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President's Address

It is with great privilege and honor that I take on this role as president of the society. As you may already know, the Arlington County Medical Society started in 1914 to bring physicians of Arlington County and the neighboring communities together to promote the highest standards of the medical profession. Your time is limited and stress is high, and I want to thank you for making time to be part of your local medical society.

I wanted to share with you on a personal note, my journey with the ACMS. I came to join the ACMS as a young attending physician and I was heartened to meet doctors who have served this community for many years. It was a special treat to meet physicians that I never would have met otherwise, relationships that only through the society I was able to form and develop.

Going to Richmond on the White Coats on Call and speaking with our local legislators showed me as a practicing physician that we have a platform and can have influence over decisions that affect our patients and communities. That is something that was never taught during medical training.

However, what really has hit home for me on the value of the medical society was recently when I went through a very difficult time with my surgical practice. As some of you are aware, I was once part of a 5-physician surgery practice and within a short time four of my partners left. What I often tell people that is what "saved me" and kept me from being despondent about the state of medicine and wanting to leave was "you."

As physicians you have the ability to handle adversity drilled into you, and you have





modeled that well for me. Coming to meetings and speaking with you helped me gain perspective and to feel hopeful that things can get better. You have been also a source of inspiration. The relationships we have with each other and camaraderie we have as physicians serving the same community is a unique and sacred one; one that I am truly thankful for in the ever-changing tide of medicine. What we do is definitely not all the same. But each of you brings a unique spirit, talent, and ability to strengthen this group as a whole. So, I encourage your active participation this upcoming year. I would love to hear your ideas. We were discussing topics for this upcoming year—cybersecurity and how to better take care of patients are topics that were discussed. Also, fun things like a poker night and wine tasting... I do hope that this upcoming year will be one of which we can all hear and share something from one another.

Rebekah Kim, M.D.







A Good Samaritan Story

June 19, 2009, Penn Station, Long Island Railroad, New York City

I was in my fourth year of surgical residency. By that stage, you would think I would have made up my mind and that I was content with my career choice of surgery, but still I was battling doubts. During operations, my mind was bombarded with insecurity and questions: “Why am I not more natural in the operating room? Why do I have to be 5 feet 2 inches? I wish I were 6 feet 2 inches like my attending. Then I would have more finesse with laparoscopic cases. Perhaps I am not cut out to be a surgeon.” These and many other regrets about my career choice preoccupied my thoughts.

I was completing my surgical residency in New York City, and I was on my way to San Francisco for a friend’s wedding. I decided to take the Long Island Railroad (LIRR) from Penn Station to get to John F. Kennedy International Airport (JFK). I remember the morning vividly. I was post-call and had an awful night of trauma cases. I rushed out of my apartment and bought coffee from a corner kiosk. I remember asking for “milk with coffee.” The kiosk worker brusquely replied, “You mean coffee with milk.” It did not matter because I ended up spilling the coffee all over myself as I walked to the subway with my suitcase trailing behind me.

When I arrived at Penn Station, I bought the wrong ticket for the LIRR and ended up missing the train that I originally planned to take. When I finally got on a train, it was crammed with passengers. This was unusual, as it was past rush hour and going the opposite direction of the city. I asked the passenger next to me what was happening that morning, and she answered that it was the U.S. Open golf tournament.

That year, the U.S. Open was hit heavily with rain, resulting in multiple suspensions of play. I sat in my seat observing the golf shirts and hats on each of the passengers.

People looked sophisticated reading their *Wall Street Journal* or peach-colored *Financial Times*. I began to envy their lives. I thought to myself, “I wish I had time to go to sporting events. I wish I had more time and money, and then maybe I would not be taking public transportation to the airport. Look at me—I am a poor, overworked surgery resident.”

The train’s departure time had passed, and still the train had not moved. I asked another passenger what was going on, and was told there was a medical emergency and that the crew was asking whether there were any doctors on the train. I stood up thinking I should check out what was going on. After all, I thought, I am a doctor. There were police officers running to an adjacent car, so I made my way to the crowded car and saw the officers hovering over a man lying on the floor of the train car.

