, and more. This year, many of The Portland Clinic Foundation’s grants responded to needs emerging from the COVID-19 crisis, supporting organizations that serve communities of color, domestic violence survivors, and other groups disproportionately impacted by the pandemic. Grantees also include many organizations that provide low-income health care and emergency food and meals, and that combat social isolation and enhance remote learning.

“Support from The Portland Clinic Foundation at this time is truly life-saving,” says Debra Mason, executive director of Clackamas Service Center, which provides low-income and unhoused people with food, basic goods and referral services. “We had to change all our programming to keep our community safe while continuing to serve. These funds provide so much stability for our most vulnerable. Thank you!”

For the 2020 grant initiative, the foundation received 69 applications totaling more than \$312,000. The foundation awards “unrestricted grants,” which allow recipients more flexibility in the way they use the funds. Unrestricted grants are a way of providing resources that can be used immediately, the organization noted. ■

The Portland Clinic Foundation’s 2020 grant recipients are:

\$5,000

Clackamas Service Center	Portland Street Medicine
Family Justice Center of Washington County	

\$4,000

North by Northeast Community Health	Portland Refugee Support Group
-------------------------------------	--------------------------------

\$3,000

Bienestar Inc.	Familias en Acción
Black Food Sovereignty Council	Rose Haven
Centro Cultural del Condado de Washington	Write Around Portland

\$2,500

ASSIST	Growing Gardens
Boost Oregon	Sexual Assault Resource Center
Ecology in Classrooms & Outdoors	Store to Door

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Miracle Theatre Group	Portland Animal Welfare (PAWS) Team
-----------------------	-------------------------------------

\$1,500

Borland Free Clinic	The Black United Fund
Incight Company	The Pathfinder Network
Portland Food Project	Urban Gleaners

\$1,000

Clay Street Table – St. Stephen’s Episcopal	Music Workshop
Family of Friends Mentoring	Neighbor to Neighbor – Mt. Scott Church
Good Neighbor Center	With Love Oregon

The Portland Clinic Foundation, an independent 501(c)3, supports non-profits that advance community wellness and improve the social determinants of good health. To learn more, please visit www.theportlandclinic.com/foundation/about-us/

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Members of OHSU's COVID-19 Wellness Task Force hold a virtual conference to discuss PPE supply levels, the number of COVID-19 patients in the hospital and other details related to the pandemic.

Photo courtesy of OHSU

COVID-19 adds layers of stress for physicians, other health care workers

Organizations provide wellness resources, information; need will be ongoing

By Jon Bell
For *The Scribe*

Being a physician during normal times isn't easy.

The training is grueling and long. Practicing medicine can be physically and mentally draining. There are financial concerns, business decisions, patient challenges and other stressors – all of which help fuel high levels of anxiety, depression and even suicide among health care professionals.

Now, throw in a global pandemic that, in the United States alone, was poised to top 100,000 deaths and 1.6 million cases by the end of May.



MINOT CLEVELAND, MD

"Stress, anxiety and burnout were all real issues way before COVID-19," said **Minot Cleveland, MD**, medical director of employee health for **Legacy Health**. "Then COVID comes in and has really amplified all of that."

Indeed, the COVID-19 outbreak has turned what already was a stressful and challenging situation for frontline physicians and other health care workers into one that's even more demanding. It's created new stressors – think shortages of personal protective equipment, fears over contracting the virus and the threat of being laid off – while also shining a light on the importance of medical workers paying as much attention to their own wellness as they are to their patients.

"When there are tremendous amounts of stress, it's harder for most of us to practice good self-care," Cleveland said. "That has added real challenges."

On top of the normal amount of stress and anxiety that physicians had been dealing with, COVID-19 has added new layers. Cleveland said that at the beginning of the pandemic the huge amount of uncertainty had many frontline providers on edge. The shortage of PPE and ventilators compounded that situation, as did the unknown aspects around whether Oregon would see a surge in COVID-19 cases.

Sydney Ey, PhD, is a professor of psychiatry at the **Oregon Health & Science University School of Medicine** and associate director of **OHSU's Resident and Faculty Wellness Program**. She said studies have shown that the elevated levels of stress and burnout in the medical field leave physicians more susceptible to anxiety, depression and suicide. She also said physicians have traditionally steered clear of seeking counseling or other assistance, in part because they fear being reported

to the medical board. Physicians and other health care professionals have also been known to neglect their own health and wellness and focus more on their patients.

