MD Life

NOVEMBER 2021
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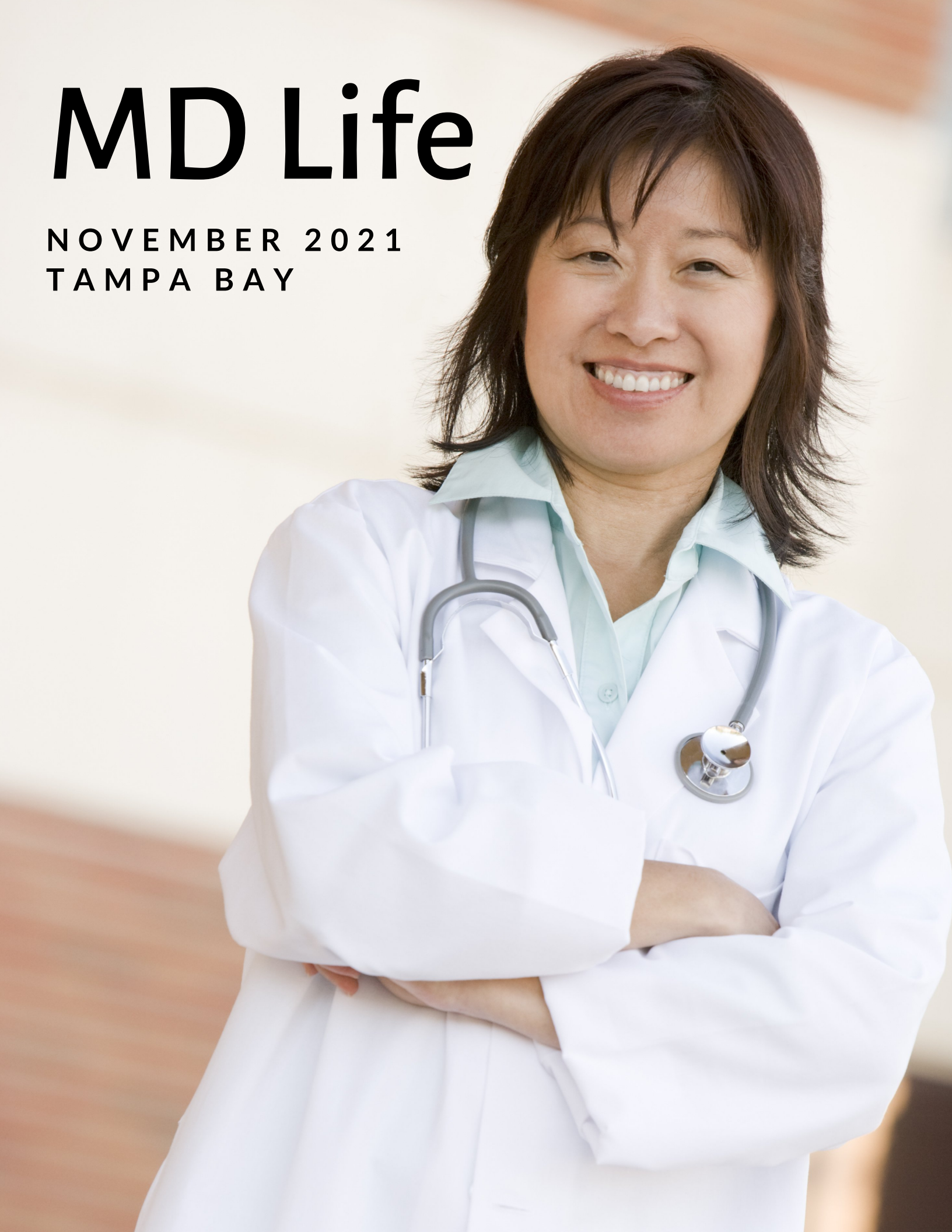

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EXPERT on CALL
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South Floridians and Healthcare Industry Members- Help for Haiti

By Richard Rodriguez
CEO
WITHmyDOC™

For all of us living comfortably in South Florida, it is hard to imagine what life is like in Haiti. Only 675 miles from Miami, Haiti is still recovering from the devastating earthquake in 2010 and Hurricane Matthew in 2016, when it was hit again in mid-August by a 7.2 earthquake. The earthquake and its aftershocks flattened thousands of homes, businesses, hospitals and other buildings as the resulting death toll reached an estimated 2,200 and impacted more than three million people. The earthquake was centralized in the Southern part of Haiti, which is the fishing and agricultural hub of the country.

Not even one week later, Tropical Storm Grace reached the island, hampering search and rescue work along with relief efforts. Medical aid and food deliveries were slow reaching the earthquake's epicenter because of damage to a major highway, landslides from Grace's torrential downpours, and thefts at roadblocks in gang-controlled areas.

As Haiti has been undergoing this traumatic time, many in the international community have been looking for ways to provide humanitarian aid. There is a huge U.S. relief effort underway to help earthquake victims in Haiti.

Medical care and supplies are in need and those of us in the healthcare industry should do what we can to address this need. NPR reported that, according to international aid workers on the ground, hospitals in the worst-hit areas are mostly incapacitated and that there is a desperate need for medical equipment and supplies.

Why Care?

We should care because we are in the healthcare industry, and personally or professionally are likely in a position to help.

Additionally, we should care because South Florida is home to the largest Haitian population in the U.S. In South Florida, Haitian Americans are vital members of our community, working in all aspects of our healthcare ecosystem, from leading surgeons to community healthcare social workers. I think it's fair to say that we are closely linked to Haiti and the entrepreneurial Haitian men and women who make up our diverse South Florida

community. On a personal level, I have been fortunate enough to be introduced to the Haitian community through my wife of 13 years and her family. I have had the opportunity to travel to Haiti on several occasions. It is a beautiful country with so much to offer but has been dealt many hardships caused by both political inequities and natural disasters, yet the people remain resilient. We have seen the international community come together in support of Haiti; however, there are many grassroots organizations that can work with local partners to rebuild the local economy while helping those in need.

The difference between the devastating earthquake in August and the one from 10 years ago is the fact that the Haitian Diaspora is working side by side with the Haitian organizations on the ground to ensure the aid reaches the local people expeditiously.

