GATOR DOC PERIODICAL Issue 1



# GATOR Doc Periodical

WHAT'S GOING ON THIS WEEKEND?

# A focus on wellness

### by the chiefs

This week we have talked several times about physician burnout, wellness and suicide. During breakfast with the chiefs on Wednesday we went over a few slides which described the available resources here at UF. During grand rounds, Dr. Lynch gave a moving presentation about his own battle through suicidal ideation. A copy of the power point slides given by Dr. Merlo were sent out as well. Included in the slides are a reiteration of the resources we provided on Wednesday as well as additional resources that you may find useful.

Burnout is noted by exhaustion, cynicism and concern for inadequacy in one's self or abilities.

Although you feel like a scribe, secretary, clerk, or nurse, at the end of the day you are a patient's physician and by now you likely already know how amazing it feels when someone says "that is my doctor" in reference to you. This responsibility is incredibly important and consequently can be overwhelming.

Strategies to prevent burnout from turning into a serious problem are numerous. They may sound simple but a lot them relate to maintaining a balanced life. For most it is a combination of exercise and family time. For Eric, it means a 30-minute workout and jeopardy with the wife. For Kris it is CrossFit,

baby Lucas and baby momma. For Josh it is spending time with others talking and laughing and for Kenji it's spending time with his wife or sneaking away for a weekend trip to somewhere tropical.

It may seem impossible to keep a balanced life right now. I promise, as medicine starts to make sense life will return to normal speed again. Right now you are building a house with toothpicks. Soon, you will be using bricks and steel.

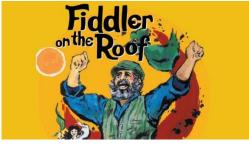
I encourage you to think about what steps you can take to lead a more balanced life. Whether that means taking a mental break every day to meditate, playing an hour of video games every night, going to the movie theatre every week or running a 5K on your days off please take time for yourself. Additionally, make an effort to spend some time with family and friends. We often felt that hanging out with other interns and residents helped as we were better able to "vent" and commiserate.

Please understand that you have our full support in pursuing any of the resources available and may do so anonymously. We also hope that you feel able to approach any of us so that we might find a way to help as well. I know you've heard it many times but we really do feel that we are a family here.



UF@Vandy 12:00pm on SECN

Day off Sat? After a stunning loss, the Gators hope to rebound when they head back to TN for a much anticipated match up against the Commodores. Historically, Florida beats Vanderbilt with ease however their recent loss raises more questions than answers. With Austin Appleby at the helm, the defense will need to rise to the occasion in order to prevent an 0-2 record in the state of Tennessee this season. Tune in on the SEC network or espn3.com. Go Gators!



Sep 23rd - Oct 16th

A beloved musical tale of the ageless struggle between tradition and progress set in Russia. Check it out this month while it plays out at the Gainesville Community Playhouse. Cheap tickets. gcplayhouse.org for more details.



Meet an Intern: Justin Forde Med School: FSU(we forgive you) Undergrad: UF (he knows

where all the good restaurants are and which roads to avoid on game day)

Q: What is your favorite part of intern year so far

A: Being responsible for patients, making plans and seeing those plans through.





Meet a Resident: Tony Brar Med School: FSU Undergrad: USF Q: What is your favorite part about this residency? A: The people!

## **Hungry?**

Best Breakfast in Gainesville: Civilization – Kenji Metro Diner - Josh Peach Valley - Kris Daily Green - Eric

Best Dinner in Gainesville: Linda Vista – Eric Embers – Josh Loosey's - Kris Emiliano's - Kenji

# "The Sepsis"

by the chiefs

Ok, not to belabor the point but we have all heard a lot about sepsis recently. Why all of a sudden? After all, sepsis has been around since we've known about bacteria.



Well, sepsis kills a lot of patients and CMS, which is the governing body for Medicaid and Medicare, which supplies roughly 50% of our patients has decided to make sepsis a "core

Therefore, in order to be reimbursed for the work we do we must achieve a certain threshold of treatment of any diagnosis of sepsis. So far, we have done a good job in treating sepsis according to the CMS guidelines. There is always room for improvement. Josh can tell you first hand as he attends weekly meetings with the heads of the MICU, SICU, ID, Pharmacy and where they review cases

of sepsis that were mismanaged. One of the biggest problems we have is with compliance of the 2 note system. Don't shoot the messenger, this is required by CMS.

Many of us know that sepsis has occurred however we don't go through the steps to put in the order set, initial sepsis encounter note and then the sepsis follow-up note.

> → If any of these 3 steps are missed, the hospital determines that we have **failed** in the treatment of sepsis regardless of whether or not we actually have.

> > So a quick reminder,

Sepsis is defined as:

→ 2 or more SIRS criteria plus a suspected source of infection.

If this occurs, please complete the sepsis order set (early for early sepsis, septic shock for patients that are in septic shock) followed by the initial sepsis evaluation note which can be accessed with .sepsis . Then within 6 hours please compete a follow-up sepsis evaluation.

If for any reason you don't think sepsis has occurred, then document why in this note. Importantly, communicate with the next resident that you are evaluating or treating your patient for sepsis since they may need to be the one doing the follow-up