"I think physicians, as a group, think we can help ourselves and do it on our own," said **Mary McCarthy, MD**, a psychiatrist in Portland and president of the **Medical Society of Metropolitan Portland**. "But in reality, there are a lot who don't get the best help for themselves."

During COVID-19, Ey said frontline health care workers are concerned not only about providing good care to their patients, but also about not contracting the virus themselves. They don't want to get the virus or spread it to other patients or their own families.

"I think that's something that's so different now," Ey said. "For them to be worried about their own health, that's a very unique stressor."

Beyond the frontline workers, others in the health care field have found themselves confronting new demands in the time of COVID-19. One big one: having to work from home.

"Working from home is hard, and doing virtual calls – it's just not as easy as being in person," Ey said. "People are trying to adjust to that. And some of those folks have also expressed some survivor's guilt. A number of physicians I've spoken with have said they wished they were in New York and were feeling badly that they couldn't go and help."

Investing in support to continue

To help physicians and other frontline workers cope, OHSU launched a resident wellness program in 2004. It later expanded the program to include its faculty members as well. The program offers unlimited confidential counseling to residents and faculty; over the years, it's also expanded with workshops, listening sessions and other resources. Ey said the first year of the program saw about 6 percent of residents taking advantage of it; the last two years, about 34 percent of residents, including those from OHSU, Providence Health & Services and Legacy, and nearly 7 percent of faculty members participated.

"We feel so good about that," Ey said. "I think we've really had an impact on the culture of medicine. It's a safe and valued confidential service that now serves as a gold standard for other centers across the country."

When COVID-19 broke out, Ey said she and others at OHSU quickly created a COVID-19 Wellness Task Force to help protect the physical and emotional well-being of clinicians and frontline



“I don’t think health care workers or even the general population will be going back to normal, so we’re going to need to keep investing in mental health and support for everybody.”

- Sydney Ey, PhD



staff. In addition to the regular offerings of the wellness program, Ey said OHSU has responded by providing regular communications with employees about PPE supply levels, the number of COVID-19 patients in the hospital and other details related to the pandemic.

“We very quickly realized it was important to be transparent, to make sure people knew how much PPE we have – and that they know how to use it – when it’s appropriate to do testing and things like that,” she said. “A key part of people’s wellness is to make sure they know the protocols. I think that helps them feel more confident.”

OHSU has also helped people who work on-site find housing close to the hospital as needed, and it did away with parking fees. Additionally, OHSU clinicians benefited from the Frontline Foods meal donation program, and the hospital has created three respite areas stocked with yoga mats, snacks and other amenities to help people enjoy a moment of rest. Ey said at least 900 people used the respite areas in a single week.

The MSMP also has a robust Physician Wellness Program that offers counseling, coaching, a wellness library and other resources. McCarthy said it may be too early to tell if program participation has spiked as a result of COVID-19, but it has grown steadily over the years and helped support more and more physicians.

Legacy itself has coordinated counseling for some of its practitioners through the MSMP’s wellness program, according to Cleveland. He said the health system has also compiled wellness resources for clinicians, including mindfulness apps and a series of videos that share self-care strategies. Legacy also has a Provider Peer Support program that allows any provider to speak confidentially about any issue that may be causing stress.

As physicians and health care providers continue to navigate the COVID-19 pandemic, there will be a steady need for wellness resources for physicians and other caregivers. Ey said OHSU’s wellness participation numbers actually dropped a little bit at the beginning of the pandemic, but that’s likely because people went into a crisis mode and were focusing almost entirely on patients. As the pandemic continues to unfold over the following months and years, she said she expects utilization to tick up. Studies have shown, too, that health care professionals can experience high levels of depression, anxiety and post-traumatic stress disorder for years after a crisis.

“So, we can’t pussyfoot around and just provide a little support and think everything’s OK and will go back to normal,” Ey said. “I don’t think health care workers or even the general population will be going back to normal, so we’re going to need to keep investing in mental health and support for everybody.” ■

Shandy Welch, FNP, health care coach for MSMP’s Physician Wellness Program, worked with Providence Health Systems for nearly 20 years in an effort to create teams and deliver clinical care that exceeds the industry norm. Her work as a clinician, administrator and, most recently, as a patient has catapulted her vision and enthusiasm for helping individuals move past their fears and see how their perspective is closely tied to their reality.

Welch founded Fresh Eyes consulting with the dream of creating a platform in which both individuals and groups are inspired to recognize their strength, leverage their talents and find unexpected opportunities. Her goal is to ask the questions that allow one to shift their perspective and create a life that integrates passion with expertise.

