

# Nebraska Medicine

Summer 2013 | Volume 12, Number 2

## *Resident Physicians*

Their view on  
medicine today



Nebraska  
Medical  
Association

*Advocating for Physicians and the Health of all Nebraskans*

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# FOREWORD

*This spring, the Nebraska Medical Association surveyed over 50 residents across different specialties and from various schools to ask them questions about residency and what they feel the future of medicine holds for them and their patients. In this issue of Nebraska Medicine you will find their responses.*

*“Physicians have a special voice on the community stage. We have the privilege to shape lives, laws, and public opinion.”*

by Philip Boucher, MD  
UNMC

My original interest in medicine came from witnessing the "CSI"-like investigation to uncover a patient's condition. I was fascinated by the interpretation of signs and symptoms, followed by the testing of hypotheses, to arrive at a diagnosis. The investigatory role of the physician continues to peak my interest and feeds a lifelong desire to continue learning. Over the past few years of training, I've realized the role of a physician can be much larger than treating singular patients or conditions. Physicians have a special voice on the community stage. We have the privilege to shape lives, laws, and public opinion. When we speak locally, statewide, or even nationally, the public listens and takes heed.

As a current pediatrics resident, I haven't been in the world of medicine for very long. Despite my brevity in the

field, I have witnessed a change in the way patients interact with their physician and their own personal health knowledge. In the not-so-distant past, a physician's recommendation was the final word. The patriarchal position of one's doctor was rarely questioned. Second opinions were infrequent. Each patient lived in a tiny health care bubble. If a patient had a rare or serious condition, they may not have interacted with even one other person with the same condition throughout their lives, exclusively trusting their doctor to provide them with both treatment for and knowledge about their disease.

For better and for worse, this era of medicine has ended. Nowadays, patients come to the doctor "prepared." They've read about their symptoms, have diagnosed themselves, and are already thinking about treatment options. If a physician questions the patient's diagnostic prowess (or more aptly, that of Google), a second opinion is sought until a

provider acquiesces to their requests for obscure tests, procedures, or alternative treatments. Patients connect in online groups with similarly afflicted individuals to offer support, share stories, and discuss their success and failures with doctors and treatments. It sometimes seems that a physician's word is only good if it concurs with the knowledge the patient has already acquired online.

We physicians are losing the battle for patient trust without an online presence. Our patients aren't listening to us because they've already been convinced about what they need by someone else. (If you don't believe me, go to your favorite search engine and search "MMR autism" or "homeopathic cancer treatments." If your patients consider the top hits as authoritative, the results will frighten you.) They heard about their condition on a TV doctor show,



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# *“...physicians are public health officials, first and foremost.”*

by Amit Chakraborty, MD  
UNMC

**I**n choosing a career in medicine, I follow in the footsteps of my father and grandfather, who are physicians. I made the decision to pursue training in radiology after observing the influence of imaging on medicine. I feel this ensures my education is valued and provides me the opportunity to work with different specialties. Furthermore, radiology is perpetually expanding. The ability to interpret and perform new imaging-related diagnostic and procedural techniques is intriguing.

Because there are several models to practice radiology (academic, private, hospital-based, corporate, HMO-based), I feel most apprehensive about finding an ideal fit for my future practice. This concern is shared by other

trainees given the drastic shift of physician jobs to hospital-based practices. For these reasons, I predict many future radiology jobs (mine included) will be hospital-based.

More broadly, I am concerned for the future of medicine because of our current health care delivery model. Since we incentivize volume and encourage consumption, health care has become a commodity rather than a means to a shared ends: a healthy society. This approach is inconsistent with my belief that physicians are public health officials, first and foremost. I hope to eventually practice in a health care model that prevents physicians, insurance companies, hospitals, device/drug manufacturers, and others from engaging and promoting in the commoditization of health.

Increasing health care costs has given rise to a “how to bend the health care cost curve” debate, which also gives me

considerable apprehension. My chosen field, radiology, has been targeted for health care cuts, ostensibly because imaging/radiology is viewed as wasteful (in certain instances) and/or used to exploit health care (in cases of self-referral). I feel these cuts are often misguided, but they serve to reinforce the importance for physicians to become involved in organized medicine, especially in this current changing health care climate. Organizations such as the Nebraska Medical Association and specialty-specific societies will be crucial in shaping the delivery of health care on the state and federal level.

