



# THE FLORIDA INTERNIST

Newsletter of the Florida Chapter of the American College of Physicians

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## In This Issue

Call for Nominations Regional Representatives, Governor-elect and Chapter Awards

Thoughts on the Present Status of Housestaff Education from a Perspective From the Past

Continuing Medical Education: It Can Be Better

Spring Council Meeting and Associate Awards

Photos from the Associates Meeting (more on the Chapter website: [www.acponline.org/chapters/fl](http://www.acponline.org/chapters/fl))

## FROM THE GOVERNOR

Craig S. Kitchens, MD, FACP



### Thoughts on the Present Status of Housestaff Education from a Perspective From the Past

I'm actually surprised that things turned out as well as they did. I had been told many times that I would not succeed. Gainesville in the 1950s was a much smaller town, not referring to size alone, than now. It was still largely rural, not only in fact but also in its outlook. Much of this changed in the late 50s when the Russians were successful in launching Sputnik and the University of Florida College of Medicine came to town. The father of an early girlfriend fathers pointed out that I was clearly doomed to failure because of what he considered the deep educational shortcomings in the South at that time. I continued to study.

There continued a tremendous pressure, usually subtle, to succeed, as no one in my family had ever graduated from college. On one hand, my father was very pleased when I was accepted to all the colleges to which I applied, but stated it was up to me to find funding. I went off to Davidson College in 1962 and for the first time was immersed amongst exceedingly brilliant students; I had to work even harder than I had worked in high school. I matriculated with the firm conviction that I would be a chemist. One epiphanal day I decided that the excitement of identifying unknown compounds in qualitative and quantitative chemistry was not my cup of tea. I then became interested in the healthcare field.

How vividly I recall returning to Gainesville to the University of Florida after my sophomore year at Davidson. I sought advice from my family physician about what was available in the healthcare field. He recounted, in no uncertain terms, that I should forget

about becoming a physician because of my rural Gainesville education. He stated I would never be able to (and I'll never forget his words as long as I live) "swim in the same sea as those smart city boys." Actually, no moment has ever proved itself to be more definitive in my education than that one. It was now not only a challenge to my pride but also one to my people and heritage. I completed my BS degree in Gainesville, graduating with honors in chemistry. I applied to the "new" University of Florida College of Medicine and was accepted into its tenth class.

I studied. No one was more surprised than I (although it would have been nice to see the faces of my old physician and the father of my former girlfriend) when I graduated with honors and AOA.

Déjà vu all over again – I was warmly greeted by all seven universities to which I applied for internship. For reasons that were not then totally clear, amongst these many competitive internships I decided to go to Duke University in Durham, North Carolina. My first attending in my first month was the legendary Eugene A. Stead, Jr. Dr. Stead had just stepped down from 20 years as chairman of Medicine at Duke University. Books have been written about Dr. Stead, but suffice it to say, he essentially built Duke into what it was and remains. He trained more leaders in internal medicine than any other chairman. Dr. Stead had many characteristics, none of which were subtle. About half the people hated him and the other half revered him. I am clearly in the second group. Dr. Stead demanded and received nothing but the pursuit of perfection on behalf of the care of the patient. The main instrument he used seeking perfection was understanding the patient as a person who has a set of symptoms serving as clues that you, as the orchestrator, are tasked to unravel, produce a diagnosis, and offer, if not a specific remedy, a management plan to help the patient deal with his or her disease. It sounds very simple to do, but is continually lost, especially with our approach to shortened exposures of doctor-to-patient, increased technological advances, the incredible shrinkage of time, and the urge, whether purely managerial or financial, to keep things moving along. On rounds, one did not

Continued on page 2

## Housestaff Education (continued)

give Dr. Stead more than once a history beginning with a line such as “a 68-year old man with polycythemia...” – he would abruptly interrupt and look at the nervous intern (for seconds to a half hour) until the intern was forced to say, “What did I do wrong?” It was then that a senior resident was permitted to say, “Tell Dr. Stead WHAT symptoms led to the diagnosis of polycythemia and HOW was this treated.” Dr. Stead did not want the diagnosis, instead he wanted to know the impact on the patient which may have led some astute physician to eventually diagnose polycythemia vera. After one got used to dealing with Dr. Stead, it suddenly made sense that what was important was not the precise diagnosis (let alone the precise ICD-9 code), but the impact on the patient, how it altered his life, and how you helped him deal with those alterations.