This month’s *Scribe* introduces a monthly column in which Welch will address challenges health care professionals face in their work and personal lives, and offer advice about steps to improve their health and well-being. She also will, in future columns, discuss how to build teams based on civility, open communication and a collaborative culture as well as some of the ways leaders are being asked to serve during this uncertain time and beyond.

Positivity is powerful



Coach’s Corner

By Shandy Welch, FNP

Are your nerves wearing thin? It has been two months since doors began to close because of COVID-19 and a new normal emerged. Adrenaline kicked in and we acted out of urgency and excitement. Now the tides are shifting, we are settling in, breathing a bit deeper and realizing this may be a long-term change.

It would be understandable and normal for resentment and negativity to flood our frontal cortex, but at what cost if gone unchecked? This is phase two, a time to mourn what was and shift our thinking to see the positive emerge. To stay stuck in anger and fear will invariably have a negative impact on your relationships, patients and team. How we perceive our new reality will translate into the words we choose, the posture we take and the ideas we generate.

Today is the day. How you show up and decide to represent yourself is something only you can do. Here are some ways to get started:

- Make a choice to be positive and see interactions from that perspective.
- Don’t be judgmental but be aware of when you have a negative thought and stop yourself from acting on it. Take a breath and rephrase.
- Take a moment each morning to think about what is great, what you are grateful for and how you will bring that to others. One podcast episode that helps drive this point home is “[Savoring and Investing in Calm](#)” by Chris Bailey.
- Start meetings with one or two positive stories or moments of appreciation and gratitude. [Here’s an article to help reflect on gratitude.](#)
- Show appreciation for others. A simple “thank you” or written note will go a long way.
- Smile – it is free, easy and so powerful.
- Recognize and appreciate how these small changes can interrupt the negativity and bring joy back into your day.

The choice is yours.

To reach Shandy Welch with topic ideas for this column or for assistance through MSMP’s Physician Wellness Program, please email shandywelch@gmail.com. Her weekly newsletter can be found at www.fresheyeyesolutions.com

Narrative medicine a key to wellness

By **Barry Finnemore**
For *The Scribe*

In a profession where time is often in short supply, health care practitioners pausing to reflect may seem like an immense challenge. But taking that time, and normalizing it so it occurs regularly, is critical to wellness.

That was among the messages **Elizabeth Lahti, MD**, shared in a recent interview with *The Scribe*. Lahti, director of narrative medicine at the Oregon Health & Science University School of Medicine, has taught narrative medicine to interprofessional students, residents and faculty for seven years.

Narrative medicine, a concept first developed by Columbia University professor of medicine Dr. Rita Charon, is the idea of listening to and being moved by stories of illness to provide more patient-centered care.

“At its heart,” Lahti said, “it’s really about connecting to patients and being more present and aware for the patients we are caring for.”

Lahti said that one of the greatest side effects of narrative medicine competency is its impact on health care professionals in terms of being centered, present for patients and families, and resilient in the face of the profession’s immense demands.

Lahti said that in the workshops she leads participants who hear the same patient story can each hear something different and come away with their own impressions, and that sharing those impressions can help a health care team be more unified.

Narrative medicine helps students and practitioners “see beyond the medical story” into the broader experiences of others, she noted. During the coronavirus crisis, when massive change is

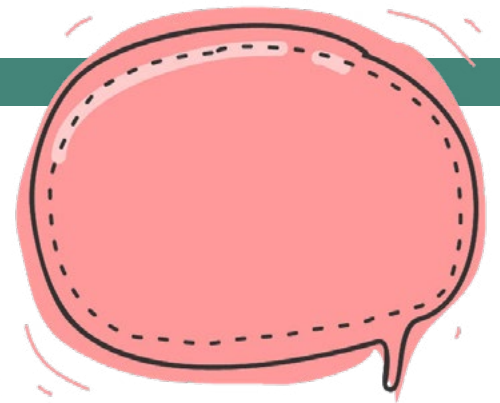
flooding people’s lives, taking time to read a poem about something being interrupted, a change of seasons or the loss of a loved one “allows for deeper exploration of what might be happening in ourselves, in our patients and in our families that goes beyond the medical story and really taps into the story of being human.”

“When people are offered a window to look inside themselves in a way we aren’t usually offered, there is a connectedness of being human beyond the roles we have as doctors and nurses,” she said, noting the importance for practitioners of normalizing the notion of pausing during the day to reflect on what they are feeling and experiencing.