In five years I hope to practice as a fellowship-trained neuroradiologist. I am currently applying for fellowships, primarily on the West Coast, where I hope to live. I plan to join my state medical society in hopes of influencing the delivery of health care from a state level. □



*“I love our state, mainly for the people that make it so wonderful; I recognize the health needs in these rural areas, and I hope to do my part to serve my future community by giving back through the practice of medicine.”*

by Jillian Fickenscher, MD  
UNMC

As a recently-graduated medical student, now physician, at the very beginning of my residency in family medicine, I am (perhaps naively) optimistic about my future career and the future of medicine. I initially chose to pursue a career in medicine because I felt that learning and practicing the art of medicine would be the best way for me to serve others, develop relationships, give back to my community, and impact lives. Having grown up on a farm in rural Nebraska, my family's doctor was the only one in the nearest town and a person who I truly admired through his work. I was impressed by the scope of his practice, the lives he touched through medicine, and the relationships he built over time with patients of all ages and needs; he truly became a part of many families and was an integral part of the community. Throughout my experiences in college, I also developed an interest in community and public health. I was exposed to underserved populations through service trips abroad, local volunteer work, internships, and shadowing, and quickly realized that individual and community education, empowerment, participation, and prevention are keys to health. I feel that a career in primary care is the best avenue for me to help deliver the integrated, personalized care

that promotes the health of both individual patients and the communities in which they live, work, and play.

However, I do know that the world of medicine is changing and the future of health care in our country is uncertain. Changes are being made under the Affordable Care Act and no one quite yet knows what all of the outcomes, benefits, or consequences realistically will be once in practice. Anticipated and ideal benefits will be improved access and insurance coverage, better coordination and quality of care, enhanced information technology, and increasing focus on primary care, disease prevention, and patient-centered outcomes. These opportunities excite me and make me hopeful for the future, but I do understand that there is and will continue to be much anxiety and hesitation while making changes in the way we deliver health care, as well as many challenges to overcome as they are implemented.

In addition to these larger systems-level challenges, I know I will also face many personal challenges and anxieties as I go through residency and eventually on to practice medicine. Our debt load is high. The hours are long. We must complete our daily tasks, stay up-to-date on countless conditions and their recommended treatments and guidelines, coordinate with other care providers, and in general, apply to the best of our ability all of the knowledge we've gained to

provide quality care for our patients... all the while maintaining a healthy work-life balance. The vast amount of medical knowledge and information to keep up on is daunting – especially in a field as broad as primary care – and this only continues to grow and change, as practicing evidence-based medicine is the goal. Technology surely helps us to stay updated on this information, but balancing that need to educate oneself adequately with the time required to practice medicine is overwhelming.

But, with these challenges come immense opportunities and I am hopeful that my career will help me to realize them. After residency, I plan to practice in a small-town, rural area in Nebraska, much like that in which I was raised. I love our state, mainly for the people that make it so wonderful; I recognize the health needs in these rural areas, and I hope to do my part to serve my future community by giving back through the practice of medicine. I understand that I am early in my training and experiences, but I believe that the same ideals of a physician that I once admired growing up can prevail, and if we as physicians keep these in mind as the primary focus of our calling – even in light of uncertainties and challenges – the patients will win. □



*“...medicine was a very rewarding and fulfilling career — so I was naturally drawn to it.”*

by Andrew P. Gard, MD  
UNMC

I initially pursued a career in medicine to follow in my father's footsteps (interventional cardiologist, Lincoln, Neb.). For him, medicine was



a very rewarding and fulfilling career; I was naturally drawn to it. The practice of medicine, however, has changed and the environment in which my father practiced is certainly not going to be the one in which I will find myself. My

biggest concern is that there is much uncertainty about what the health care landscape will look like during the course of my career. Obviously, the current political influences may drastically change the delivery of health care in the

U.S. Nevertheless, medicine remains an exciting and fulfilling experience and I would definitely choose a medical career again.

Perhaps the most dramatic shift in medicine has been the rapid improvement in technology. Immediate access to quality information (eg. UpToDate and ClinicalKey) has raised the expectations to deliver quality evidence-based care. Anyone who has participated in hospital rounds recently can attest to how quickly the medical students and residents can research and answer clinical questions, often even before reaching the next patient. Regrettably, however, the juxtaposition of technology onto the timeless physician-patient relationship too often distances physician from patient by an imposing computer or EMR.

Although neurosurgical training now spans seven years, little time is allotted to the business aspects of a surgical practice. Additional information pertaining to contract negotiation, business management, and procedural coding could be quite useful. Professional associations such as the NMA are definitely useful to the graduating resident/fellow. These organizations have the potential to provide resources and support for joining or establishing a practice. I would expect that participation in such a professional organization would offer mentoring to successful physicians as well as providing political support for the group's agenda.