Ways To Help

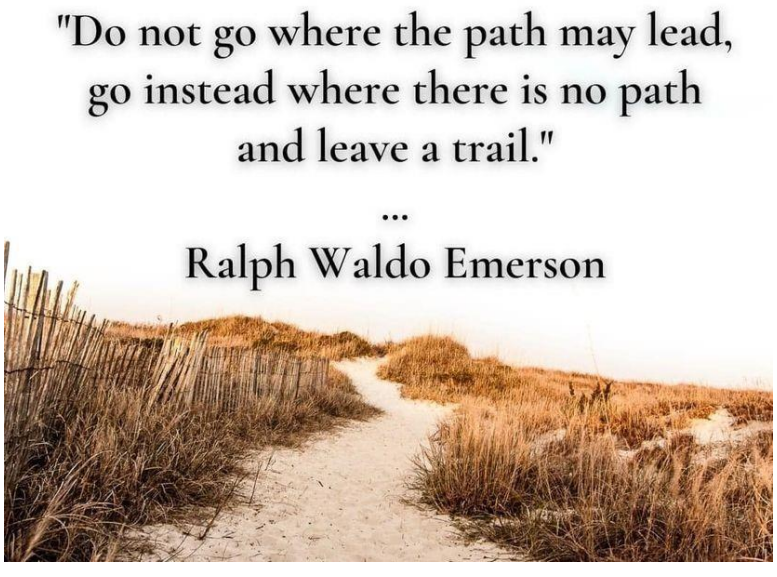
Providing aid to Haiti can be through donations of money and supplies or as a volunteer to provide medical assistance. Various opportunities are available through relief organizations like UNICEF, Doctors Without Borders, Hope for Haiti and many others.

Project Medishare, a Miami-based organization, works to improve healthcare in Haiti and currently is providing medical relief efforts there, including mobilizing critically needed medical supplies and personnel to deploy to the hardest hit areas.

Partners in Health (PIH) is a healthcare-based organization whose mission is to provide a preferential option for the poor in healthcare. By establishing long-term relationships with sister organizations based in settings of poverty, Partners In Health strives to achieve two overarching goals: to bring the benefits of modern medical science to those most in need of them and to serve as an antidote to despair.
https://www.pih.org/

HAITI RELIEF FUND - FOKAL - organizations such as FOKAL have the ability to work with networks of smallholder farmers, women, and grassroots organizations in Aquin, Camp-Perrin, Chambellan, St Louis du Sud, Cavaillon, Jérémie, Jacmel, Cayes-Jacmel, Maniche, Baradères, and Port-à-Piment. FOKAL and Ayiti Demen have local networks in affected areas so that donations go to buying local food, medical supplies, and drinking water thereby supporting the local economy as well as helping those in need.
https://www.fokal.org/index.php/en/

Haitian American Nurses Association's mission is to provide nurses the opportunity to unite as a group, to share and provide ideas of interest, and to become effectively involved with the issues and services relevant to the health and welfare of communities in Florida and abroad.
Haitian American Nurses Association of Florida – 305.609.7498 – A world-class nursing organization (hanaofflorida.org)



Why it May be Time for Doctors to Unionize

BY KAREN S. SIBERT, MD

Remember the dark days of the pandemic, when the true risk of caring for COVID patients started to become clear? Remember when you could be censured by a nursing supervisor or administrator for wearing a mask in public areas lest you frighten patients or visitors?

Right around then, a third-year resident at UCLA decided to wear a mask wherever he went in the hospital, as testing wasn't readily available yet for patients, and visitors still had full access. Someone with a clipboard stopped him and said he couldn't wear a mask in the hallways. The resident politely responded that yes, he could. Why? Because his union representative said so. The discussion ended there.

The resident enjoyed backup that his attendings lacked because all UCLA residents are members of the Committee on Interns and Residents/SEIU, a local of the Service Employees International Union (SEIU). This union represents more than 17,000 trainees in six states and the District of Columbia.

As CMS threatens further pay cuts for anesthesiology services and other third-party payers are likely to follow suit, many attending anesthesiologists are asking: Why can't we form a union? Alternatively, why can't the ASA function like a union and negotiate on our behalf?

Are you an employee?

You may be eligible to unionize if you are an employee without the power to "hire, fire, or make managerial decisions." According to one estimate, more anesthesiologists are employed (55 percent) today than ever before, and this trend is accelerating as private practices are absorbed by large health care systems in mergers and acquisitions.

Hospitalists in Oregon elected in 2015 to form a union affiliated with the American Federation of Teachers. Primary care physicians employed by clinics in Washington State voted to be represented by the United Salaried Physicians and Dentists Union. Their vote to unionize was challenged by their employer on the grounds that some of their work was "supervisory", but the National Labor Relations Board (NLRB) upheld the physicians' argument that their clinical supervision duties did not constitute managerial decisions.
The important distinction here is that within the ASA, some members would meet the NLRB's definition of employees – even if they direct the clinical work of anesthesiologist assistants or nurse anesthetists – because they are directly employed by hospitals, health centers, or foundations. They could vote to unionize.

Other ASA members, whether they work within a group partnership or on a 1099 basis, would be classified as self-employed or as independent contractors, depending on exactly how their contracts are written. A third group – those in leadership and managerial roles, such as department chairs – would be considered supervisors or managers. All these are excluded from collective bargaining as a central provision of the National Labor Relations Act.

The ASA can advocate for fair physician payment, but an ASA attempt to negotiate payment rates on behalf of all its members would constitute "a horizontal agreement among competitors to fix payment" and would violate antitrust law.

Could we strike without a union?

Anesthesiologists and other physicians can act collectively without any union affiliation, and they have done so before. If no union is involved, it doesn't matter whether or not they are employees.

In California during the 1960s and 70s, jury awards for pain and suffering in medical malpractice cases rose exponentially, and malpractice insurance premiums rose too. By 1975, insurance companies either withdrew from the California market or raised anesthesia malpractice premiums by as much as 350 percent. (These events have been described in detail in an excellent column by Drs. Jane Moon and Mark Singleton, published on the website of the California Society of Anesthesiologists on May 13.)

