

# Bulletin

SEPT/DEC 2020

MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY



**PCMS Legislative Priorities**

*DMUnfazed: Medical Students Thriving Under Quarantine*

*Covid Impact on Learning*

*Surrogate Decision-Making in Primary Care*

*Impact of COVID-19: Teaching Future Docs*

**Update: Psychiatry Programs**

# *PCMS Legislative Priorities for 2021*

## **SUPPORT:**

1. Increase / Maintain Volunteer Physician Network (VPN) funding
2. Tort Reform - \$750,000 hard cap on non-economic damages - PCMS will continue work and lead a large and diverse coalition of stakeholders pushing to close the loopholes in our cap on noneconomic damages and restore balance to Iowa's medical liability system.
3. Telehealth payment parity – same reimbursement as in-person care. This includes continuation of the telehealth policy flexibilities and payment parity that have proven vital to maintaining safe access to care for vulnerable patients and will be a critical component in the efforts to rebuild Iowa's healthcare system in response to COVID-19.

## **Oppose:**

4. Scope of Practice Legislation – PCMS will educate legislators on the implications of proposed scope of practice expansions and work to halt any measures that threaten patient safety. (i.e. scope expansion of practice into vaccinations and other medical procedures. In recent years, there have been a record number of proposed scope expansions as midlevel providers seek to offer additional medical services without the necessary corresponding training to ensure they are equipped to provide these services safely).

## **Other Issues monitoring:**

1. Responding to COVID-19 – Pursue policy measures that support practices' efforts to respond to the COVID-19 pandemic. Will strongly oppose any efforts to weaken Iowa's immunization efforts, which have saved countless lives from other vaccine-preventable diseases and which hold the promise of bringing an end to the pandemic once an effective vaccine is developed. This includes mandatory use of Iowa's Immunization Registry Information System.
2. Expanding Physician Workforce – Continue to pursue a multipronged approach to addressing our state's significant physician workforce shortage. Support additional flexibility and expansion of the Rural Physician Loan Repayment Program that directly supports efforts to recruit more physicians to shortage areas. Will also support policy efforts to implement Iowa's Statewide Provider Workforce Strategy.
3. Continuing Mental Health Reform – Build upon our successes to ensure continued progress in strengthening Iowa's behavioral health system and support efforts to streamline the involuntary commitment process. In addition, continue to monitor the funding discussion for adult mental health care and the establishment of the children's mental health care system.
4. Continuity of Care legislation – Assure patients can stay on their medication during their insurance plan year.

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SEPT/DEC 2020  
**Bulletin**  
MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY

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COVER PHOTO: HAPPY HOLIDAYS FROM THE  
POLK COUNTY MEDICAL SOCIETY

*Articles and editorial inquiries should be directed to:*

**Editor, PCMS Bulletin** 515-288-0172  
1520 High Street <http://www.pcms.org>  
Des Moines, IA 50309 e-mail: [pcms@pcms.org](mailto:pcms@pcms.org)

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# HOPE *and* OPTIMISM

**By: William Wortman, M.D.**

Dear Valued Members of PCMS,

It is with much Hope and Optimism that I am afforded the opportunity to address you all as we begin the Holiday season and round out 2020.

One may reasonably question that such conditions might be misplaced given the year we have had. While it is true that the Pandemic has reshaped our lives and practice in unprecedented ways, I have been encouraged by the degree of involvement our members, council and executive staff have had at the community and legislative levels in order to educate and inform.

Such involvement has included multiple appearances by PCMS members on television media news outlets as well as direct input and recommendations to the Section Director of the Department of Health and Humans Services.

We look toward 2021 to continue our support of meaningful tort reform at the state level with our usual lobbying strategy. The recent election results may well prove to help our cause during the upcoming legislative session.

Historically speaking, this task has proven to be quite arduous, so we are

*continued from page 4*

also pursuing alternative avenues to foster such change.

I would certainly welcome any fresh ideas and paradigms from any/all members on this front, as a creative solution may well be required.

The Pandemic has hit everyone in some manner, and PCMS is no exception. For this reason, I suspect you would be happy to hear that the executive council has significantly trimmed the budget, to make each member's highly valued dues work even harder.