I have enjoyed my experience in Nebraska and hope to stay and practice here after I have completed my neurosurgical training. □

*“I am originally from Nebraska and I expect to practice in rural Nebraska as part of a hospital-owned practice.”*

by Adam Horn, MD  
UNMC

**M**y name is Adam Horn and I am a 4th year anatomic and clinical pathology resident at the University of Nebraska Medical Center. I will graduate in June 2013 and plan on completing a surgical pathology fellowship, also at UNMC. I chose a career in medicine because I always enjoyed the sciences and thought that medicine would be the most professionally and personally rewarding field. In medical school I was attracted to multiple specialties, including internal medicine. However, what I found most enjoyable was the initial workup and diagnosis of a newly admitted patient.

In pathology I discovered a specialty where I would be continually presented with interesting diagnostic challenges, both in histopathology as well as laboratory medicine. I also enjoy having the opportunity to function as a consultant to other physicians and surgeons (pathologists as the so-called “Doctor’s Doctor”).

Also appealing about the field of pathology, as well as medicine as a whole, is the rapid evolution of molecular testing modalities. However, one of the challenges will be balancing the anticipated patient benefits with financial realities. I expect that pathologists will play a growing role in the integration of the new diagnostic information with more traditional methods, such as

the standard H&E stained slide. This is an area where I feel the NMA can be helpful, both in the education of physicians regarding new modalities as well as helping to protect the financial means to provide clinically relevant services.

I am originally from Nebraska and I expect to practice in rural Nebraska as part of a hospital-owned practice. I hope to maintain a reasonable work-life balance surrounding myself with trusted and skilled colleagues. I appreciate that Nebraska is a physician friendly state and look to be active within the NMA to help protect that practice environment as well as patients. □



*“Then there are days when patients seem to be helped by something I have done, and I remember my motivation.”*

by *Catie Mohr, MD*  
UNMC

In 2011, four years of diligence and industry culminated in my receipt of a medical doctoral degree. Most of



my colleagues relished in their degrees, certain in and of their medical futures. Yet here I remain, nearly two years into an internal medicine residency, still uncertain as to what it means, this becoming and being a physician.

One might assume that public indoctrination into the medical profession would propagate excitement and confidence. For a freshly minted physician, however, the MD is a dichotomy, instilling great pride, while imparting the weight of great responsibility upon its master. It is a title that causes people to take you far more seriously than you ever took yourself.

I had anticipated the end of my “formal schooling” with medical school graduation, but residency has made me realize more than ever before that, to be a doctor, one must choose also to be a student.

Today, I write to you as a resident physician and I will sign this article with the degree behind my name, but labeling me a physician seems premature. A doctor in name only, I feel as though this title requires further cultivation. The science of our craft is reviewed in the care of patients on daily rounds but

what of its art? Do we attend to, foster, and educate students in the art of medicine?

William Osler, the esteemed father of medicine, called new physicians to be pillars of stoicism in the stormy seas of medicine; he called them to have equanimity. It is a practiced gift to be unperturbed by the oddities of people, to remain sanguine amid the emotional and physical demands of patient care.

I recently spoke to a group of college students about medical school and residency. Bright eyed and eager, they cheerfully asked questions about medical school applications, studying for the MCAT, and finally, what had motivated me to go into medicine. I saw then the stark difference between who I once was and who I am now. I can only hope they saw a glimpse of the hope, idealism, and humor I like to think occasionally finds its way to the surface of an overwhelmingly common theme of jadedness, fatigue, and wear.

Many days are long and tiring. Many days I question my motivation for choosing this path. I often feel so emotionally and physically drained that I scapegoat frustration onto those I love most. Then there are days when patients seem to be helped by something I have done, and I remember my motivation.

I know that medicine can be a cruel mistress, that she will ask everything of you emotionally and physically, until, if you allow it, you are left cynical and

jaded. I know that there is rarely enough time in the day to do what one must, let alone what one wants. I know that patients are at their weariest when I meet them, and that I am asked to surmount their frustrations in favor of cordiality. I know that families and patients need support during weary times and that it is my responsibility to be honest and maintain hope when I am able.

What would I tell that young graduate of medicine two years ago? I would tell her to maintain her altruism and her empathy, for those traits are the foundation upon which doctoring nurtures its greatest care of patients and oneself. I would tell her to always be aware of the power given to the doctor, the pedestal upon which society sets us, and to never abuse that power. I would remind her that the greatest good a physician can do for a patient is to give the correct diagnosis; and if she does not know the answer, never be ashamed to ask questions. I would remind her that she will inevitably make mistakes because she is human but to always learn from those mistakes. I would tell her to not confuse work with life and caution her that medicine will champion all of her time if she allows it. Finally, I would instill in her the deepest respect for the honored relationship that allows physicians to be privy to the lives of patients that she may find true solace in the company and healing of another human. □