It’s not quite as random as I stated in the last paragraph how I matched at Duke. In those days before 80-hour rules, housestaff sensitivity programs and the like, the collection of houseofficers that arrived at Duke was predetermined. At that time the Duke Department of Medicine internship freely and openly, if not even unabashedly, described itself as the hardest housestaff program in the nation regardless of specialty. This was the “five out of seven nights” spent in the hospital and, although it was not so stated, the only way you got the other two nights off was to cross-cover for someone else. Dr. Stead agreed with Osler that “work is the master word” and that one’s native intelligence, beneficence, good will, or even luck were all second-tier compared to working on behalf of the patient. Obviously this translated into enormous work hours but since we were in a culture where one did not (and in fact could not) watch the clock, one spent a great deal of time at the patients’ bedsides.

Pictured on the right

(l to r) Drs. Frederick E. Turton, Craig S. Kitchens and Kay M. Mitchell enjoy a discussion at the Spring 2004 Council Meeting

(Below) Staff looks intense documenting the council meeting proceedings. (l to r) Dawn Moerings-Div of Advocacy & Member Benefits; Chris Nuland, Chapter Counsel; and Alice Sutton, Div of Education & Membership,



Dr. Stead did not care how smart someone was or what was his or her actual potential: it was the work product that counted. Such a program did, without question, turn away many brilliant students. In fact, Dr. Stead had many discussions with the Dean that some of the most brilliant medical students did not stay at Duke for housestaff training. Dr. Stead agreed that while they were the brightest, they were not necessarily the best students. Potential did not count as much as reality. Perhaps we would now say that he catered to over-achievers.

Although it was a most difficult program, the method to his madness was proved sound as students such as I eagerly flocked to Duke at that time. It was actually Dr. Stead’s ploy to make the most interesting part of the patient to be the patient, and not the diagnosis, not the testing required in the work-up, and certainly not the procedure, technological or otherwise, that was to be done. Most of that stuff in fact is cookbook. The most important part, according to the Stead philosophy, was knowing the patient and it turned out that is the most fun part.

Over the last 25 years, I selected, trained, directed, and molded 500 houseofficers during my tenure as Program Director of the internal medicine housestaff program at the University of Florida. This has been the professional pleasure of my lifetime. I’ve used the methods of masters like Stead to the best of my abilities. It was hard work. It is *fun!*

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Meeting Photos by F. Norman Vickers, MD unless otherwise credited

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Our editor, Dr. F. Norman Vickers (l) and ACP Governor for Florida, Dr. Frederick E. Turton take time out

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## From The President

Frederick E. Turton, MD, FACP

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### Continuing Medical Education: It Can Be Better

We practice in an age where nothing is simple! The regulators pressure us, the health maintenance organizations hassle us and the pharmacy benefit managers second-guess us. To make things worse, the American Board of Internal Medicine (ABIM) has made recertification both mandatory and heinous for those of us certified since 1990. Furthermore, our literature is full of articles documenting the failure of doctors to perform up to the standards set by the various authoritative bodies. What is an internist to do? How can those of us who not only care for more people than any other medical specialty but are also truly committed to the quality of care stay abreast of our profession? How can we prove to ourselves and our patients that our knowledge is current and our skills good throughout our practice lives?

For the past four years I have served as Governor of the Florida Chapter ACP. I have traveled to different parts of the state, communicated with many ACP members and had the pleasure of mingling with the finest minds in medical education. There is a consistent message coming from both practicing doctors and medical educators. Internists value CME and firmly believe that medical education should be a life-long endeavor. In addition, internists want CME that is easy to obtain, cost-effective, self-directed, relevant and comprehensive. What we have instead is a disjointed system that is confusing, inefficient, ineffective and out of touch with practicing and academic internists alike. Furthermore, the ABIM's effort to develop a CME

process that is effective has failed to attract the support of internists and is doomed to become more irrelevant with time.

The ACP has the ability to revolutionize the way doctors educate themselves for practice in the twenty-first century. Here are four reasons why:

**ONE.** The College has an enormous inventory of medical education content. This includes the Annals of Internal Medicine, Medical Knowledge and Self-Assessment Program (MKSAP), ACP Journal Club, a large number of books, and Physician Information and Educational Resource (PIER), an online decision support tool. Additionally, the College has just added ACPMedicine, a high quality medical textbook, to its line of products. In other words, the ACP has a solid base of information that encompasses all the information needed to practice any specialty in internal medicine.

**TWO.** The College is in the process of organizing all of its content so that it can be accessed via a single web-based portal. For example, those of you studying for ABIM recertification can log onto ACPOnline.org and be directed to the College content needed to answer the questions posed by the ABIM's Self-Evaluation Process modules. This same process could be expanded so that all of us could be directed toward the information that is needed to maintain currency and competency.

**THREE.** Computer technology has become the way we all learn. "Google," "Yahoo!" and other search engines are now the way we all look things up. Our desktop and laptop computers are ubiquitous. We are ready to begin obtaining the knowledge and skills we need for practice electronically.