“It allows for a moment of pause in a profession where we don’t normally have moments of pause as part of our day.”

Lahti said that as part of her narrative medicine outreach she circulated a poem, titled “My Sister is Not a Statistic,” which was written by a woman about her sister’s death from COVID-19. The poem includes such lines as her “underlying conditions were love, kindness, belief in the essential goodness of mankind, uproarious laughter ...,” and she “died without the soft touch of a loved one’s hand, without the feathered kiss upon her forehead, without the muted murmur of familiar family voices gathered around her bed ...”

Lahti said she has read the poem with fellow doctors over the last several weeks, hoping it allows them to reflect on what the experience is like for patients and family members who feel helpless and when in many cases health care workers can’t connect with patients the way they have in



the past. It also allows people to recognize other ways they can connect in a meaningful way, such as through eye contact.

Reading poems or short stories, or looking at paintings or other artwork, are other ways to make human connections in non-traditional ways and can help practitioners with wellness, Lahti said. In fact, evidence shows that observing works of art helps build observation skills in the clinical setting, she added.

While many health care workers are working incredibly long hours and dealing with new and added stresses amid the coronavirus crisis, many medical students are living different experiences and having different feelings depending on where they are in their training. Some feel massive disruptions in their life and the loss of passing important milestones, while others – particularly fourth-year students – feel the loss of the ceremonial rites of passage as they transition from being a student to a doctor. Still others feel guilty about their inability to help out on the health care front lines.

One of the central ways narrative medicine helps develop empathy and connection is the act of writing and sharing in small groups, but the coronavirus outbreak has meant a suspension of such gatherings in person.

However, Lahti has invited students to write reflectively about their experiences and, in virtual narrative medicine sessions, share their thoughts and writing. During one session in April, Lahti asked them to write one word about how they felt. Some examples: “fearful,” “anxious” and “alone.” They then spent an hour sharing and listening. Lahti closed the session asking for another word that described how they felt at that point, and their descriptors included “connected,” “together” and “hopeful.”

“Having those scheduled opportunities to reflect on what they are feeling and experiencing has been really powerful for them because it gives permission to do that,” she said. “It’s been a real sense of community coming together.”

Along the lines of virtual meetings, the Northwest Narrative Medicine Collaborative, a nonprofit Lahti co-founded, hosts a regular series via Zoom where health professionals, students, patients and caregivers explore the experiences of illness and wellness through story. Its workshops in May, “Interrupted:

See **NARRATIVE MEDICINE**, page 14



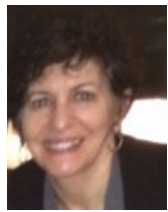
“At its heart, [narrative medicine is] really about **connecting to patients and being more present** and aware for the patients we are caring for.”

– Elizabeth Lahti, MD

Wellness professionals suggest ways to maintain health in difficult times

By Melody Finnemore
For The Scribe

Health care professionals face myriad stressors during the best of times and these have only increased during the COVID-19 pandemic. A trio of wellness professionals, including two psychologists with the **Medical Society of Metropolitan Portland's Physician Wellness Program**, recently shared their thoughts on ways health care providers can maintain their mental, emotional and physical well-being during current challenges.



BETH WESTBROOK, PSYD

Beth Westbrook, PsyD, is a clinical psychologist who has provided services to health professionals for more than 30 years, is a leader of

MSMP's Physician Wellness Program and is part of its Wellness Committee.

Westbrook noted the importance of maintaining a routine that includes exercise, healthy eating, getting outdoors and sticking to sleep rituals. "I think it's really easy to let go of sleep rituals if you're not on a schedule," she said, adding for people doing a lot of virtual meetings, telehealth and other screen time, it can be beneficial to read a real book rather than an e-book.

In addition to practical support, emotional support is essential. "I'm struck by how many colleagues don't talk to each other during this time. They just kind of stay in their own little bubble and it's important to talk to each other," Westbrook said.

These interactions should involve not just talking but engaging in purposeful conversations. Westbrook said she often checks in with different friends through Zoom calls and has virtual meals with them on a regular basis.

Throughout the changes caused by COVID-19, Westbrook said, it is crucial that health care professionals remember their ethics and operate from that standard, particularly when they are working at home, seeing

patients via telehealth, and often being a caretaker for their families and homeschooling at the same time.

Procedural precautions include retaining awareness of legal boundaries, including those that involve patient interactions and state lines, HIPAA compliance during telehealth appointments, and communicating in a positive manner with health system administrators about standing policies and those that are changing.