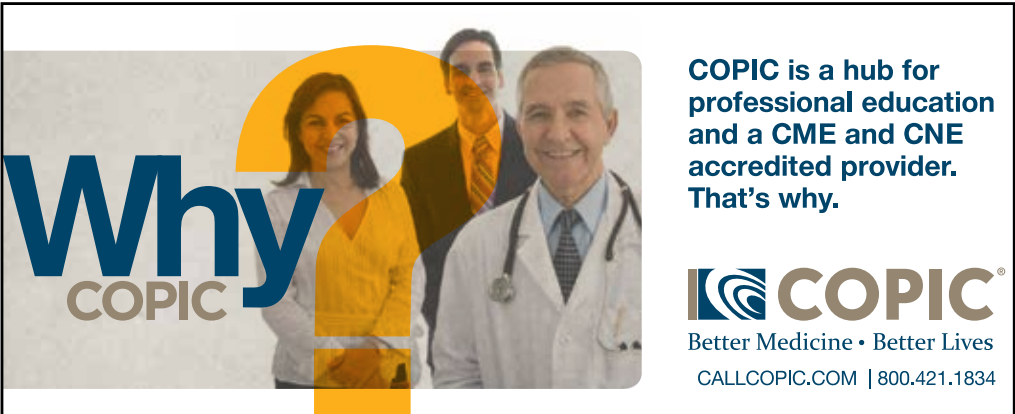
This allows us to continue to fund multiple scholarships and the

Volunteer Physician Network, as well as our lobbying efforts.

I truly wish that such hope and optimism, which I have observed gleaming as a sort of silver lining from this challenging Pandemic, finds you during this Holiday season and ushers you into the new year with zeal and confidence.

Please always feel welcome to reach out to myself or any executive council member at any time for any reason.

Happy Holidays,  
William E Wortman, MD



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## *Come All Ye Faithful*

**By: Paula A. Noonan**

Tis the season. It is the time we celebrate togetherness. Humanity and the spirit of giving of one's self. It reminds us and provides to us a sense of belonging, a sense of one's self. Family, friends, colleagues, or your chosen family, we as humans need each other. We as colleagues and like professionals need each other also, to lean on, to mentor, to support and be united in the fight for health, the protection of medicine, practice, and quality of life.

To say this is a tough year, is an understatement. Colleagues have been furloughed, closed practices, endured great strife to self and family in caring for all of us during a pandemic of great proportion that continues to engulf the world.

We, as your local medical society, continue to lend support to all health providers and partners, whether in PPE procurement, partnering for support

of physicians, making sure they have the latest information and resources at hand, for their family, to help with personal errands while our physicians are fighting on the front lines.

We continue to keep fighting for reimbursements to make sure you continue to be able to operate your practice, get financial support and payment for services, actively pursue support for healthcare workers through the emergency proclamation and beyond. We are connected to the day to day concerns you share at the local urban level.

Polk County Medical Society is an advocate for the success of all physicians who practice in Dallas, Polk, Madison, and Warren Counties. Our physicians shape central Iowa urban medicine and the continual improvement of community health.

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The Polk County Medical Society works with like-minded organizations to elevate the status of the physician, the practice of medicine and the medical profession both locally, and at the federal level. Yes, we represent the local urban voice of medicine here at home, but our voice is very strong at the federal level and a trusted advisor to our delegation representing us in D.C.

We protect and promote the patient-physician relationship. We seek to increase access to quality medical care for all persons in Iowa and the vulnerable and at risk within our Volunteer Physician Network (VPN) Program.

The VPN was formed in 2002 by like-minded physicians in the Polk County Medical Society who wanted to make an impact by providing access to specialty healthcare for ALL Iowans, delivered through a partnership with local hospitals, clinics and surgery center partners in Des Moines. This service is a testament to what community can do together.

A community of local physicians, through altruism, brought together through membership at Polk County Medical Society, had a vision and created an opportunity together to guide and shape a service into fruition that impacts all in our state through service of self by creating the ONLY ACCESS IN THE STATE OF IOWA TO FREE donated specialty care to any Iowan below 200% of federal poverty guidelines and who are not eligible for any other programs.