Some anesthesiologists left the state or retired, and others decided to practice without coverage. In desperation, California anesthesiology leaders headed for Sacramento to demand legislative change. Anesthesiologists and surgeons in northern California began a dramatic protest by refusing for weeks to perform elective surgeries. Finally, on September 23, 1975, Gov. Jerry Brown signed the landmark Medical Injury Compensation Reform Act (MICRA), which capped "pain and suffering" awards at $250,000. Despite repeated challenges, MICRA still stands.

At first, MICRA was vilified as unconstitutional until the California Supreme Court ruled to uphold it. While the court deliberated, anesthesiologists and surgeons in Los Angeles began their own month-long work slowdown in January 1976, again refusing to perform elective operations. This strike was studied extensively to determine if patients were harmed as a consequence. Though an estimated 25 percent to 50 percent of physicians participated, patient mortality decreased overall, and surveys by UCLA and the LA Times showed no significant negative effect on access to care.

Yes, but is it ethical?

Physicians today in many specialties are deeply unhappy about working conditions, production pressure, and how powerless they feel. The electronic health record is associated with burnout and disconnection from direct patient care. Could unionization be the best way forward, now that more and more physicians are employees of large health care systems?

According to Dr. Eric Topol, cardiologist and author, the answer to that question is yes. He believes it's high time for a "new organization of doctors that has nothing to do with the business of medicine and everything to do with promoting the health of patients." In his article titled "Why Doctors Should Organize," published in the New Yorker last year, Dr. Topol asked, "Who will be in charge of our health as we move forward – doctors or their managers?"

The trouble with the word "union" is that it evokes the image of strikers picketing for better pay. The public will never sympathize with physicians if payment is our only cause. But patients and physicians might get behind "industrial action" in support of more time spent with patients, more and better PPE, fewer hours wasted with poorly designed electronic records – as long as patients are guaranteed that emergency coverage is always available.

Maybe it's time to try a different approach. The right to organize and strike is supported by the United Nations and international law. Physician work stoppages or slowdowns can be conducted ethically, without patient harm.

Here's one appealing idea for collective action. Take full care of the patients but document only the clinical care. Don't waste your time ticking all the irrelevant boxes in the electronic record, which is a tool for billing and compliance-checking, not for patient care.

This kind of collective action could get some real attention from health systems and large employers because it would affect their billing and revenue. They are the ones with the size and clout to negotiate better contracts with third-party payers, to demand better electronic health records, and to push back against regulation creep. We love to blame insurers, but employers share responsibility for physician exploitation and demoralization. As the AMA Journal of Ethics has stated, "It is morally acceptable for physicians to unionize and employ collective action, including striking, as long as patients' best interests are their reason for doing so." Where do I sign?

Karen S. Sibert is an anesthesiologist who blogs at A Penned Point. This article originally appeared in ASA Monitor.

5 Tips for Booking Holiday Travel in 2021

Being flexible about the days you travel and knowing the cancellation policies are important this holiday season.

By Amanda Johnson, Meghan Coyle

While we're all still processing the end of an anticlimactic summer — one that was supposed to be the triumphant return of travel — it's already time to start thinking about the 2021 holiday season.

Like last year, you might not have an all-out, bucket-list, everybody-in-your-family-will-come type of trip. Maybe the new COVID-19 travel restrictions have squashed your dream of spending the holidays wandering through Christmas markets in Europe or watching New Year's Eve fireworks from a cruise ship.

But if you are planning to travel for the holidays, now is a good time to start researching flights and hotels. Especially if you haven't traveled much this year, you'll want to keep in mind these tips for booking holiday travel.

1. Book early before prices go up

Last-minute deals are essentially nonexistent around the holidays. According to data from the travel app Hopper, domestic airfares for flights the week of Christmas are already trending more expensive than in 2019 and 2020, with the average airfare up 71% compared with last year. The cheapest time to buy these flights is mid-September, but at the very least, travelers need to book before Thanksgiving to avoid the highest prices.

Similarly, flights during the week of Thanksgiving should be booked before Halloween for cheaper fares. Tickets in November could be 40% higher than if you booked in October.

2. Fly on the holiday to save

For the best deals, consider traveling on the holiday. Flights on Christmas Day will mean celebrating the holiday before or after, but there's often greater availability and lower costs.

If you aren't willing to travel on the holiday itself, avoid the peak travel days to minimize the likelihood of delays that will impact your trip and time with friends and family. Keep this timing in mind for return flights as well. This year, Hopper predicts the busiest and most expensive days to travel will be the Sunday after Thanksgiving and the Sunday after Christmas.

To avoid delays, book an early morning flight. It's less likely to be affected by other delayed flights throughout the day. Plus, if your flight gets canceled, there will be more opportunities to get to your final destination the same day.

3. Redeem points for your flight or hotel stay

If you're looking at prices and thinking of using points instead, some of the same strategies for finding cheap cash rates apply.

In some cases, you'll be able to save points when you book early or travel on low-demand days because loyalty programs, like Southwest's, use a dynamic award-pricing system. When the cash prices are low, it'll cost fewer points or miles as well.

The same goes for using credit card points, like Chase Ultimate Rewards® or American Express Membership Rewards, when booking through the issuer's travel portal.

Unfortunately, if you don't have enough points to book, it's too late to open a new credit card and earn the welcome bonus in time. Many cards have a three-month period to earn the welcome bonus, and it may take up to another eight weeks to get the bonus points deposited into your account.

4. Check cancellation and change policies
The COVID-19 pandemic remains unpredictable, and it's worth checking the change and cancellation policies before you book anything.

Several of the largest U.S.-based airlines have done away with change and cancellation fees for most fares, with the exception of basic economy tickets. One option to consider is Delta Air Lines, which is waiving change and cancellation fees on basic economy through the end of the year.

Though third-party airfare aggregators like Expedia and Travelocity are a great way to see flights on multiple airlines, you'll often have better protection and better access to customer service if you book directly with the carrier. Wherever you book, be aware of when you'll be entitled to a refund or credit if you or the airline cancels.

You might also consider purchasing travel insurance, but read the fine print, since many policies won't cover losses related to travel bans or foreseeable events. Many credit cards offer certain limited travel protections, so familiarize yourself with the benefits of the card you use to book tickets as well.

5. Line up your travel perks for the holiday season
When the holiday season is upon us, you'll be glad you took advantage of every available perk — or earned them ahead of time.