"Some people initially were told to go to a million different websites and their time is stretched, so administrators can consolidate that information," Westbrook said, adding conversations about providers' comfort levels in clinics regarding safety and the availability of personal protective equipment is essential.

Another suggestion for maintaining physical, mental and emotional wellness during this challenging time is to learn something new, whether it be a form of meditation, journaling, yoga, cooking, or new strategies about doing one's job and advocating for changes that improve processes. "There's so much people can do online from home," Westbrook said.

With anxiety and depression on the rise among the general population, and health care professionals experiencing it at higher levels than before the pandemic, finding a little bit of gratitude each day can be an emotional oasis.

"It is a tough time and we need increased compassion for ourselves," Westbrook said.

She advised health care professionals to reach out to MSMP's Physician Wellness Program – which utilizes telehealth, HIPAA-compliant platforms and flexible scheduling – if they are feeling excessive anger, depression and anxiety; increased substance use; financial concerns; or the pressures of trying to work at home while homeschooling children and figuring out what to do as summer camps are cancelled.

"These are all good reasons to seek help," Westbrook said. "The literature tells us that if people feel better, they

will be more productive personally and professionally. And any concern is worth a conversation. It doesn't have to be a big problem."

Mary Moffit, PhD, is a clinical psychologist, the director of Oregon Health & Science University's Resident and Faculty Wellness Program and a member of MSMP's Physician Wellness Program providing coaching and counseling services to health professionals.



MARY MOFFIT, PhD

Moffit has worked closely with clinicians who are struggling with burn-out, exposed to trauma in medicine, or coping with the "moral injury" of caring for patients in a broken and inequitable health care system. She reports that the added stress of COVID-19 has highlighted these concerns and placed a heavy weight on physicians. Every day she sees the cumulative toll on clinicians' well-being.

"I urge our clinical colleagues to pause for a moment every day and to simply ask, 'How am I feeling, what do I need today?' and to reach out for support before their need is urgent," she said. "During times of crisis, including after 9/11, health care workers race to help and volunteer to work long hours to the point of exhaustion. That is what we saw happening during this crisis, when Oregon was anticipating a surge of very ill patients. During the initial

mobilization, health care workers were national 'heros sent into battle' and yet many did not have adequate protective equipment and were fearful of exposing their families."

Now, Moffit said, she sees the initial fear and anxiety have given way to fatigue and a sense of loss. "The National Academy of Medicine notes that we are in the 'disillusionment' stage, exhausted after months of activation and now facing salary cuts and uncertain employment and economic futures," she said.

Moffit emphasizes the importance of self-care, reducing isolation and increasing access to peer support, "our clinical colleagues get it, they know what stressors we are facing in our practices." She also reports that professionals practicing from home find their work has expanded late into the evening. "They feel overwhelmed and have little restorative time. It is important to take proactive steps to mitigate the risk of depression and post-traumatic stress."

She recommends practicing the four M's of mental health: Mindfulness, Movement, Mastery and Meaningful Connection. [Portland Mindful Medicine](#) offers a free, online mindfulness community for health professionals and the Headspace app is free to everyone with an NPI. In addition to these resources, Moffit recommends that clinicians access free, highly confidential professional

See **WELLNESS**, page 14

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counseling available through MSMP's Physician Wellness Program, adding "physicians often prefer one-on-one meetings to discuss their concerns."

Recently, she has seen a number of health professionals request meetings asking for support navigating these turbulent times and many express gratitude for this resource. "It is essential that we monitor our mood, sleep and overall well-being. If elevated levels of distress worsen or are present for many weeks, consultation with a medical provider may be indicated since short-term medication can be life-saving," Moffit said.

Keith Lowenstein, MD, works with patients experiencing stress-related illness, both mental and physical, in his practice at The Center for Human Holistics. He is also a member of the Oregon Wellness Program's Executive Committee and part of MSMP's Wellness



KEITH LOWENSTEIN, MD

Committee. He noted that "one of the most regulating activities we have as humans is interaction with nature, such as looking at how light slowly changes the sky and listening to the breeze, the rain and feeling the warmth of the sun on one's skin. It is crucial for anyone, including health care professionals, to spend time outside, reflecting and reconnecting with one's own conscious breath."

Isolation from nature can easily aggravate stress, he said, adding it is easy to pause for a few minutes each morning to take a deep breath

and appreciate the tree outside the building where one lives.