The PCMS and physician members have a unified belief that integrity is essential to all relationships, the Medical Society promotes the highest standards of professionalism, ethics, and patient care.

Our medical society brings together all physicians and future physicians at all levels of their careers, beginning with our partnering with medical academic entities locally here in Des Moines (Des Moines University) and the University of Iowa, offering mentorship and guidance to students through many avenues and relationship building with physicians here in our local community.

This is so important in the face of national workforce shortages in physicians across America, and shortages impacting us right here at home in Iowa. Medical students can meet and begin relationships with senior and renowned experts in his or her specialty of interest. They learn advocacy side by side with PCMS members here and in D.C. Members have the potential to foster powerful mentorship and leadership programs benefiting members in all stages of their careers, during their lifetime in our community.

PCMS members range from affiliate memberships, resident memberships, active practicing physician memberships, to emeritus and life memberships. We are your partners throughout the life of your career and beyond.

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Polk County Medical Society wants to know what's new! Have you been appointed to a board, received an award, volunteered for a medical mission? Email us at [pcms@pcms.org](mailto:pcms@pcms.org).

Name: \_\_\_\_\_

What's new: \_\_\_\_\_

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Being a physician is a more-than-fulltime job these days. Physician's workdays are in service to others with a primary purpose of caring for patients. Physicians, when asked, would largely agree that they did not seek a career in medicine to chase down reimbursements from payers, become technologically current in IT, nor become experts in regulatory compliance law or legislation in healthcare.

It is all so daunting and exhausting. PCMS supports you by being your resource to help guide you through the information, regulation, and compliance. As a physician colleague once voiced, "Self-advocacy feels like a luxury you can't afford... where do you even start. I want to practice medicine not run a company."

Physicians are finding it harder to spend time they would like with patients, not play a numbers game. It can all make practicing medicine isolative and stressful which can burn you out. You may feel pushed around, overworked, or underpaid at times, especial now while amid pandemic induced hardships; but feeling alone does not necessarily mean you are alone. You can find refuge in your peers, and that happens within your local medical society.

Your local medical association exists because like-minded people with like-minded issues or shared concerns, came together to support and forge a voice for a common cause. We are here to aid and be a kindred spirit amongst

your local colleagues and empathize with your reality helping to find solutions or make a stand to impact your practice by helping shape policy, find business solutions, experts or consultants and make them available to you.

So, when you receive that annual renewal notice in the mail this year, be excited, be motivated, be engaged. It is one of the most important invitations you will receive all year, inviting you to the table with your colleagues to protect and insure you, your investment as a physician and your practice.

So, come all ye faithful of the Hippocratic Oath who care for your fellow man. Plan to become part of your local healthcare community outside the boundaries of just your group, entity, or practice. Become a resource and partner with your local colleagues and healthcare community. Remind your colleagues to join if they are not members; encourage them to see what they are missing this year.

Come to our, dare I say awesome, social events and functions! WE NEED YOU; WE NEED EACH OTHER. TOGETHER WE ARE STRONG AND CAN AFFECT CHANGE. That is the basis of where our quality in healthcare comes from here in Des Moines and Central Iowa!

On behalf of your dedicated Polk County Medical Society Staff, blessings to you and your families for a very healthy holiday season and new year!



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## It's time to renew your PCMS membership! What's the Benefit?

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### *PARTICIPATE – ENGAGE - BE THE DIFFERENCE*

Polk County Medical Society (PCMS) Membership assists to unite and strengthen the voice of medicine for physicians and patients in Central Iowa!

**Physician membership supports PCMS' work** to connect public health leaders, partners & allies; advance and support initiatives and agendas to protect the practice and scope of medicine, patients; and serve our members' professional development needs.