The big one for this year is TSA PreCheck or Global Entry. Lines at TSA security were staggeringly long at some airports this summer, and they might not get much better by the holidays. If your credit card comes with one of these security benefits, consider enrolling before it's too late.

If you've been traveling this year and are close to earning elite status or the Southwest Companion Pass, think about how you can plan your fall travel to earn these perks ahead of the busy months. They might be easier to earn than you think. Hotels and airlines have lowered their elite status requirements this year. A quick mattress run in October might be all you need.

Not only will elite status benefits kick in as soon as you earn them, but you'll have more time to use them since they'll be valid through the end of next year.

If you take just one tip for booking holiday travel, it should be this: the earlier, the better. You'll find cheaper rates and more availability. Plus, looser cancellation policies mean you can make adjustments later.

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Adapted from David Katz' book*, "A Financial Prescription for Doctors and Dentists: Strategies for Achieving Your Personal and Career Goals"*

Five Steps to Feel More Confident About Your Retirement

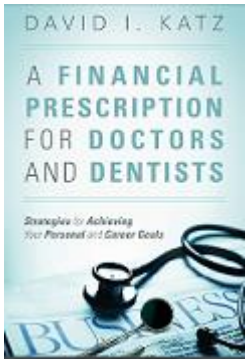
It's natural to have mixed emotions about retirement – it's a huge life change that people spend most of their working life preparing for. While the thought of retirement is exciting, the options and advice available can sometimes seem overwhelming and complex. There are several simple things you can do if you're feeling unprepared for your retirement years. Check out the following steps to help you get ready for this milestone.
1. Determine your vision. One of the most enjoyable parts about planning for retirement is deciding how you'll spend your time. Though you could just be looking forward to relaxing, you may also decide to move to a different area of the country, travel, volunteer or spend more time with family and friends. Your plans can always change, but creating a list of activities you may want to pursue is a valuable and fun part of the planning process.

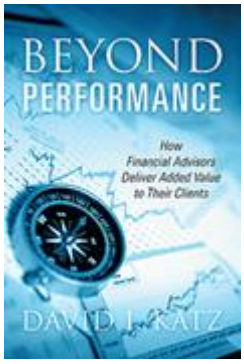
2. Start with the basics. Developing a written plan is the first important step, but before you get caught up in the numbers, determine what you will absolutely need to cover expenses that are truly essential. Include basics like groceries, mortgage payments, healthcare costs and other financial obligations. You may want to make a list of areas where you could cut back and reduce your expenses if you hit a financial roadblock in the future.

3. Make your plans concrete. Many people get hung up on this step, as it can come with a tough reality check. To begin, calculate how much money you'll need to cover your essentials over the course of a 30 year retirement, and then add discretionary expenses that accompany activities and lifestyle goals – such as travel and hobbies. Be honest with yourself and try to account for cost-of-living increases and rising healthcare costs in your projections. This will give you a rough estimate of how much "income" you'll need in retirement to replace your paycheck and achieve your desired lifestyle. Then consider all the sources you can draw this income from – such as a 401(k), annuities or cash savings. Also consider breaking this amount down into smaller goals that you can more easily prioritize, manage and track.

4. Protect your plan and your legacy. Ensure the beneficiary information on your accounts is up-to-date and that you have the right insurance and protection plans in place to safeguard your income and assets now – and for the long-term. Also begin thinking about the legacy you want to leave – to your family or to organizations that are important to you. Involve your loved ones in these conversations and clearly communicate your intentions and expectations.

5. Track your progress. As with all goals, it's important to set milestones, check-in and reflect as you go. Keep in mind that a little time and organization goes a long way. Set aside one day each month to sit down with your finances, and also consider meeting with a legal and financial professional annually. Even if your goals still seem far away or if you've experienced a setback, you won't regret spending the extra time to review your progress. This also provides a good opportunity to make adjustments if your situation or plans for the future have changed. Retirement planning can be a complicated, emotional and overwhelming process. Consider seeking objective advice from a professional financial advisor who can guide you through it and ensure you're aware of all your options. It's important to keep in mind that the surest way to feel confident about what's to come is to do everything you can to prepare for it.





David is an Accredited Investment Fiduciary® (AIF) and an Accredited Asset Management Specialist (AAMS®) who advises professionals, retirees, families and other clients on personal financial strategies along with his partner Eitan Esan. They focus on financial planning and asset management. David has more than 27 years of investment and wealth management experience, and is the author of two books "A Financial Prescription for Doctors and Dentists: Strategies for Achieving Your Personal and Career Goals" (2015) and "Beyond Performance: How Financial Advisors Deliver Added Value to Their Clients" (2018) Eitan received a Bachelor of Arts in economics from Yeshiva University, a Master of Public Administration from CUNY John Jay and a Master of Business Administration from Arizona State University, where he graduated cum laude.

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Three Ways Data Analytics Can Help Physicians

BY JONATHAN FORD HUGHES

Among those folks who run your healthcare organization, data analytics is a popular topic. But, how can data analytics help physicians and why should you care?

Broadly, you can think of data analytics as using data sets to identify trends, reach conclusions, or pinpoint areas of improvement in any business. Healthcare data analytics takes the same approach and applies it to medicine, population health, pharmaceutical development, healthcare public policy, or the business of running a healthcare organization. This can translate to better patient care, more precise diagnoses, preventive medicine, and precision medicine. On the business side of things, it can save money for patients and providers, too.

But amid all of this smoke, is there actually fire? What can data analytics do for doctors on the frontlines of healthcare? In two data analytics categories, quite a bit. And in one, it's still largely a matter of wait-and-see.

As the University of Pittsburgh describes it, there are three categories of healthcare data analytics, each of which has direct applications for doctors on the frontlines of care:

- **Descriptive analytics:** Using historical data to make comparisons or discover patterns
- **Predictive analytics:** Using current and historical data to make predictions
- **Prescriptive analytics:** Using machine learning to generate predictions that point toward the best course of action

Descriptive analytics

A 2018 meta analysis, published in *Healthcare*, sought a better understanding of healthcare data analytics. The researchers determined that descriptive analytics is the most widely adopted in clinical research, with 48% of studies using this methodology. It's also the most adopted methodology in research on mental health, public health, and pharmacovigilance.