*“Nothing is comparable to the experience that I get when waking up each morning and going into clinic, completely in wait for what I might see that day.”*

by Sara O'Connell, MD  
LMEP

Originally from Montana, I often get the question of what brought me to Nebraska. To be honest, it wasn't the wide open plains or scenery, but rather the best training that medicine can offer in the field of family practice. My program offers a well-rounded education and training that prepares me to enter into any rural career when I am finished. Nothing is comparable to the experience that I get when waking up each morning and going into clinic, completely in wait for what I might see that day. One of my mentors told me prior to his retirement from the Lincoln Family Medicine Center, “you know, I find the most excitement from not looking at a chart before I enter the room and just using my head and hands to determine the problem.” That is exactly why I went into family medicine; you never know what is waiting for you behind the door! Not only am I able to care for a woman throughout her pregnancy and delivery, but I am able to be there for her, her child, and her entire family.

Even though I am completely content with my decision to enter family medicine, I am still working on the delicate balance of work and home life. As a parent to a two-year-old daughter, I am constantly struggling to maintain my responsibilities both as a physician

and as a mother. I strive to be the best in both, but often have to sit back and remember that it is a give and take between the two. I cannot always be at every delivery or spend an endless amount of time with each patient. And I may not always be able to attend every play date or gymnastics class for my daughter. I've been slowly learning that it is ok to ask for help or advice from other colleagues and mentors who are parents themselves and learn from them. My faculty advisor is wonderful in guiding me on the path that I've chosen and I am both eager but also saddened to be leaving Nebraska later this summer to join a practice in Montana.

What is interesting to me is the tension between being a balanced, content physician who explores his or her interests outside of medicine and being an extremely driven workaholic who gives up family time and other hobbies in order to be engrossed by work. My program is unique in that it fosters an environment in which we are driven to seek out and find experiences to enhance our knowledge in medicine, but it also encourages time away for healthy recharging. I think that many medical students are drawn to specialties that allow them the flexibility to have this balance that so many of us seek.

Looking into the future, I see a stronger role for family practice physicians in providing quality care for

patients. I am a supporter of PCMH and I feel as though it will coordinate care and allow me to be at the helm. However, most telling for me is how the current primary care situation is a perfect storm of low reimbursement and doctor burnout. Many of my colleagues have had to increase the number of patients they see in order to keep the lights on. I didn't go into medicine in order to emerge as a strictly lifestyle physician, but I did go into medicine expecting to forge meaningful relationships with my patients and to perform my intellectual craft to the utmost. Primary care in its current iteration makes these goals seem even more difficult. Professional associations, like the NMA, are therefore valuable for me as I start my new career. They provide a network for me to reach out and discuss various issues and debates in the state that will directly affect me and influence how I will provide care to patients. They will allow me to achieve my expectations of a personally fulfilling medical career. Overall, there are many challenges that I have faced and will continue to face with the changing landscape of medicine, but I am fortunate and pleased to be practicing in primary care as I will be at the center of the patient's team, which is where I have always wanted to be.



*“We are practicing in one of the most exciting times in history and our responsibility to our patients – as well as our family and friends – has never been greater.”*

by Shervin Razavian, MD  
KUMC

**G**reetings fellow NMA members! My name is Shervin Razavian and after graduating from UNMC in 2011, I am about to enter my third

year of residency in anesthesiology at the University of Kansas Medical Center in Kansas City, Kan. While my wife and I miss Nebraska, we are thoroughly enjoying all that Kansas City has to offer.

As with most NMA members, I pursued a career as a physician because of the incredible opportunity that the profession affords us to impact the lives of our patients and those who surround and care for them. Several years into practicing, I still have a full understanding of the tremendous privileges and responsibilities that are associated with my position. At the same time, I realize that the practice of medicine goes beyond what we learned in medical school and while caring for our patients. Our current political landscape adds many uncertainties and pressures that guide both the current and future practice of myself and my colleagues. For better or worse, our profession is impacted just as much - if not more - in legislative meeting halls than in the labs of science. This said, while it

is imperative that we gain an understanding of the concepts and principles that will allow us to be successful practicing physicians, it is just as important for us to keep a firm pulse on the political landscape, as this too will have a tremendous impact on our future practice. While it would be nice to have more insight as to what the future holds for both us and our patients, it is impossible to determine this, especially given the many political uncertainties facing our profession.