**Each year, you can look forward to:**

- PCMS Legislative Coffee
- PCMS/VPN Terrace Hill Physician Appreciation Reception
- PCMS ZOO Brew
- PCMS Happy Hour/Wine Fest
- PCMS Scrub Ride – Bike ride for physicians, their families and friends
- PCMS Annual Dinner Meeting
- PCMS social hours around town
- NEWS and Action Alerts on important public health policy issues
- Member communication about career, funding and opportunities
- PCMS Government Relations Committee
- PCMS CME partner events
- PCMS Travel through our partners at GONext

And so much more.....(information found on [www.pcms.org/events](http://www.pcms.org/events))

PCMS membership supports us to support you! Thank you for your trust in PCMS to be the LOCAL VOICE OF MEDICINE IN CENTRAL IOWA protecting You, Your Practice, your Patients and our community through health programs! If you have any questions about your membership or PCMS, please don't hesitate to contact the PCMS office.

We hope to see you all participate and enjoy collegiality with us and all of your PCMS member colleagues.

Sincerely,

Your PCMS Executive Council Members



# Know your risk during COVID-19

**CALCULATE YOUR RISK** during the coronavirus pandemic **AND MASK UP**



## HIGH RISK

- 8 Eating at a buffet
- 8 Working out at a gym
- 8 Going to an amusement park
- 8 Going to a movie theatre/cineplex
- 9 Attending a large music concert
- 9 Going to a sports stadium
- 9 Attending a religious service with 500+ worshippers

## MODERATE-HIGH

- 7 Going to a hair salon or barbershop
- 7 Eating in a restaurant (inside)
- 7 Attending a wedding or funeral
- 7 Travelling by plane
- 7 Playing outdoor sports (e.g. cricket, football, hockey)
- 7 Hugging or shaking hands when greeting a friend

## MODERATE RISK

- 5 Having dinner at someone else's house
- 5 Attending a backyard barbecue/gathering
- 5 Going to a beach
- 5 Shopping at a mall
- 6 Sending kids to school, camp or day care
- 6 Working a week in an office building
- 6 Swimming in a public pool
- 6 Visiting an elderly relative or friend in their home

## MODERATE-LOW

- 3 Grocery shopping
- 3 Going for a walk, run or bike ride with others
- 3 Playing golf
- 4 Staying at a hotel for two nights
- 4 Sitting in a doctor's waiting room
- 4 Going to a library or museum
- 4 Eating in a restaurant (outside)
- 4 Walking in a busy downtown
- 4 Spending an hour at a playground

## LOW RISK

- 1 Opening a mail
- 2 Getting restaurant takeout
- 2 Pumping gasoline
- 2 Going camping

SOURCE: TEXAS MEDICAL ASSOCIATION AND

# DMU *Unfazed*: MEDICAL STUDENTS *Thriving Under Quarantine*



**By: Nikhil Pallikonda, DO-23,  
Des Moines University**

Amidst civil unrest, record setting unemployment numbers, and a public health crisis unlike any before, it is easy to imagine we are headed for Armageddon.

The history of civilization is dictated not by how we surrender to our circumstances, but rather, how we conquer them. During the COVID-19 pandemic, the students at Des Moines University (DMU) faced an extraordinary proposition: remote classes, replacements for clinical rotations, truncation of volunteer opportunities, and the closure of several city-wide facilities essential to our routine. Yet as I reflect on these past few months, I cannot help but admire our resiliency.

One of the first initiatives enacted by DMU when quarantine began was adopting a Pass/Fail (P/F) system for our courses. This reduced the academic burden on students and families who suffered collateral damage from the virus.

By erasing the traditional grading metric, we focused on learning as much medicine as possible, without the stress of an official GPA. While some students voiced concerns about how this affects our residency applications, overall, this decision was met with open arms.

Unsurprisingly, we performed even better this semester (typically considered

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# *A Medical Student Perspective:* IMPACT OF COVID-19 ON LEARNING



**By: Emma Barr, MD-22,  
University of Iowa, Carver College of Medicine**

On March 12, I walked out of a meeting with my Obstetrics and Gynecology attending physician saying, “It’s devastating to hear how many people are being affected by this new coronavirus. However, it is somewhat exciting to think we might witness a major historical event in our lifetime!” Famous last words, right?

Four days later the AAMC recommended that all medical schools remove students from in-person clinical environments due to concern for viral transmission and dwindling PPE supply. I was frustrated. We had survived hundreds of lectures during our preclinical curriculum and we were finally able to see and learn from real patients.