Pharmacovigilance is perhaps the most immediate way predictive analytics is helping physicians. The researchers pointed to a data mining study that combed the FDA's Adverse Event Reporting System, searching for muscular and renal adverse events caused by pravastatin, simvastatin, atorvastatin, and rosuvastatin. Their efforts revealed that all statins–with the exception of simvastatin–were associated with muscular AE, with rosuvastatin having the strongest association. Furthermore, the researchers discovered that all statins, except atorvastatin, were linked to acute renal failure. Here, we have immediate, actionable information any prescriber can implement.

Of course, part of the challenge with data analytics is that doctors aren't data scientists. To better inform the decision-makers in Brazil's public cancer treatment programs, researchers created an automated data mining system to carry out descriptive analysis and identify demographic, expenditure, and/or tumor or cancer trends. The system provided those with no technical knowledge better oncological insights.

The pandemic highlighted the need for real-time monitoring of the healthcare supply chain, staffing levels, and bed capacity on a population level. Descriptive analytics is also beneficial in this area. In Slovenia, the researchers point out that descriptive data mining is supporting regional health institutes with data visualization. The visualization methods provide insights on resource availability, which has implications for public health planning. Of course, this is particularly useful when faced with a pandemic.

Predictive analytics

The COVID-19 pandemic paints a detailed picture of how enhanced predictive analytics may have benefited frontline physicians. As described in a 2020 *International Journal of Environmental Research and Public Health* paper, "Major public health incidents such as COVID-19 typically have the characteristics of being sudden, uncertain, and hazardous."

But it doesn't have to be that way. The authors point out that with better accumulation of big data and enhanced analytical methods, healthcare systems–and consequently HCPs on the ground–can anticipate future developments, responding with greater speed, precision, and agility.

Predictive analytics are also helping doctors manage chronic diseases, such as kidney disease. A 2018 *International Journal of Engineering & Technology* study describes how with proper data analysis, doctors can be tipped off automatically to the early signs of chronic kidney disease (CKD).

"Low-level data can be transformed into high-level knowledge discovery in databases," the researchers wrote. "This transformation can help practitioners better understand CKD patterns for its early diagnosis."

A 2021 *Healthcare* study also worked with CKD data from 18,000 patients in Taiwan, compared with a control group of 72,000 without CKD. The researchers were able to zero in on the optimal model for CKD predictions within that given population. The immediate takeaway for physicians was that the analysis revealed that diabetes, age, gout, and medications such as sulfonamides and angiotensins were statistically indicative of a patient's CKD probability. Imagine the potential of those insights baked into an EMR.

"The models can allow close monitoring of people at risk, early detection of CKD, better allocation of resources, and patient-centric management," the researchers wrote.

Prescriptive analytics

To date, prescriptive analytics may have the smallest presence in healthcare. For example, in the *Healthcare* meta analysis, prescriptive analytics studies account for only 9% of the available research. This may be because prescriptive analytics have a foot planted firmly in the traditionally exclusive domain of the physician. According to the Harvard Business School, prescriptive analytics have the potential to look at a patient's pre-existing conditions, determine their risk for other conditions, and then suggest preventative treatments with those risks in mind.

The researchers behind the *Healthcare* meta-analysis identified one current use case among doctors. For example, they pointed to a *Proceedings of the International Conference on Intelligent Computing Systems* survey, which showed how prescriptive analytics can curb the overuse of screenings and testing, both

of which contribute to consumer costs and healthcare inefficiencies. The researchers looked at how data mining, in conjunction with case-based reasoning, can develop a system that supports physician decision-making while limiting unnecessary tests and cutting costs.

The researchers acknowledge that there's still room for adaptation, growth, and study in the domain of prescriptive analytics. A potential limiting factor for adoption, as described in a *Deloitte Insights* article, are underlying ethical and moral issues that arise if/when a doctor outsources their clinical judgment to an algorithm, or calls one in for support.

Predictive analytics inject new risk sources into healthcare that affect physicians at the point of care. Some of those include:

- Technology accelerates the decision-making process.
- Bias. Algorithms are created by people and therefore carry the same biases.
- Privacy. More healthcare data means more opportunities for cybercriminals.

Moral hazard is perhaps the most interesting risk for doctors. For example, according to the Deloitte report, people are more likely to take risks if they have the safety net of insurance in place. In the case of predictive analytics, the safety net is the computer telling the doctor what to do.

"The transfer of risk and liability within the medical industry is complex and this risk combined with misdiagnosis from a machine adds to the complexity that needs to be addressed when integrating predictive analytics into health care," the consultants wrote.
Can a patient sue an algorithm for malpractice? Perhaps time will tell.

MEDITERRANEAN SHRIMP PASTA

Thefoodiephysician.com

As a busy working mom, I know the struggle of getting nutritious meals on the table for my family, especially on busy weeknights. When people ask me how to eat healthy, one of my most common tips is to cook at home. After all, when you cook at home, you can control the ingredients and you know exactly what's going into your food. But I know how hard it is to find the time. We're all so busy these days between work, school, after-school activities, etc. that it can be really tempting to pick up food on the way home or order take out. But the good news is that it is possible to cook nutritious and delicious meals for your family that won't have you slaving over a hot stove for hours. One of the ways you can do this is by taking some help from the grocery store.

I made this delicious *Mediterranean Shrimp Pasta* in just 30 minutes using Gorton's Simply Bake Shrimp Scampi. You simply pop the bag in the oven and then while the shrimp are baking, you can prepare the rest of the dish. We eat a lot of seafood in my house. Seafood like fish and shrimp provide high-quality, lean protein, omega-3 fatty acids, and plenty of vitamins and minerals. When I buy seafood, I like to turn to companies like Gorton's that have stood the test of time. I remember the iconic Gorton's fisherman from when I was growing up. This 167-year-old company has been a trusted name for quality seafood for decades.

I'm happy to be part of the Gorton's *Going Global Campaign* highlighting how their products can be used in dishes from all around the world. When I tasted the Simply Bake Shrimp Scampi, I knew it would taste great in a pasta dish with Mediterranean ingredients. I love Mediterranean flavors as they span a wide variety of cultures and cuisines including Italian, Greek, Turkish, French and Spanish.