"In times of increased stress the biggest challenge for people is improving their ability for self-regulation," he said. "Many people are gravitating toward computers for recreation along with work. This is isolating and, over time, can be a dysregulating influence. Now is a good time to find a self-regulating technique you enjoy. Try yoga, mindfulness, tai chi, breath work, nature walks or something else. There are many options. The important point is to practice with intention. The transformative power in these techniques is in the practice."

In addition to his medical practice, Lowenstein also teaches Kriya yoga, a breath-based meditation, to small groups of health care professionals. The focus is on the physiology of meditation and how a person can use their posture, breath, visualization and sound through various exercises that impact the nervous system to improve physical, emotional and mental well-being.

"It's a deceptively simple yet very effective technique that utilizes what we already have," he said, adding he has practiced Kriya yoga personally for 40 years and has presented the techniques to other health care professionals for the last three decades.

For the last five years, Lowenstein has worked to promote meditative practice with small groups through MSMP and other organizations. He recently started weekly virtual sessions that involve an hour of group exercises and one-on-one time with participants.

"I thought that reaching out online

connections made via Zoom. And, a positive outcome has been the attendance of people who typically haven't been able to travel to the in-person workshops.

The free virtual meetings have been so successful, in fact, that the collaborative plans to continue them even when in-person events occur again, she said. ■

For more about the Northwest Narrative Medicine Collaborative and its upcoming workshops, please visit www.nwnmcollaborative.org

NARRATIVE MEDICINE, from page 12

When Plans Go Sideways" and "Lost and Found," allowed participants to read, discuss and write about how they experience interruptions as individuals and as a community, and to name what has been lost and found, both large and small, during the pandemic.

Lahti said that although she initially was skeptical about how effective the virtual sessions would be compared with the in-person meetings typically held regularly in Portland and Seattle, she said she's been amazed by the powerful

MSMP Physician Wellness Program

To schedule an appointment with MSMP's Physician Wellness Program, please contact one of its psychologists directly.

Detailed profiles for each psychologist as well as their office location and contact information can be found at MSMP.org/Meet-Our-Psychologists-and-Coaches. You can also call 503-764-5663 for a recording of program information.

Due to the rapidly changing situation with COVID-19, MSMP has enhanced and extended telehealth through the Physician Wellness Program.

Your privacy and security are extremely important, and MSMP's telehealth services comply with HIPAA and HITECH requirements.

would be a way to connect more with people right now. I have been pleasantly surprised to see the success that can occur teaching meditation over Zoom. It is especially effective if you add some one-on-one time with each participant," he said.

Lowenstein, whose book on Kriya yoga is scheduled to publish within the next year, will begin another session of the virtual course later this month. Those who are interested in participating can contact him at keith@kriyabreath.com. ■

REOPENING YOUR PRACTICE, from page 6

The following are some tips you may want to include:

- Limit consumption of news and social media.
- Focus on things you can control: "You can take care of yourself."
- Stay busy.
- Keep in contact with friends.
- Identify a friend you can talk to in order to vent your negative feelings.
- Seek out local resources such as churches, online support groups and counselors.

- Consider apps like COVID Coach (Apple) or Sleep Sounds (Android). There are many others on meditation or mindfulness, like Chill.
- Set daily goals.

Additional websites you might find useful in communicating with stressed patients are:

- [The Schwartz Center](#)
- SAMHSA, "[Warning Signs and Risk Factors for Emotional Distress](#)"
- [Mental Health America, online screening tools](#) ■

Carol Murray, RHIA, CPHRM, is senior patient safety risk manager with The Doctors Company, and Jennifer Perla, RN, LPC-S, is with Medical Advantage Group.

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Neurologist embraces ANCIENT CRAFT OF ENCAUSTIC PAINTING



By John Rumler
For The Scribe

Above
Kirk Weller's painting techniques include "fusing" wax with a propane torch as part of the process of encaustic painting.

Photo courtesy of
Caroline Petrich

As a neurologist at the Providence Brain and Spine Institute, **Kirk Weller, MD**, utilizes the latest technologies, research and practices to assist his patients.

In his day-to-day work, he spends much of his time, Weller says, seeking the exact in a scientific pursuit of solutions where expectations are high, glories are occasional at best and frustrations are inevitable.

After hours, however, Weller enters a different world, that of encaustic painting, a technique dating back to the ancient Greeks who used it to caulk ship hulls and began pigmenting the wax as early as 800 B.C. to decorate their warships.

It is a place Weller describes as a realm of "mystery, alchemy and magic. ...This is my self-prescribed antidote to burnout. The only side effect is an addictive and weird sense of wonder."