The nine weeks that I had spent thus far on rotations had reminded me why I had sought this demanding career path. Now they were demoting us back to staring at our computers for 8+ hours per day?

Initially, I ruminated on the same thought cycle – feeling bitter about the missed clinical opportunities, feeling isolated with social distancing, and ultimately feeling guilty for focusing on what I had lost in 2020 when thousands of people across the world were losing their loved ones forever.

In hindsight, it is clear I cycled through the five stages of grief and eventually saw the tremendous amount of work our deans, clerkship directors, attendings,

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& Rehabilitation

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- // Pulmonary, Critical Care  
& Sleep Medicine
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- // Surgical Breast Clinic
- // Surgical Oncology
- // Transplant Surgery
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- // Urology
- // Urogynecology/Gynecology
- // Vascular Access Center
- // Vascular Surgery
- // Vein Therapy Center
- // West Lakes  
Medical Equipment
- // West Lakes Sleep Center
- // Women's Center



*Continued from page 13*

the most difficult of medical school) than in the fall. If we are keeping score, that is 1 point for DMU, 0 for COVID.

The change I found most impactful was the temporary loss of our practical labs in Osteopathic Manipulative Medicine and Clinical Medicine. I learned best under the tutelage of our professors and teaching assistants, so attending remote labs was certainly jarring at first.

Furthermore, these classes adopted modified testing methods. Practical exams were converted to written tests, and our traditional simulated patient encounters between actors and students were modified so that we watched our professor examine a simulated patient himself and noted/graded his accuracies and missteps. Our success indicates both measures were successful, even at the loss of palpable practice time. That is 2-0, DMU.

Lastly, as highlighted in the previous issue of the "Bulletin," students continued to be innovative with volunteering opportunities. Class President Sydney

Stanley spearheaded a volunteer day-care program and partnered with the Polk County Medical Society to pair students with medical professionals in need.


This was a tremendous success, and DMU students set another record for total volunteering hours this year. Another creative adaptation, and another point for DMU.

Compared to the heroic, haunting, and heartbreaking stories from medical professionals chronicling their COVID-19 experiences, I wonder what merit the words of a rising-second year medical student carry. The future of medical education is evolving, given the relative successes of remote classes and testing, and the pandemic's vice-like grip on society is mandated by cycles of good and bad news.

But if my classmates' unrelenting tenacity to adapt is any indication, the medical field is in good hands. Game, set, and (possibly) match, DMU.

## PCMS IS NOW ON FACEBOOK AND TWITTER!!





*In a year, such as we have experienced in 2020, the focus on the safety of doctors, nurses and other health workers reminds us that their work often demands self-sacrifice and even HEROISM.*

*In times of crisis, like those we have faced with the pandemic, they continue to risk their own health, while continuing to CARE FOR US.*

*It is with a sense of gratitude and appreciation that we take the opportunity to express thanks to our nearly 500 physicians specialist volunteers, staff and partners, for their continued contribution to the care of Iowans through the Volunteer Physician Network.*

**YOU ARE THE ESSENCE AND SPIRIT OF GIVING.**



**TO ALL PCMS MEMBERS:**  
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## *Impact of COVID-19:*

# TEACHING FUTURE DOCS



**By: Grant Peterson, M.D.**

When the 2019-2020 academic year started, no one would have predicted it would have involved a worldwide pandemic and countless changes to every aspect of our lives. Nonetheless, by the middle of March we were rapidly adapting our teaching and learning strategies. Nearly every area of medical education has been touched by some aspect of the pandemic.

One of the first major changes involved didactics. The University of Iowa, and our Des Moines residency program, shifted our learning to virtual platforms to avoid large gatherings. This was a pre-existing goal in some areas but happened rapidly due to the pandemic. Participants learned the new etiquette and skills

necessary to successfully learn in a virtual environment.

At our institution, as with so many others, medical students were pulled from rotations in March. Initially there was caution about the mechanisms of spread of SARS-CoV2, and concern about resource consumption (including PPE). Residents were placed on a modified schedule, with a tiered approach requested by the ACGME to be prepared for a surge. Residents already in the ICU or other critical locations quickly became versed in the ever-changing care of the COVID-19 patient.