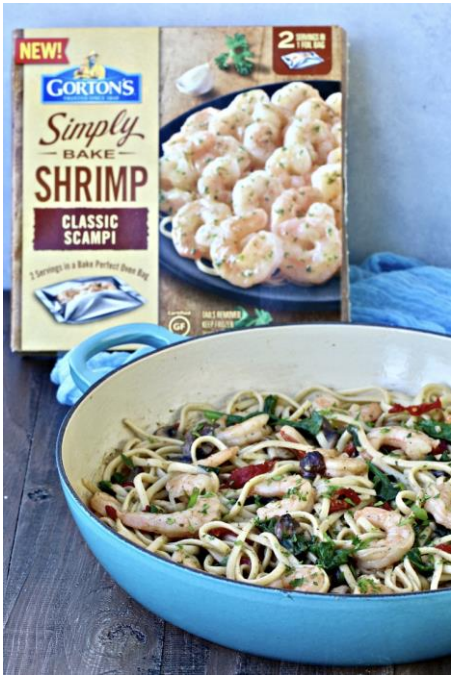
While the shrimp is cooking in the oven, I boil some whole grain pasta and sauté earthy mushrooms, delicate baby spinach, and sweet sun-dried tomatoes in a skillet with some garlic. For an extra hit of flavor, I add a splash of white wine because it just makes everything taste

better! Then, once the shrimp is done, I toss it into the pan along with all of that delicious, flavor-packed scampi sauce- yum

To finish the sauce, I add a little bit of the pasta water and some grated Parmesan cheese. It's a little trick used in Italian cooking and helps to coat the strands of pasta with a silky sauce. A final sprinkling of chopped parsley and voilà, dinner is served!

I just love the beautiful colors in this Mediterranean Shrimp Pasta! It looks like a restaurant-quality dish but it's so easy to make and it comes together in just 30 minutes! Nutrient-packed seafood, veggies, and whole grains- how can you go wrong? Your family will devour this!

INGREDIENTS [serves 4]



- 2 boxes Gorton's Simply Bake Shrimp Scampi
- 8 ounces linguini preferably whole wheat
- 1 tablespoon olive oil
- 8 ounces cremini (baby bella) mushrooms, sliced
- 2 cloves garlic finely chopped
- 1.5 ounces (1/3 cup) sun-dried tomatoes, chopped
- 3 ounces (3 packed cups) baby spinach
- ¼ cup white wine (can substitute chicken stock)
- 1/8 teaspoon kosher salt
- 1/8 teaspoon black pepper
- 2 tablespoons grated Parmesan cheese]
- Optional garnish: chopped Italian parsley

INSTRUCTIONS

1] Preheat oven to 350°F.
2] Bake the Simply Bake Shrimp Scampi according to package directions.
3] Meanwhile, bring a large pot of water to boil. Add the linguini and cook according to package directions. Drain the pasta reserving about 1 cup of the pasta liquid.
4] Heat the oil in a large sauté pan over medium high heat. Add the mushrooms and cook, stirring occasionally until the start to soften. Add the garlic cook another minute until fragrant. Add the sundried tomatoes, spinach, wine, salt and pepper. Cook 2-3 minutes until spinach wilts. Add the shrimp scampi along with the sauce and toss to combine.
5] Add the cooked linguini and Parmesan cheese to the skillet. Add about ¼ cup of the reserved pasta water and toss to combine. Add more pasta water as needed until the sauce thickens and coats the pasta.
6] Garnish the dish with chopped parsley and serve. Enjoy!

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HOW TO IMPROVE DOCTORS' WORK ENVIRONMENT IN 5 EASY STEPS

Medicalfuturist.com

The work environment has a massive impact on doctors' empathy, focus, and overall performance. At the same time, after the shift in healthcare towards telemedicine over the past 18 months, institutions and clinics realize they need to change the working environment according to the shift in need – like adding dedicated rooms and spaces for telemedicine or for staff to relax and restore their mental health.

There are also amazing technologies that could ease the burden on physicians and help decrease stress. We have already written about the ideal hospital of the future in this article, now here are some tips for medical professionals on how they could improve their workspace.

Workplace optimization

Taking care of patients is not only a job, it's also a calling. That's why you put up with the long hours of overtime in a hospital, the brain-melting administrative burdens, and the long way until someone becomes an attending physician from a medical student. While it is generally accepted that work environment influences a person's job satisfaction level significantly, it is even more important for physicians. As human lives and health are at stake, the work of a physician requires full attention, being up-to-date and focused, having fast or, on the contrary, measured decision-making capabilities.

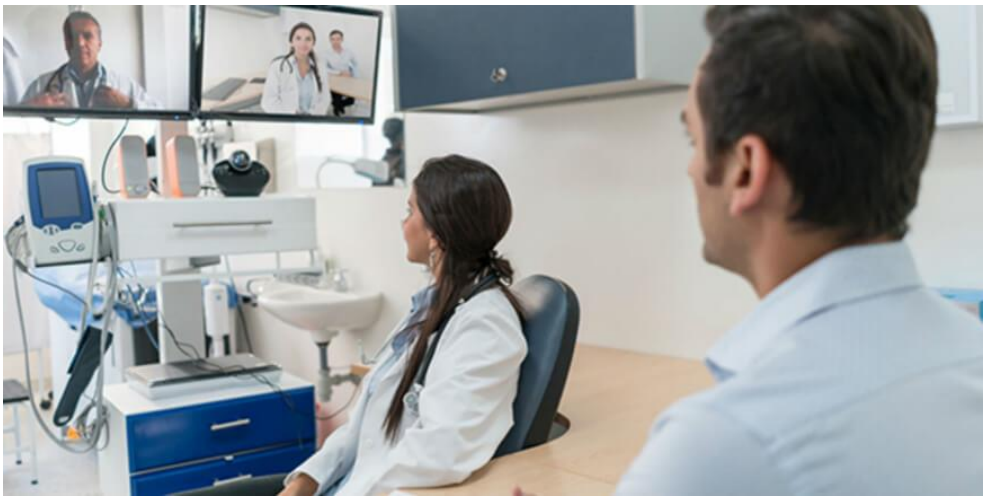
That's why it is essential to optimize the work environment where physicians spend 40-60 hours weekly on average. In this article we would like to show you some digital solutions ranging from telemedicine to mobile health, artificial intelligence, or apps whereby you can create a better medical work environment.