The man’s shirt was wide open, and a police officer was performing compressions. I made my way toward the head of the fallen passenger and said, “I am a doctor. What’s going on?” A wave of relief passed over the police officers’ faces as I uttered the words “I am a doctor.” I learned that the man had been feeling nauseous, and then fell to the ground, with no pulse. As I was gathering the history, I knelt above his head and performed a jaw thrust and asked whether there was a mask. To my relief, another police officer pulled out a portable Ambu bag. I held the mask firmly against the man’s mouth and told the officer to give a breath every five seconds.

The defibrillator pads were already across the man’s chest, and they had given one shock but the passenger remained pulseless. I coached the police officers to take turns performing compressions. I asked the man by the defibrillator machine to count down from two minutes from the last shock. He was counting down: “one minute, ... 30 seconds.” As he counted, I told the officers that I would check for a pulse at the end of two minutes, and if there was no pulse, they were to administer another shock. The police officer continued to count down: “10 seconds.”

I checked for a carotid pulse and there was none, so I instructed them to give a shock. The man's chest thrust up from the ground from the shock, and then I ordered, "Continue compressions right away." One of the officers chimed in, "Don't we need to check for a pulse?"

"No," I replied. "Continue compressions; count down from two minutes and I will check for a pulse then."

We repeated the same routine. The officer by the defibrillator counted down: "one minute, ... 30 seconds, ... 10." I felt for a carotid pulse and it was flat, and ordered, "Give another shock." The officer near the defibrillator answered: "The machine says no shock indicated."

approached me, saying, "Doc, can we get your name and contact number?" I hesitated but then gave him my cell-phone number, and I went on my way to find the next train to JFK.

As I walked away from the scene, my perspective had been completely transformed. "Wow, everything went wrong this morning, but it was all meant to be." No longer was I filled with self-pity, but instead thought, "What greater gift is there in life to have skills to save lives? I wouldn't trade being a doctor for all the money in the world." I knew that God had arranged all the sequence of events—buying the wrong ticket, missing my original train, so that I could be available to help this man and the police officers.



Then, as if the fallen man had awoken from a deep sleep, his throat started to rattle with an inspiration as he gasped for air. The police officers cheered him on with fists in the air. "C'mon buddy, c'mon buddy!" I felt for a carotid, and at this time felt a bounding pulse underneath my two fingers. There were cheers among the police officers and the passengers standing around. I then said, "OK, no more compressions. Continue giving breaths, and let's move him onto his side." It was a moment of sheer bliss, to think that this man's life was restored because of our efforts.

About a minute or so later, EMS arrived. They placed monitors on the man, and he was in normal sinus rhythm. I removed myself from the scene, and an officer

When I arrived in San Francisco, I received a call from the Penn Station police station. The officer informed me that the patient was taken to a New York City hospital and said in his New York accent, "The docs say that he's gonna make it." I replied, "I just want to congratulate each of the officers who helped. Because we worked as a team, that man is alive." The officer replied, "Couldn't have done it without you. You were the quarterback."

Months later I received a letter in the mail on Jan. 2, 2010, from a law office. It read:

Date of Incident: June 19, 2009, 7:49 a.m.

Dear Dr. Kim:

I am the individual who was aided on June 19, 2009, on the LIRR. I have been in the process of tracking down the various individuals who assisted me, and of course your name has surfaced. I am happy to say that I have recovered substantially from the cardiac arrest I suffered and would very much appreciate the opportunity to speak directly with you.

I was in shock. Not only was the man alive, but he also had the mental capacity to write a letter. He was an attorney in New York, and I ended up meeting him and his family. We keep in touch through email and holiday cards. He has a slight weakness of his left side, but otherwise has done well after his cardiac arrest.

Looking back, I realize how difficult it was to keep perspective through surgical training. I am pretty sure I had deep depression during most of my residency, although I did not seek professional help. Unfortunately for some, surgical training results in despondency to a point where suicide seems to be the only option. I knew two fellow surgical residents who died by suicide during training, as well as an attending surgeon when I was a fellow. As surgeons, we tend to tell ourselves, “Suck it up. You can get through this,” and we do not address the deep hurt that we have inside. What we are called to endure is tremendously stressful—sometimes inhumane. There are no easy answers, but here are some suggestions to help you if you are at a point of depression:

- Speak up. Do not keep your depression to yourself. Ask for help from a trusted colleague or peer. Ask someone outside your immediate circumstance for guidance. If you have family you can trust, talk to them about how you are feeling.
- Take time off.
- Quit your job—your patients will be taken care of. Your career is not worth your life, your marriage or your family.