**FOUR.** Performance enhancement tools are becoming available that will allow doctors to assess their competence and improve their performance. These are tools that doctors can use to make measurements of how well they perform and then make specific improvements to their care.

Given these four ideas, let's consider how a hypothetical internist might obtain his/her CME in a more enlightened system. For the purpose of discussion, let's say this internist practices ambulatory primary care in an office, takes emergency room call, sees his own patients in the acute care hospital and performs flexible sigmoidoscopy. His community is fortunate to have almost all of the medical and surgical subspecialties represented and available for consultation. In order for this doctor to maintain competence, it is necessary for him to read and study the literature pertinent to his way of practice and stay abreast of the

**Continued on Page 4**

(Council continued)

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### CME (continued)

developments related to the procedures he actually does. It is not necessary for him to keep up with hemodialysis, cancer chemotherapy, rheumatoid arthritis treatment, etc.

In this new system our hypothetical internist could sign on to a web site (presumably ACPOne.org) identify himself in a secure fashion and after delineating the characteristics of his practice be given an individualized study plan. This plan would contain all the new literature and competencies required for his practice but only those needed – nothing extraneous – and could be pursued at the doctor's own pace. After studying the prescribed materials and performing the recommended practice improvement activities, the doctor would take a test that is restricted to the materials studied and the tasks performed. CME hours could be awarded, a certificate could be issued and the internist could be confident that he was exposed to and tested on the information needed to assure his competence.

Why is this system better than what we have now? This approach is realistic because it can be individualized, it is adaptable to the real world of practice and will be proven to be more effective than the current CME process. Knowledge obtained in the current system does not translate into improved performance. It's time for a better system.

Write me ([fturton@gate.net](mailto:fturton@gate.net)). Tell me what you think. ❖



Photo courtesy Dan Peters, MD

**President's Award:** During the Associate meeting Dr. Craig S. Kitchens (right) presented Dr. Frederick E. Turton with a crystal globe engraved "a world of thanks" for his service as ACP Governor for Florida, 2002-2004.



**H. Frank Farmer, MD, FACP** delivers the FMA report at the March council meeting.

### Tallahassee and Washington Update

By Christopher L. Nuland, Chapter Counsel

A flurry of final-week activity helped to produce an extraordinarily successful session for the Florida Chapter, followed closely by a memorable advocacy trip to Washington, D.C. Here are some of the highlights:

Bills Passed:

**Florida Healthy People 2010 (SB 1178).** Rep. Jennings filed this bill two days after meeting with Governor Kitchens and an ACP delegation in his office. The bill takes the College's Seven Year Plan and localizes it by requiring the State to annually measure and report on health disparities, as well as the state actions being taken to correct them. It also allows for the creation of provider networks designed to increase access to underserved populations. This bill passed on the final day of the Session.

**Patient Safety Corporation (HB1629).** Glen Davis, M.D. had an enormous role in the creation of a Patient Safety Corporation that will be used to evaluate health care data and make recommendations to the Legislature and regulators, but will not be empowered to promulgate regulations itself. The final bill includes and FAA-type reporting system for "near-misses" which is both voluntary and confidential, with the Chapter having been instrumental in the drafting of the latter. In addition, the Bill creates the Florida Health Insurance Program, which is designed to allow for greater access to Health Savings Accounts and less expensive policies.

**HMO Contracting (SB 1088).** This bill requires HMOs continuously to disclose their fee schedules to contracted physicians.

Continued on page 5

**Legislative Update (continued)**

**Medicaid Funding (HB25).** The Chapter took a lead role in the passing of a resolution to Congress asking that the Medicaid funding formula be changed to one for favorable to Florida. If enacted by Congress, this will result in an estimated \$300 million extra for Florida’s needy.

Bills Defeated:

**Naturopathy.** Bills that would have allowed “Naturopathic physicians” to diagnose, treat, and perform surgery were defeated in both the House and Senate.

**Nurse Prescribing.** Bills that would have allowed nurse practitioners to prescribe controlled substances also were defeated at the Committee level.

**AAPS.** The American Association of Physician Specialists (AAPS) was not granted statutory equivalency with the American Board of Medical Specialties.

**End-of Life Issues.** The Chapter successfully challenged bills that would have eliminated the ability of families to make end-of-life decisions for patients who are both terminally ill and incapacitated.

Special Thanks to Dawn Moerings and Sarah Rothell, who coordinated the best specialty society Key Contact Program in the state, and to all those physicians who took the time out of their schedules to make Florida a better state for both doctors and patients. Thanks also go to the FMA, whose legislative efforts were critical to many of the successes of the past session.