Growing up in Colorado, Weller developed an affinity for nature, particularly for the rugged, westernmost portions of the state. By age 9, he was fly fishing by himself in "Blue Ribbon" trout streams and learning the difference between rainbows, browns, brooks and cutthroats. He took epic backpack trips in the San Juan Mountains in Colorado and the Wind River Range in Wyoming.

Combining nature and art

Weller also enthusiastically pursued color landscape photography, racing against the dawn to reach a promontory where he'd capture the first light. "Standing for hours, hoping for broken skies, I would shoot medium and large format with an eye on the contrasting

shadows and sunlight." Some of those photos, now framed, adorn the walls of his clinic and also inspire his encaustic artworks.

His brother-in-law, an internist, and his grandfather, a urologist, were both successful physicians in Denver as well as passionate outdoorsmen. They inspired Weller, who still enjoys whitewater kayaking, hiking, fly fishing, photography and writing nature-based poetry, which he sometimes combines with his painting.

In high school Weller first considered neurology as his life's work. "Neurology lives at the boundary of the mind and body. How can this gelatinous mass of a hundred billion cells write symphonies, go to the moon and create the World Wide Web? That is a worthwhile challenge to figure out."

Before obtaining his MD from the University of Washington in 1990, he earned a BA in psychobiology at Oberlin College in Ohio and an MA in neuropsychology at the University of Victoria, in British Columbia.

Highlight of medicine

After running a solo practice in Gresham for many years, Weller joined Providence in September 2018. He works with patients who have a range of challenges, including multiple sclerosis, stroke, myasthenia gravis, Parkinson's disease and epilepsy as well as less common conditions.

Weller says one of the highlights of medicine is listening to his patients' stories. "It often only takes a few minutes to find out what we have in common, or to discover some amazing historical fact.

Early in my career, an elderly patient told me of how his father, ranching in southern Utah many decades ago, had on occasion allowed a guy named Butch Cassidy, who was always in a hurry, to hole up at his ranch."

Weller's only extended stint east of the Mississippi was at Oberlin. "I loved the school but couldn't wait to get back West," he says. "The sagebrush breeze called, as did the long vistas, crystal waters and my ribald buddies."

That deep-seated longing for the West is a ubiquitous underlying theme of his art. "Solitude is a resource we underestimate," he says. "Losing the pristine forever, to harvest a few dollars today, that is a devil's bargain."

Weller cites numerous artistic influences, none more important than his mother Phyllis, a talented painter herself. "She gave me my first brushes, took me to art supply stores, gave me my first lessons. I can remember her showing me how to stretch watercolor paper."

In junior high school he was partial to watercolors and continuously enrolled in art classes as an undergrad. Weller recalls when the chair of the Art Department at the University of Denver, after reviewing his portfolio for a life drawing class, told him, "Don't ever quit art."

Weller began painting in earnest around 2001 and has completed a couple thousand works since. He became attracted to encaustic, which he calls "an act of discovery as much as creation." In 2003 he took his first class, taught by prominent artist/art instructor Jef Gunn at the Pacific Northwest College of Art. Besides their mutual interests in art, the two shared similar worldviews as well as a passion for the western wilderness.

"Kirk was soon taking all of my classes, then after a while he stopped," recalls Gunn. When the pair reconnected, he was amazed at how vastly Weller's technique had improved. "His paintings were so fluid and organic. They looked effortless." Gunn says that perhaps Weller was trying too hard in his classes.

The art of encaustic, which entails melting the layers of waxes and resins, requires temperatures ranging from 180 to 210 degrees. Into that molten soup, pigments such as cobalt, copper and

iron-based minerals are added. Weller uses heat lamps, irons, heat guns and even propane blow torches to re-melt or co-fuse the sequential layers.

He experiments at great lengths with various resins, at times creating startling effects, including dramatic filigrees produced as billowing clouds of crimson and teal, which cool and become still on the panel.

"It has a quality like picture jasper; (a variety of jasper gemstone formed in such a way that it resembles a picture of a landscape) forces of the medium itself create imagery you could never premeditate, only capture."

'A trailblazer'

With many shows and exhibits now under his belt, including those at Elizabeth Jones Art Center, Oregon Society of Artists, the Ford Gallery, Northwind Arts Center and the premier encaustic center in the nation, the Encaustic Art Institute in Santa Fe, N.M., Weller is putting himself on the map, something not easy to do, Gunn says.

Weller is totally deserving of wider recognition, Gunn says, because he's doing things with encaustics that no one else is.