1) Go digital with your patients!

Digital literacy and the use of digital tools today are inevitable. That is why we created our latest Guide to help answer patients' questions related to digital health issues. The guide that is available 100% free to download, offers a framework on how to respond to the latest challenges in patient-doctor communication in the 21st century, from medical misinformation, reliable medical resources and health apps to online communication with patients.

In emergency situations, a phone call is an obvious choice. But what if you schedule a patient visit through e-mail or instant messaging applications, such as WhatsApp or Facebook Messenger? You certainly cannot set a diagnosis through messaging and have to consider fundamental data privacy rules, however, in some instances, patients could send audio recordings of their coughs or pictures about their rashes, and physicians could advise them whether it is worth going in for a visit. In the future, this will be the task of health chatbots.

2) Telemedicine and digital devices



The COVID-19 pandemic forced healthcare institutions to turn to alternative ways of providing healthcare while limiting exposure to the virus. Telemedicine is the ideal solution to these woes by limiting patient displacement to hospitals, allocating hospital capacity to important cases, all while curbing the disease's spread. Moreover, you could use the power of telemedicine to reach patients living in remote areas or in cases where the consultation would not take so long that it would be worth it for the patient going into the GP's office or for a medical review.

There are brilliant telehealth solutions which offer patients on-demand video visits and consultations, and some of them are even able to pull data from external sources such as the EHR system or pharmacies. Before the pandemic, only 1 in 10 US patients used telemedicine services, according to a J.D. Power survey. Now the tides have drastically changed. Encouraging chronic disease patients to use digital health apps or devices for daily measurement of vital signs such as blood pressure or blood glucose can also result in easier case management and less workload. While the patient can see the readings as well, they are transmitted to the physician's office. The advantage? No need for chronic patients to come to the doctor unless alerts advise them to do so.

3) Dedicate spaces within hospitals for telemedicine

COVID-19 has given an extra boost for telemedicine practices all over the world. It made us all realize how much more streamlined some practices can be when limiting personal visits to the necessary, saving time for patients and doctors alike. And although many practitioners (and patients) would like to go back to the old norm now that the pandemic is about to be over, fact is, it is unlikely to happen.

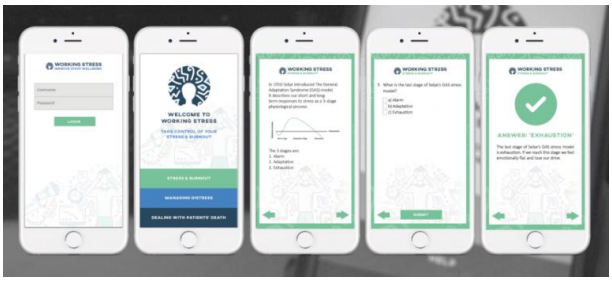
We might slide backwards a bit in the short run. Taking the enormous benefits of telemedicine, we will eventually get used to this new norm of care. For it will be better. Therefore we already have to consider how to incorporate the necessities of this sort of care into everyday practice and design.

And if you have ever made a zoom call in a crowded room, you know why clinic-based telemedicine facilities should be considered when planning or allocating spaces for remote care within a hospital. Allocating space for doctors to care for patients remotely within an institution helps preserve the wellbeing and the motivation of physicians.

4) Managing mental health

Mental health became key in avoiding burnout and having overall positive job satisfaction. Physicians generally experience higher levels of stress due to the responsibility that comes with dealing with patients and saving lives. However, there are some methods that might offer some help.

As a first step, our first advice is to find 10 minutes for yourself even on the busiest of days. It is possible and incredibly useful! As a matter of fact, a study concluded that microbreaks during surgeries could increase surgeons' focus and physical performance. The benefits of mindfulness and meditation apps are also undoubtful. Calm, Headspace or Insight Timer offer at-hand solutions to help ease anxiety with breathing sessions, clear your mind with soothing music and cleanse your thoughts with beautiful nature scenes. The Working Stress gamified app, specially designed for physicians, provides specific information about stress, grief, and burnout. It explores the psychological and physical impact of stressful situations and offers coping strategies to apply immediately.



5) Decrease administrative burdens with technology

A study says that in the United States, the average doctor spends 8.7 hours per week on administration. Psychiatrists spent the highest proportion of their working hours on paperwork (20.3%), followed by internists (17.3%) and family/general practitioners (17.3%). Doctors in large practices, those in practices owned by a hospital, and those with financial incentives to reduce services spent more time on administration.

Artificial intelligence has a high potential for changing the situation. IBM's algorithm, Medical Sieve was an ambitious exploratory project to build a next-generation "cognitive assistant" with analytical, reasoning capabilities and a wide range of clinical knowledge. Voice assistants also have the potential to free up the time of doctors spent on administration. Companies like Nuance and M*Modal already provide software-based dictation services to physicians. California-based company, Notable launched a wearable voice-powered assistant in 2018 aimed at helping doctors capture data during interactions with patients. In addition, there are already smart versions of common clinical devices such as thermometers, blood pressure cuffs, and scales that automatically record readings in the patient record, so you do not have to type them.

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Apple Watch Series 7 Review: Bigger Than You Think

By Stephen Robles, appleinsider.com

Despite lacking new health features or performance improvements, the larger display on Apple Watch Series 7 makes it a compelling upgrade and the best smartwatch you can buy.

At first glance, trying to spot the differences between Apple Watch Series 7 and previous models is difficult. The body style remains unchanged, contrary to rumors earlier this year, and there are no additional sensors for health tracking. But all of that changes once you turn on the display.

During its lifetime, Apple Watch has received two significant display size upgrades. Going from the rectangular, postage-stamp size display on Series 3 to the rounded corner display on Series 4, and now increasing the size from Series 6 to Series 7.