Less than a month after finishing in Tallahassee, a 23-member ACP delegation took part in the College’s Leadership Day in Washington, lobbying each member of the Florida congressional delegation for a revision of the Medicare physician reimbursement formula, tort reform, and improved access to health care. Highlights of the trip included Senator Nelson’s agreeing to support the ACP’s position on Medicare funding, a lunch at the Capitol Hill Club with Congressman Weldon (an ACP member), and a special trip with Congressman Boyd to the restricted House of Representatives “cloakroom.” Thanks again go to Dawn Moerings for managing the logistical details of the trip, and to the physicians who took two days to help shape national health policy on Capitol Hill.



Because of low light and technical problems with our digital cameras, many of the pictures from the Associates’ Meeting are not suitable for our print publication but will be posted to the Chapter website: [acponline.org/chapters/fl](http://acponline.org/chapters/fl). One picture will include this year’s Mt. Sinai residents. We welcome the other programs to e-mail pictures of their group too.



**Formal Poster Judging:** Dr. Ramon Martinez of the Mount Sinai Medical Center program(center) presenting his case to the assembled judges.

Photo courtesy Dan Peters, MD

**Spring 2004 Associates Meeting**

Jacksonville hosted the March 13th and 14th Florida Chapter ACP Associates’ Meeting. Oral presentations began on Saturday afternoon. Each of the training programs selected two cases in local competitions for the oral presentations and one poster entry. They were judged for presentation and content. The three presentations judged most outstanding will be re-presented at the Regional Meeting. They include: **Mary T. Busowski, MD** of Orlando Regional Medical Center - “A Diagnostic Dilemma: A Picture Was Worth a Thousand Words: An Unusual Case of Brachial Plexus Tumor”; **Elana Oberstein, MD** of the University of Miami - “Man with a Stiff Neck” and **Soling Li, D.O.** of Mount Sinai Medical Center - “Shake It Off.” Of fourteen entrants, the three semi-finalists were female residents. Congratulations! The winner of the Regional Meeting competition will go on to Annual Session next spring in San Francisco.

In a very close competition **Michael Funk, MD** of Mount Sinai Medical Center took top honors in the poster competition, much to the delight of his cardiologist father, **Morris Funk, MD, FACP.**

On Sunday **Drs. Philip Altus and Craig S. Kitchens** treated the attendees to a display of diagnostic acumen in an entertaining session of “Meet the Professor.” A primer on acquiring advocacy skills featured **Daniel E. Peters, MD, Angela Connaughton, MD, Dr. Kitchens and Kay M. Mitchell, MD, FACP.** This was followed by hotly contested rounds of “Doctors Dilemma” and ultimately the teams from **Orlando Regional Medical Center, University of Miami and the University of South Florida** won the honor of going on to the Regional Meeting to compete for the traveling trophy. ❖

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**Florida Chapter Scientific Meeting  
PGA National Resort  
Palm Beach Gardens, FL  
September 10-12, 2004**

**CALL FOR NOMINATIONS**

**Elections for regional representatives** to the Governors' Advisory Council will be held this summer. The duties of the Council are those ordinarily performed by a Board of Directors of a corporation. There are seats available in all three regions for a three year term. Those who have been Associate members in good standing for at least two years as well as full Members and Fellows qualify.

If you would like to be considered for service on the Council or know of someone whose area of expertise would add another dimension to our board, please contact the Chapter office (800-542-8461 Ext 1) in the very near future to request a biosketch form. The Nominations Committee will conclude their selection process in late June.

**Governor-elect** nominations are being received. If you would like to nominate someone but may have misplaced the form sent earlier by the college, please contact the Chapter office at 800-542-8461 Ext 1.

See the Florida Chapter website ([www.acponline.org/chapters/fl](http://www.acponline.org/chapters/fl)) for more photos from the March Council and Associates Meeting

The Regional Meeting program has arrived in the mail. You may also check the Chapter website for the complete program and a registration form.

\* \* \* \* \*

When calling the PGA National Resort for your reservations, ask for the "**Florida Chapter ACP**" meeting. 561-627-2000. (Reservations clerks will not find it under any other variation.)

The **Awards Committee** will also meet to select recipients of various awards for our upcoming regional meeting at the PGA National Resort in Palm Beach Gardens. Please review the awards and criteria outlined and send your letter of nomination to our Clewiston office by June 10.

**Laureate:** Senior Florida Chapter physician who has demonstrated, by example and conduct, a commitment to excellence in medical care, education, or research and in service to the community and ACP.

**Internist of the Year:** for outstanding leadership and dedication to the practice of internal medicine.

**Outstanding Teacher of the Year:** for outstanding leadership and dedication to medical education.

**Community Based Teacher** for contributions to the education of medical students, residents and fellows as an office based internist.