The pandemic has made learners of us all. Whereas I could respond to a question

*continued on page 24*

*Continued from page 15*

and residents put into creating an online curriculum. They planned for us to complete half of each rotation virtually, through Zoom lectures and case discussions, and then complete the other half in-person when we could safely return.

Sitting through some 200 hours of Zoom over 15 weeks was challenging; however, with a more flexible schedule, I gained time to feel like a whole person. I had more time to volunteer with a homeless organization, to connect with friends and family, and to train for and run my first full marathon (while listening to medically relevant podcasts, of course!)

Thankfully, we were able to return to the clinics in July and, though waking up at 5a.m. again was painful. More anxiety-producing, was moving from clerkship to clerkship with half the amount of time in each.

Most people can relate to the feeling of insecurity and self-doubt in the first months of a new job. As medical students in the COVID-era, we became best friends with those feelings by switching work settings every two weeks on average.

Fortunately, attendings and residents were very welcoming and eager to be working with students again and taught us tangible, COVID-adapted clinical skills, such as how to use an otoscope while wearing a face shield, how to enunciate clearly for patients who are used to reading lips, and importantly, how to convey concern and compassion with just my eyes peeking out over my face mask.

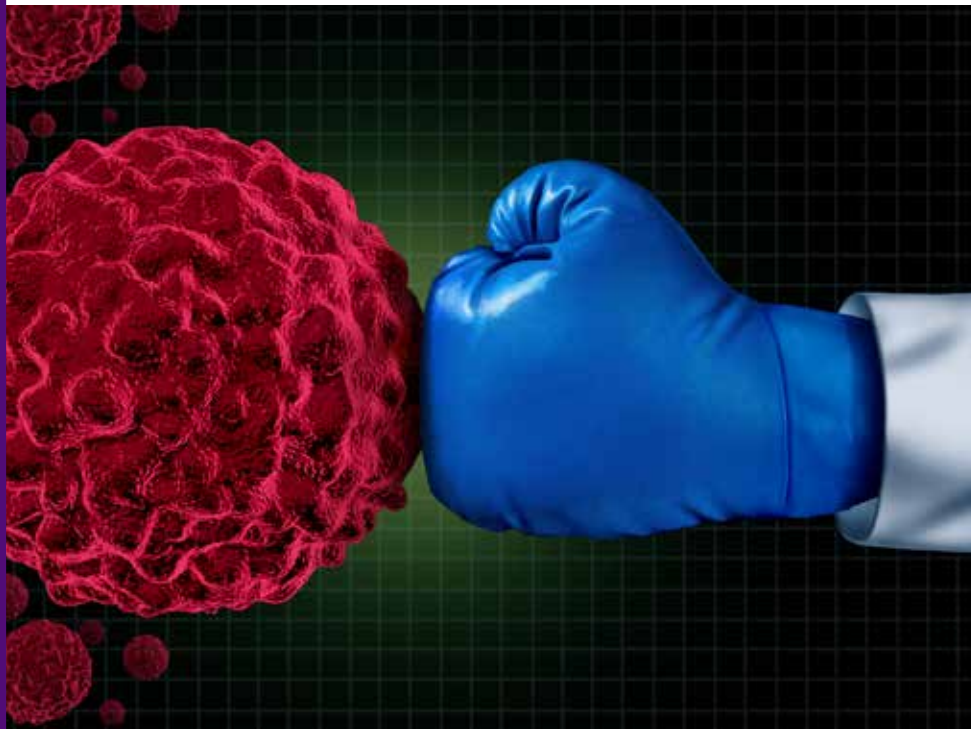
Overall, being a third-year medical student during a pandemic was not as enchanting as I may have imagined it back in March. Nevertheless, it has awarded me the opportunity to witness the great amount of self-sacrifice and adaptability our healthcare workers possess.

In medical school, we are often told to “trust the process.” I’m not sure anyone ever imagined a global pandemic to be part of the process, but I am now convinced that with a little flexibility and creativity, medical education can continue producing competent, compassionate physicians despite a positive-sense, single-stranded RNA virus getting in the way.