We often miss the forest for the trees. You are not made to go through this alone. What we do, especially as surgeons, is significant, and we need all the help we can get. This incident helped me regain my passion for surgery and renewed my sense of calling to provide health care. It “re-suscitated” me in a profound way—in a way that a code in the hospital would not have been able to. There is a beautiful irony in being a Good Samaritan—it does you as much good as it does to help others.

By Rebekah Kim, MD, FACS, FASCRS

Note: originally published on www.generalsurgerynews.com

Shoptalk

With increased membership and event participation throughout the past year, we are striving to continue this momentum of growth while offering programming that is informative, relevant as well as social! Please stay in touch with the society and watch for emails and announcements. If you have any membership related issues (e.g. updating emails/addresses, payments, etc.) and/or comments, please contact Michelle at arlcoms@starpower.net

Some of you have blocked the announcements coming from ACMS (yes, we see you!) So you get too many emails in your work inbox? We understand. If you prefer to have them redirected to another email, please let us know! Another option is to check the website on a regular basis; we try to update our site with all event info, newsletters, and announcements.

<http://www.arlcoms.org/>

New feature of the ACMS website! As you know, ACMS Foundation is the founder and steward to 2 charities: The Sharon McGowan Breast Health Fund and the ACMS Foundation scholarship fund. The ACMS Foundation is a non profit 501(3)(c) organization and your tax-deductible donation works hard to provide financial support to help our community that aligns with our mission statement. Please consider supporting and donating to these funds – our new donation platform can be found on our website:

<http://www.arlcoms.org/donate/>

Special!

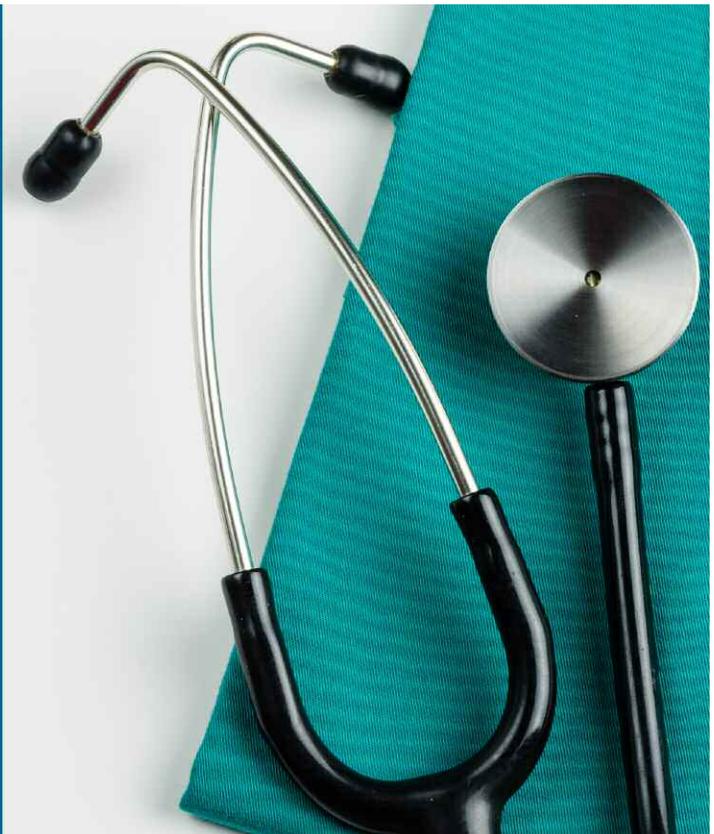
Your membership dues sustain and build our organization's programs and events. Please help recruit your future colleagues! If you can get 3 new active members to join, we will give you 1 guest fee waived for our Annual Meeting/Holiday party in December this year.

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INFUSE SUMMIT 2018

The Path to Possibilities

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Infuse Summit 2018—Save the Date!

INFUSE is a gathering of physicians of all specialties, ages, and interests from across the state. It is a collaboration led by the Medical Society of Virginia and developed in partnership with 12 medical societies from around the state. The event will feature an array of presenters, performers and provocateurs all designed to “INFUSE” conversations about innovation and rejuvenation with physicians.