Despite these uncertainties, we must not lose sight of the fact that we are practicing in one of the most exciting and rewarding times in medical history. Technology allows us to quickly access pertinent patient information and perform diagnostic modalities that were previously unavailable. With a greater understanding into many different disease processes, our generation has the ability to treat conditions that were previously thought to be a death sentence. Perhaps most importantly, the culture of medicine has shifted, and we are now able to spend greater amounts of time with our friends and family. To this end, while my wife (a practicing dentist) and I fully understand that we have an awesome responsibility to care for our patients, we both realize that we have just as important of a responsibility to care for ourselves as well as our

friends and family. Given the opportunity, we would be extremely excited to return to Nebraska and be close to those who matter to us the most, while caring for the patients of our home state. No matter where we end up practicing, however, we will both continue to be very active in our respective professional societies and will continue to be advocates for both our patients and our colleagues.

I personally feel very privileged to have been able to work with the Nebraska Medical Association throughout medical school and have continued to remain active with similar medical societies throughout residency. Given the aforementioned uncertainties that face our profession and our practice, it is imperative as physicians that we work with these organizations and remain advocates for our cause. We may not know what the future holds for our profession, however, this much holds true: We are practicing in one of the most exciting times in history and our responsibility to our patients - as well as our family and friends - has never been greater. Moving forward, I urge my colleagues to continue to work with professional organizations like the NMA and hope that their experience is just as rewarding as it has been for me.



*“My hope for my future is that I can practice medicine the way I want, to do for my patients what I think is best and not what the government decides.”*

by Jaime Seeman, MD  
UNMC

Let's get one thing straight, I love what I do, every day. I am currently a house officer at UNMC in Omaha, Neb. I certainly don't find residency to be as bad as others made it out to be in medical school. In fact, I did get to shower, eat, and spend time with my husband and children today. Sure, 80 hours a week sounds like a lot, but I am pretty sure my mom often worked that many hours while I grew up and she is not a physician. To me, it's not work if you truly enjoy what you do and it's not like I'm sitting in a toll booth for 80 hours. I am running around catching babies, using scalpels, and making a difference! OB/GYN provides with me every opportunity to do what I have passion for: operating, delivering babies, and enjoying the relationships that continuity of care over a lifetime provides. Upon finishing residency, our master plan is to return to Lincoln, Neb., close to where my husband and I were both raised, to establish a practice and grow our family in a community that has given so much to us.

My hope for my future is that I can practice medicine the way I want and to do for my patients what I think is

best and not what the government decides. Not only is health care reform changing the landscape of medicine, but so is technology. Patients can now access their physician through social media and text messaging. The Internet continues to accumulate massive amounts of medical information, largely accurate, sometimes inaccurate, and often confusing to the patient. Books are out and the iPad mini is in. Something that used to take an hour to research in the library can now be found on your phone in three seconds. Patient education now includes videos sent directly to patients' email instead of grabbing pamphlets from the hallway. Robots, tiny cameras, and new synthetic materials will all find their place eventually until, of course, the next version comes along. We will operate through fewer and smaller incisions, although I am not sure there are many other orifices that we can get a baby out of!

I pursued a career in medicine because I am a person that thrives off of professional relationships, a continual quest for knowledge, and being productive. Medicine is a great avenue for this, but one that is forever changing. During my four years of medical school the health care landscape began to change rapidly, and the vision of my

future began a transformation. With health care reform, there were so many questions and very few answers. All I really wanted to worry about was passing the test on Saturday. My classmates and I would hear that we would be employed by the government, told how to practice, and never make enough money.

The world is full of change and you can either jump on the train or get run over by it. I don't know where health care will be in five years, but I do know we will see change and it won't return to what it was like 20 years ago! Physicians need to play an active role in shaping their profession and have confidence that our professional organizations, such as the NMA, will continue to advocate for us and our patients.

While I am still not certain what my life as a new physician will be like when I am done with residency, it doesn't really matter. I will still be a physician, a job that can never be eliminated. I will still be happy because this is something that I can control, and I know my patients will be cared for with the same personal and professional values I believe in: honesty, integrity, encouragement, and compassion. □



*“In fact, residency is a privilege and a once in a lifetime opportunity for us to become “real” doctors, learn how to care for patients, and grow in to better people.”*

by Joe Vavricek, MD  
UNMC

What weekends do I work?  
What months am I on call?  
How many hours did I work this week?  
This is what often comes to mind when



someone thinks about residency. However, the answers to these questions have little, if anything, to do with what makes a great resident. In fact, the perception that residency is a burden and all about working long hours and late

nights couldn't be further from the truth. The truth is that residency is a short three to five year period that provides us (the residents) with the opportunity to become doctors and help shape the lives of our patients.

The day we graduate from medical school we earn the honor of calling ourselves doctor. However, none of us are “real” doctors until we start our internships on July 1. Throughout medical school, we studied countless facts and practiced medicine on standardized patients, but in residency we get the chance to shed our short white coats and start caring for “real” patients.