"Kirk's into the chemistry of it. He's exploring all the different natural resins and grades of beeswax and materials. In that sense, he's a trailblazer. His skill set, his background, and combination of razor intelligence, passion, curiosity, tenacity and vision, it makes him the total package."

A local artist with a national reputation in several mediums, including kiln glass and encaustic, Martha Pfanschmidt, MFA, agrees. Pfanschmidt, who has displayed her works in exhibitions for nearly four decades, met Weller several years ago and she was so impressed with his paintings that she included him in an art exhibit she was curating in Port Townsend, Wash.

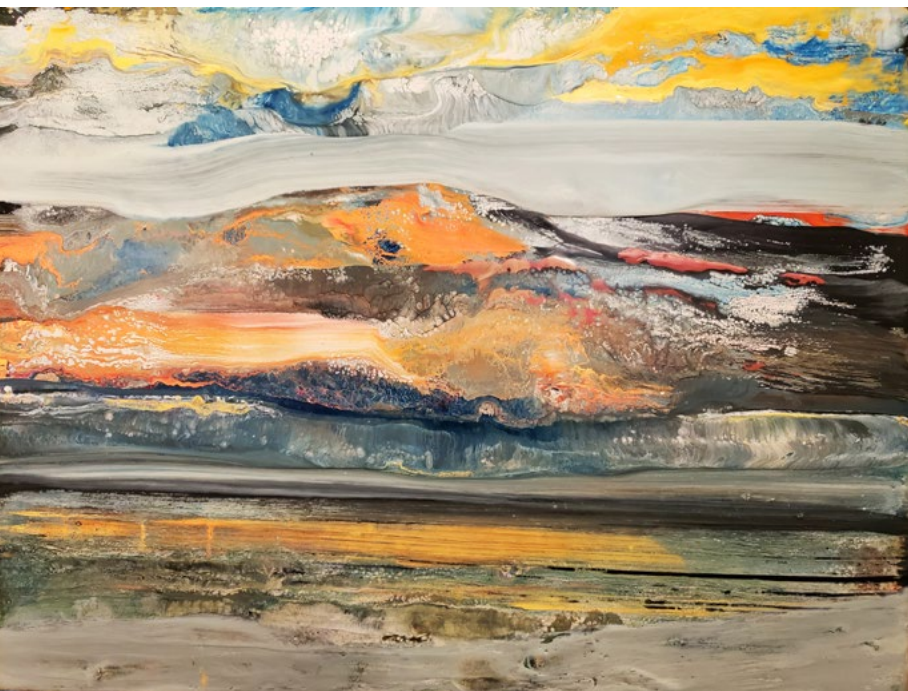
"Kirk is as dedicated and hardworking as any artist I've ever known," Pfanschmidt says. "He experiments with techniques, which is very impressive, in that he discovers new ways to incorporate unusual materials into his painting."

Pfanschmidt said that the core of Weller's art centers around relaying his love of the natural world and that his paintings are recognizably landscape



Kirk Weller, MD's **next exhibit**, which is not scheduled due to COVID-19, will be called "Solitude Lost."

For more information about Weller and his art, please visit CircleofSky.com.



Left

Weller calls this work "Arrival of Evening," and describes it as having "more saturated hues."

Top right image

Kirk Weller, MD, donated this piece, titled "Karst Hills of Guilin," to the Museum of Encaustic Art in Santa Fe, N.M., in 2017.

Both images courtesy of Kirk Weller

in origin, but have become increasingly abstract. "It's amazing that he's a full-time physician and yet he's somehow able to create as much art as a full-time artist."

Weller's output as an artist, five to six paintings a week, is already prodigious, and he's recently moved into a new workspace in inner Southeast Portland. The well-equipped, carefully designed 900-square-foot studio is a mile from his home.

Neuroradiologist Steven Urman, MD, PhD, was a staff physician at Legacy Emanuel Medical Center in 1991 when he first met Weller, who was an intern. The two quickly bonded and their paths have intertwined often. Urman has attended several of Weller's exhibits, but he knows his friend first and foremost as a doctor - an exceptional one, he says.

"Kirk spends more time with his patients than any doctor I know. Instead of routinely accepting a diagnosis, he'll dig much deeper, analyzing MRIs, lab tests, scrutinizing every detail and learning as much as he can to help them."

A past president of both the Oregon and Pacific Northwest radiological societies, Urman adds, "Besides being highly skilled, experienced and versatile, Kirk is an excellent communicator, one who is curious and friendly with his patients and quite good at getting them to open up." ■

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