INFUSE is a 1.5 day event on May 5 & 6, 2018 at the Bon Secours Washington Redskins Training Facility (Richmond, VA) blending nature, art and beauty with medicine, inspiration. All combined to offer rejuvenation for physicians and rediscovery of their passion for their profession and sense of innovation.

INFUSE summit 2018 expects approximately 200 attendees and will have renowned speakers from across the nation.

Please check out the event details on [this website](#):

www.infusevirginia.com

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2018 Legislative Session and Advocacy

With the General Assembly Building (GAB) in Richmond undergoing construction limiting the usual access to our delegates and senators, the Medical Society of Virginia (MSV) decided to cancel the annual White Coats On Call (WCOC) this year; nevertheless, they have still enabled physicians to stay in touch and updated with their legislators through various means.

Please check in to their [4-episode podcast series](#)—interviews with Virginia physician legislators: Del. John O’Bannon, M.D., Sen. Siobhan Dunnivant, M.D., Del. Scott Garrett, M.D., and more:

<https://www.msv.org/resources/hot-topics/introducing-msv-podcast-series-white-coats-call>

[MSV Grassroots Action Center](#) provides Voter Voice alerts when a bill needs action/support—please sign up (Quick Sign Up) to receive the latest alerts and participate by sending in the pre-written message to your legislator. Please advocate for your profession and have your voice heard.

<https://www.msv.org/grassroots>



2018 Sharon McGowan Breast Health Fund Benefit

The Sharon McGowan Breast Health Fund (SMBHF) organizes and promotes an annual silent auction benefit to raise awareness and funds for our organization’s charity work. Together with the ACMS Foundation, SMBHF coordinates with our partner (Virginia Hospital Center), manages, and pays for breast health screening in underserved populations of our local community. Last year, we took a step further and opened up our aid to those who live outside of the Arlington and Falls Church borders, who come in through the Department of Human Services (DHS) and Arlington Free Clinic (AFC). We now continue and sustain these efforts supporting uninsured women and men in the larger northern Virginia area.

Since 1997, through generous contributions, our fund has provided over 1630 mammograms, 235 comprehensive sonograms, and over 135 biopsies—touching each individual client’s lives combatting Breast Cancer through early detection.

Please join us this year at our annual event—your support is more important than ever!

19th Annual Sharon McGowan Breast Health Fund Benefit

Beer, Wine, Live music & Silent Auction

Sunday, April 8, 2018

5:00–8:00 pm

Mercedes Benz-Arlington

585 North Glebe Road

Arlington, VA 22203

Please save the date and look out for ticket and donation info on our website, Facebook, and announcements!

Donations to the SMBHF fund can be made online.



SPRING IS AROUND THE CORNER!

I have been working in the Northern Virginia and Washington DC markets for 15 years and have served many of your colleagues. I have been an active Board Member of the Sharon McGowan Breast Health Fund for 17 years. This fund is managed perfectly by ACMS and provides breast health care to underserved women in Arlington.

Real Estate is on everyone's mind as the weather warms up. Many of you are thinking of Spring and getting your home ready to sell. The market is great and there is low inventory which helps keep the demand up. If you are thinking about moving, let's talk. I will help you get your house ready. In some cases there is no need to lift a finger, I have a team of people who do the "heavy lifting"!

If you are a buyer, interest rates are still incredibly low and you can afford more now than ever!

Visit me on Facebook or my website for more information. Call, email or text and we can start the conversation.

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DATES TO REMEMBER

The calendar contents are in flux as of press time. Please check our website and FB for updated events and details.

February/March

Charity Poker Night (benefiting the ACMS Foundation scholarship) (TBA) Tentative: Café Oggi

Sunday, April 8

Sharon McGowan Breast Health Fund Benefit, Mercedes Benz-Arlington

Wednesday, May 9

General Membership Meeting: Dealing with Difficult Patients, Sexual Harassment in the Medical Workplace, Venue TBA

Wednesday, June 6

General Membership Meeting: Cyber Security – What We All Need to Know, Venue TBA

September

Golf and Tennis (pending venue approval/coordination), Venue TBD

December

Annual Meeting/Holiday Party