Residency is when we are privileged with the opportunity to have our own patients, make our own decisions, and perform the procedures that will impact the outcomes of our patients. Making the most of these opportunities is what residency is all about, and this allows us to become “real” doctors.

As distinguished as that may sound, residency is far from a luxurious life. In fact, residency is an extremely humbling time. I can't even put into words how frustrating it is to know that we can't always have the right answers or always say the comforting words that our patients want to hear. Every resident wishes that they were perfect, but practicing medicine isn't an exact science and complications are an inevitable part of our job. However, residency is the structured learning environment that teaches us how to minimize our mistakes and develop our weaknesses into our strengths. Although this can be a difficult process, we owe it to our patients to learn from our every misstep so that our future patients receive even better care.

Although our residency programs work tirelessly to sculpt us into great

physicians, they effortlessly promote the concepts of selflessness and teamwork. Every day, residents from various specialties work together as a team in order to accomplish one and only one goal: taking care of patients. In order for this to occur, we have to put our own agendas to the side and accept each other regardless of our different religious, cultural, or political views. Consequently, residency naturally trains us to become more open-minded, compassionate, and stronger moral advocates. Even though the primary objective of residency is to train competent physicians, the means in which it alters our perspective of the world may be the greatest service that it provides to both us and our patients.

As you can see, residency is not a burden at all or just another milestone for us to reach. Likewise, the benefits of residency have very little, if anything, to do with the actual amount of time we spend at the hospital. In fact, residency is a privilege and a once in a lifetime opportunity for us to become “real” doctors, learn how to care for patients, and grow in to better people. And I'm thankful for every single minute of it.





# *“As physicians, we are ethically obligated to be good stewards of our finite resources.”*

by Whitney Wedel, MD  
UNMC

**M**y name is Whitney Wedel, and I'm a second year resident in the Department of Pathology and Microbiology at the University of Nebraska Medical Center in Omaha. I chose a career in medicine out of a desire to do something both challenging and worthwhile with my professional years, which was (admittedly) partially influenced by the medical TV drama ER, which I discovered in syndication at age 15. As I advanced in training, I found the field of pathology most suited to my personality (and came to acceptance of the ways in which “real life medicine” was not like that depicted on-screen). I completed medical school at the University of Kansas – Wichita, and came to Nebraska for residency after becoming convinced of the high quality of the UNMC program during my residency interview.

My concerns regarding the practice of medicine are largely based on the current unsustainable rise in health care costs. As physicians, we are ethically

obligated to be good stewards of our finite resources. However, this is an incredibly difficult role that few physicians fulfill well. Pathologists are frequently found between ordering physicians and their test results and/or blood products, and thus are prime “gate keepers” of laboratory resources. Yet, even the “Doctor’s Doctor” hates to come between a doctor and his patient. As health care reimbursement declines and profit margins narrow, I anticipate this gate-keeping role will be emphasized. I hope pathologists thrust into this role fulfill it gracefully, and thus avoid turning pathology into the miserly, heartless uncle of medical specialties.

Advances in technology will likely play a significant role in my field over the course of my career as molecular diagnostic studies become cheaper, faster, more reliable, and more easily interpreted. However, as the internist has the “H&P,” so the pathologist has the “H&E,” and I do not foresee glass slides disappearing altogether. Older technology is most often cheaper, and in an era of managed care and ever-rising national debt, cost counts! Additionally, as attempts are made to

reign in the cost of health care, technological advances may slow, forcing reliance upon older methodology.

Post-residency, I hope to enter a small practice in a rural part of the Midwest. I grew up on a farm in western Kansas and look forward to returning to a less populated portion of the country. I would gladly practice in Nebraska if that opportunity presented itself, since Nebraska offers rural opportunities and a favorable practice atmosphere. In five years, I hope to be establishing myself as a trusted colleague and astute diagnostician in the aforementioned practice setting, and maintaining work-life balance through shared call responsibilities and proper management of laboratory personnel.

While in residency, I find a greater emphasis placed on fellowship attainment than on gainful post-fellowship employment. Fortunately, I believe a professional association like the NMA could be a good resource for networking, consulting, and possible employment for Nebraska pathologists-in-training. □



# *“Without balance I think one loses sight of certain things that are truly important.”*

by Anna Zajicek, MD  
UNMC

**M**y name is Anna Zajicek and I am a PGY4 radiology resident at the University of Nebraska Medical Center. I, like many other residents,



went into medicine because I wanted a challenging and rewarding profession and I wanted to help others. I have been very happy with my choice of profession; however there are definitely new uncertainties that the medical community is facing, forever changing and affecting graduating residents for many years to come. One of the biggest anxieties comes from the unknown of the new health care system. It is difficult to know how the new system is going to affect practice structure and reimbursement in many specialties, including radiology.