# THANK YOU

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*to all the Physicians on the  
front lines fighting for us!*



*Today and Always!*

*Continued from page 21*

from a student about treating heart failure, I did not always have responses for what to do with COVID-19. Guidance changed extremely rapidly, and often our residents were the best versed in new developments. We had a resident team monitoring the evidence to help parse new studies as they were published.

I would be remiss if I did not state my admiration of our learners during this difficult time. When moved out of the clinic and hospital, medical students volunteered for information hotlines and provided other services to the community.

Residents readily stepped up to the challenge of a potential surge and the uncertain nature of caring for patients with a deadly illness. Our learners performed in ways that recall the greatest values and ethics of the profession of medicine. I am humbled to help them grow—even as we all learn together.

*Dr. Grant Peterson is an internist practicing with UnityPoint in Des Moines and is also the Associate Program Director of the University of Iowa-Des Moines Internal Medicine residency program.*



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## HOW TO MAKE SENSE OF GOALS YOU SET

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At Foster Group, we spend a considerable amount of time reviewing financial plans. An important part of a financial plan is determining goals. Goals help us look at a financial plan with the “end” in mind. Goals could be short or long-term in nature. It could be as simple as saving more for retirement or funding a child’s education. Most financial goals involve setting aside money today in hopes of achieving some future event.

A common question that gets asked goes something like this, “I have many goals, but I can’t fund all of them today. Which one should I tackle first?” This question creates some unique planning challenges. There is only a limited amount of resources, i.e. cash, to go around. When this issue arises, having a framework for how to prioritize goals would be helpful. A framework helps you decide which goals should be funded now and which ones should be delayed or scrapped.

I recently read the book *Grit* by Angela Duckworth. In it, she lays out a framework for looking at goals. She recommends looking at goals through a hierarchy. These include low-level, mid-level, and top-level goals. Top level goals are your overarching purpose in life, your “why.” They are the reason you get out of bed in the morning; they are part of your life philosophy. Low level and mid-level goals should be connected and help achieve top-level goals.

A low-level goal could be funding a Roth IRA for retirement, or a 529 for a child. These actions are low-level goals because they are what Duckworth would say, “is a means to an end.” Here is an example of a top-level goal: “We want to live a comfortable retirement while actively giving back to our community.” This goal is not a means to an end; it is an end. So why are we funding the Roth IRA? We are funding the Roth IRA because it helps us pursue the top-level goal of living a comfortable retirement. What about the goal of buying a vacation home? Does that work in the situation described above? It certainly could but if buying the vacation home harms your retirement and charitable giving goal, then it may be a goal worth revisiting. Having a framework for any goal helps bring clarity to what your daily action plan should look like. Are these daily actions harming or helping my top-level goals?

At Foster Group our top-level goal, also known as our vision statement, is to influence thousands of individuals, families, and organizations with wise financial council, while encouraging the pursuit of meaningful living and generous giving. Part of that goal is creating a financial plan for our clients in order to pursue their top-level goals. Understanding these goals and then creating an action plan helps set clients up for long-term success. If you want to have a discussion around goals, we would love to talk with you.

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# SURROGATE DECISION-MAKING *in Primary Care*



By: Kiel Morris, D.O.

Since graduating from the Family Medicine Residency Program at Broadlawns, I have been practicing geriatrics alongside Dr. Robert Bender, assessing and treating dementia patients. This new role has highlighted the importance of discussing surrogate medical decision-making as early as possible.

Most of us have seen patients who are not able to make sound decisions at baseline, placing them at risk. We find ourselves often scrambling to identify a surrogate or cold calling an estranged brother in Ohio to advise on the patient's ICU care. Isn't it better to clearly identify/establish a surrogate decision maker in advance?

## **How do I assess decisional capacity & preference of decisional surrogacy?**

1. I recognize patients at risk of lacking capacity; suspicion can be derived from routine clinical conversation or pathologies that may impair reasoning, e.g. dementia.
2. I assess decisional capacity of at-risk patients by determining their ability to express a soundly reasoned decision based on insightful application of adequately understood relevant clinical data.
3. In order to establish the patient's preferences, I ask, "Who will make medical decisions for you if/when you are unable to?"