Along the same lines, not knowing which practice structure is going to stand the test of time in the new medical climate makes it difficult to evaluate potential job opportunities. This is also one area that is left out of residency education in many programs. I believe that evaluating a job opportunity is an

important skill, even in the tight job market, that is often not addressed. Business education is another area that I feel is left out of residency education, or at least the surface is only scratched. I am not sure that there is a perfect solution to this problem but I do know that it is important because all of us in some way are running our own business when we enter practice and many are not educated on business decisions, marketing, etc., that goes into a practice. The other anxiety, in which the entire medical community is aware, is that of the litigious society in which we live. This issue leads to increased practice of defensive rather than evidence-based medicine and drives up health care costs. This may be an area in which an organization, such as the Nebraska Medical Association, needs to be an effective and strong voice for Nebraska physicians on these topics at all government levels. I would expect that they would provide support and defend the interests of all physicians, no matter the specialty.

Looking to the future, technology will continue to impact the field of medicine. In particular, radiology has been at the forefront of some of the best and most innovative advances in

medicine such as CT and MRI. As a radiologist I expect to continue to learn the newest imaging techniques to maintain relevance in our specialty and as a service to our clinical colleagues.

In five years, I hope to be in practicing with a Nebraska group. I expect that I will be a part of a larger group and whether that means being employed by a hospital or eventually working towards a partnership as a part of a larger practice, I am not sure. I grew up here and I think it is a great place to live. Not only are people friendly, I think that it is a great medical community. Additionally, I want my children to grow up here, close to family and friends. I think that it is crucial to have balance in your life; I believe that it makes you a better spouse, parent, and physician. Without balance, I think one loses sight of certain things that are truly important. Balance is something that often takes work. It often requires setting aside special time for the activities that are important. I find that my husband and young daughter provide me the balance that I need to remain an effective resident. They allow me to take my mind off work and recharge so that I am continually getting a fresh start. □

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(continued)

read horror stories about treatment side effects, and have now found a *safe, natural*, alternative treatment they'd like to try. You can either try to convince them otherwise (using your limited patient visit time in a steep uphill battle), give in to their demands (everyone loses), or refuse their request (you lose, your patient finds someone who will give in elsewhere). All options sound bleak.

How can current and future physicians regain ground lost to online charlatans? Number one: show up on the battlefield by developing your online presence now. Eighty percent of patients are searching for health information online, while only 5 percent of physicians are offering online medical information. A simple way to develop your online presence is by opening a Facebook and Twitter account. (If you don't know how, Google “physician online presence.”) Your own online presence will improve your credibility when discussing your patient's treatment options in light of the informa-

tion found online. Studies show patients are more likely to choose a physician who is active online, so use your practice's website, advertisements, and business cards to promote your online presence.

Number two: teach your patients how to be good consumers of the information found on the Internet. Most patients do not know how to identify reliable, reputable sources for medical advice amongst all of the hits on an average Google search. Equip your patients with lists of authoritative websites to empower them to learn more responsibly. (For example, as a pediatrics resident, I tell all of my parents about the AAP's [healthychildren.org](http://healthychildren.org).) Whatever your specialty, there is good information online – help your patients find it.

Number three: If you can't find good information for your patients, create it. I started a blog and Twitter feed about pediatrics and parenting. It takes almost no time (I write while waiting for patients to be roomed or for rounds to

start). I use Twitter and Facebook to promote my blog. On the first day, 500 parents read my advice on how to get toddlers to try new foods. With a mouse-click, you can educate more patients than you could see in a week.

The digital era for medicine has arrived. Smartphones, tablets, Twitter, and Facebook are here to stay. Physicians can no longer expect their word to be the end-all for their patients. There are just too many other opinions available online—and those opinions usually promise faster, better, cheaper results with fewer side effects! Connect with your patients online for the sake of their health, your practice, and (most critically) your sanity.

Philip Boucher is a pediatrics resident in Omaha. He plans to practice general pediatrics in Lincoln, Neb., once finished with residency. He can be reached at [pboucher@unmc.edu](mailto:pboucher@unmc.edu), through his blog [www.thedoctordad.com](http://www.thedoctordad.com), or via Twitter @Phil\_BoucherMD. □