Continued from page 26

4. Identify whether preferred surrogate is consistent with Iowa priority of surrogates, i.e., DPOA, spouse, adult children (majority), parents, closest relatives (majority).
3. If patient is comfortable with the default surrogate decision-maker, DPOA may not be needed.

**What do I do with this information?**

1. If lacking decision-making capacity, guardian may be assigned, protecting patients whose pathological reasoning inability is at high risk of contradicting their best interests; a patient’s previously expressed preference could weigh into guardianship assignment.
2. If default surrogate is NOT the preferred surrogate, encourage assigning DPOA as soon as able.

We frequently happen upon clinically decisive moments with incapacitated patients, absent a defined surrogate decision-maker.

In fairness, we cannot always avoid these circumstances (e.g. obtunded patient who has never seen a doctor), but it is beneficial in virtually all aspects of patient care to identify or facilitate contingencies should the day come when a given patient cannot reason for themselves.

I hope this provides a basic framework for approaching this daunting element of patient care!

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*VADM (Ret.) Richard Carmona, MD, MPH, FACS  
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## Update: Broadlawns-UnityPoint

# PSYCHIATRY RESIDENCY PROGRAM



**By: Rebecca Lundquist, M.D., Program Director**

The Broadlawns-UnityPoint Psychiatry Residency Program is one of two new psychiatry residency programs in Des Moines. We are entering our third year of operation and expect our first graduates in June of 2022.

The program is an extension of the educational partnership between Broadlawns Medical Center, and UnityPoint Health Des Moines (UPHDM). David Stark, CEO of UPHDM says, "This program is another sign of collaboration to help meet a tremendous need. We are taking

on behavioral health access and this will [help] turn the tide in Central Iowa."

The program also has other partnerships. Dr. Jennifer Holmes-Latterell, Director of Medical Education at the Central Iowa VA says, "It has been a pleasure having the residents. Their experience will give them the necessary tools to provide veteran-centered care to those who have served our country."

The program has rotations with the Iowa Department of Corrections (DOC) and the

*Continued from page 30*

Iowa Department of Human Services (DHS). Dr. Jerome Greenfield, Health Services Director for the Iowa DOC says, "I never had any exposure to Forensic Psychiatry during my residency years. This rotation allows them to see forensic examinations, as well as to see interesting patients. Their enthusiasm is welcomed."

Kelly Garcia, Director of DHS, states, "Our partnership comes at a critical time for DHS, as it starts to address the deficit in direct care professionals that we are experiencing. We're hoping some chose to stay at DHS."

We have attracted residents from the Midwest and residents who either stay or return to their hometowns. Dr. Autumn

Brunia speaks of the crisis related to workforce shortages, "Being able to train where I grew up is important and takes us one step closer to finding the solution to this crisis. Having this program here ensures that people who want to practice in Iowa will have less barriers to doing this as we are not forced to put down roots in another community while training."

With current healthcare workforce issues across the state of Iowa and in consideration of attracting and recruiting physicians to our state, Dr. Adrianna Mitchell talks of coming home. "It is definitely rewarding, being able to train where you were born and raised," she said. "You get to serve a community you are truly passionate about."

# WANTED

## Authors to Write Original Articles

**Would you like to write an original article to have published it in the PCMS bi-monthly Bulletin? Topics for articles should be related to the medical field or about one of our members. Please submit articles to the Polk County Medical Society by email at [pcms@pcms.org](mailto:pcms@pcms.org). Listed below are the requirements for publication:**

1. Submit original article typed on one side, single-spaced. Length of article preferred one to two pages 8-1/2 x 11" paper or 350 words.
2. Articles should have titles not to exceed five words and may be reconstituted at the discretion of the editor.
3. A recent photo of author and subject is desirable.
4. Byline information should include the highest degree or title, office or pertinent affiliation.
5. Articles may be edited to conform to publication style.
6. All articles written become the permanent property of Polk County Medical Society and may not be published elsewhere without permission from PCMS.
7. Articles not received by issue deadline may be published in further issues.
8. Articles are received with the explicit understanding that they are not simultaneously under consideration by another publication.

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