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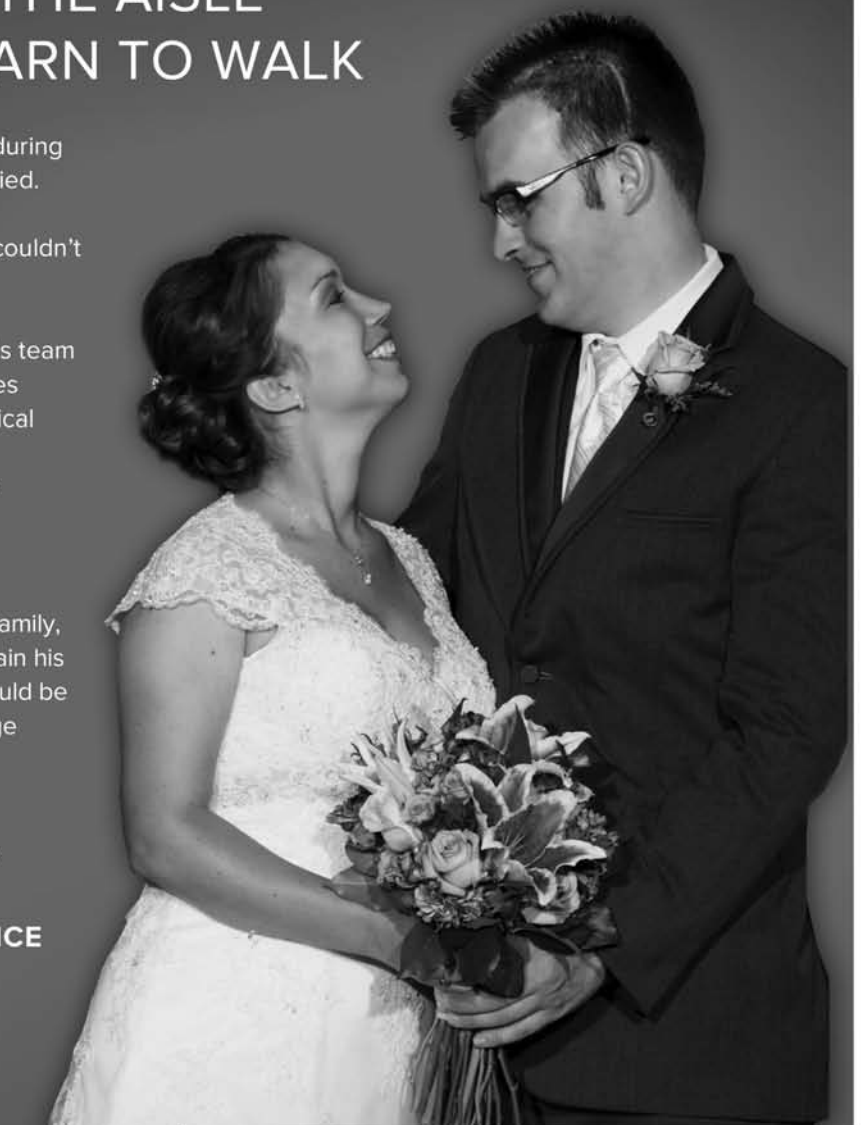
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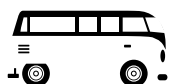


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# Do you invest in Political Markets... or Capital Markets?

by Ross Polking

Provided by the Foster Group

The world watches as the U.S. political “market” struggles through one crisis after another: a contentious election, debt ceiling debates, fiscal cliffs, spending sequestration.

At the same time though, capital markets are performing remarkably well. The S&P 500 is up more than 27 percent in the past 12 months (through May 2013). In fact, both the S&P 500 (large companies) and the Russell 2000 (small companies) achieved historic highs during May. Stock markets overseas are rising too.

For many investors, this is confounding. How can capital markets do well when the political climate—and the questioned competence of political leaders—seems so dismal? (Gallup indicates that 85 percent of Americans now disapprove of how Congress is

doing its job!)

It’s helpful for individual investors to remember they’re investing in companies, not governments. Companies are constantly trying to maximize profits regardless of economic and fiscal realities. Consider also the historic resilience of capital markets. Two examples: European markets reemerged after two world wars. U.S. capital markets survived the Great Depression of the 1930s and more recent downturns of 2007–2008.

In fact, free capital markets have become more prevalent in parts of the world that previously attempted to rely on government controls. China may be the most recent and compelling example.

Consider this: Again, as investors we are buying shares of companies, many of which will find ways to adapt to current political and fiscal climates, no matter how hostile. Certainly, some

companies will fail, and shareholders in those companies will lose money. However, new businesses will emerge and flourish, whichever way the economic winds happen to be blowing.

Capital markets have always provided opportunities and rewards to diversified, long-term investors. So, try not to let your views of the prevailing political climate be the primary consideration regarding your investment strategy. Stay diversified.

*The information and material provided in this article is for informational purposes and is intended to be educational in nature. We recommend that individuals consult with a professional advisor familiar with their particular situation for advice concerning specific investment, accounting, tax, and legal matters before taking any action.* □

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