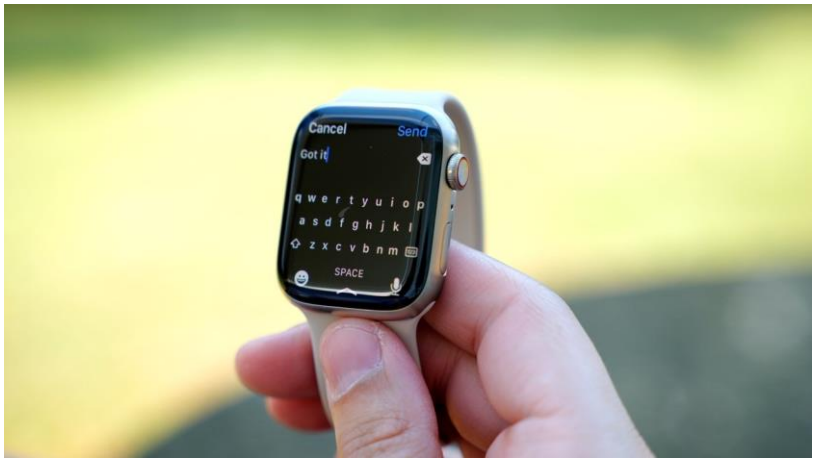
New Display and Design

Apple Series Series 7 comes in 41mm and 45mm case sizes, just one millimeter larger than the previous Apple Watch Series 6. Unless they are held side-by-side, it will be difficult to notice any difference. The only obvious change is the speaker grill on the left side which is now one slit instead of two.

The real story is the increase in display size. Apple Watch Series 7 has a 20% larger display than previous models. It may not sound like much, but the increase in screen size, plus the physically larger casing creates a striking difference when compared to older models. Elements of the user interface seem to flow over the curved glass. Apple Watch Series 7 also has a 70% brighter stand-by mode when your wrist is down. While Apple only mentioned the brighter display when in stand-by, it seemed to be brighter outdoors as well when compared to Apple Watch Series 6.

Overall, the larger and brighter display is noticeable even coming from last year's model. By default, Apple Watch Series 7 doesn't display more text in a list or email, but users can lower the text size one notch to increase the amount of content on screen. Those who typically increase font sizes through Accessibility would certainly benefit from the larger display.

Keyboard and Watch Faces



Unique to Apple Watch Series 7 is a full QWERTY keyboard available when responding to text messages or email. It's curious that previous models didn't receive the full keyboard with watchOS 8, but the tap targets on the smaller displays may be unusable.

Tapping an individual letter on Apple Watch keyboard is passably accurate, but a better option is using it as a swipe keyboard. A majority of the time, swiping to type a response worked well. I

would still default to dictating messages via Siri on Apple Watch, but I'm glad the keyboard option is available.

Also available on Apple Watch Series 7 are two new watch faces, Contour and Modular Duo. Contour is a colorful option with numbers pushing all the way up to the edge of the display. It allows for two small complications in the top-

Modular Duo is a compelling new choice that provides a small complication in the top-left corner, and two large landscape complications on the watch face. Infograph Modular watch face, which is available on previous Apple Watch models, only allowed for one large complication.

Users can display a multi-hour weather forecast, heart rate graphs, and other large complications while still retaining legibility. Apps like Watchsmith provide even greater customization options such as placing a large photo in one of the complication areas.

Performance and Charging

Apple neglected to mention the processor powering Apple Watch Series 7 during its "California Streaming" event. While the new chip is labeled S7, it is functionally the same as the S6 found in last year's Apple Watch. In other devices, a lack of performance improvement could be a concern, but having used the Apple Watch Series 6 for the past year I can attest that speed is never an issue with this processor. Swiping between watch faces, playing a podcast, or opening third-party apps is fast and fluid. There is no waiting around for an app to open or load in day-to-day use.

One of my favorite apps to use on Apple Watch is AnyList. Made for grocery shopping, AnyList can sync lists between users, arrange items by category and store, plus it's available on iPhone, iPad, and even Android devices. Scrolling through AnyList and checking off items on the larger display was a great experience.

Apple Watch Series 7 also touts fast charging, up to 33% faster than its predecessor. Charging for just 8 minutes can provide up to 8 hours of sleep tracking. But users do need to provide their own 5W USB-C power adapter to take advantage of those charging speeds.

Fitness Tracking

One of the most popular use cases for Apple Watch is health and fitness tracking. Unfortunately, no new sensors or features were added to the Apple Watch Series 7. As with last year's model, there is a blood-oxygen sensor, built-in ECG app, heart rate notifications, and fall detection. Tracking activity and workouts remain the same as previous Apple Watch models, but the larger display is helpful when trying to view workout stats mid-exercise.

Durability

Apple Watch Series 7 is swimproof with WR50 water resistance, also shared by Apple Watch SE and Apple Watch Series 3. Apple also claims the front crystal is the strongest ever on an Apple Watch being 50% thicker at its highest point.

New to this year's model is IP6X dust resistance. To test its durability, we took Apple Watch Series 7 to sand dunes and dropped it multiple times. After taking multiple hits and being close to buried in sand, we were able to wash it off with

no scratches or damage found. The Digital Crown was stuck immediately after testing, but after a few turns felt just like new.

Should You Upgrade?

For those who have never owned an Apple Watch, this year is a great time to try one. During its six-generation life span, Apple Watch Series 7 is one of only two major upgrades in display size. Even compared to last year's Apple Watch Series 6, the increase in screen size is obvious and attractive.

Apple continues to sell the Apple Watch SE at $279 and Apple Watch Series 3 at $199. While the lower price may be tempting, we advise against buying Series 3. With a much slower processor and significantly smaller display, users would be better off looking for used Apple Watch Series 4 or newer models. Apple Watch SE is a compelling option and great for kids or friends and family who are less technologically inclined. While it lacks an always-on display and ECG functionality, it outperforms Series 3 in every other category.

Those looking to upgrade from older Apple Watch models, like the Series 4 or 5, will gain blood-oxygen monitoring, larger display, and increased performance. If those features are beneficial, it's a great time to upgrade.

The hardest decision comes for those with Apple Watch Series 6. Apple Watch Series 7 maintains the same performance as its predecessor, there are no new sensors, and battery life remains the same. But for heavy Apple Watch users, and those who would like larger text without sacrificing visible content, Apple Watch Series 7 is a compelling upgrade.

Apple Watch Series 7 starts at $399 for the 41mm size in aluminum, and $429 for 45mm. Color options in aluminum include Midnight, Starlight, Green, Blue, and Product Red. Users that want cellular connectivity in the aluminum finish adds $100 to the price tag. Stainless steel models come in Silver, Graphite, and Gold finishes starting at $699, and Titanium models in natural and Space Black start at $799.

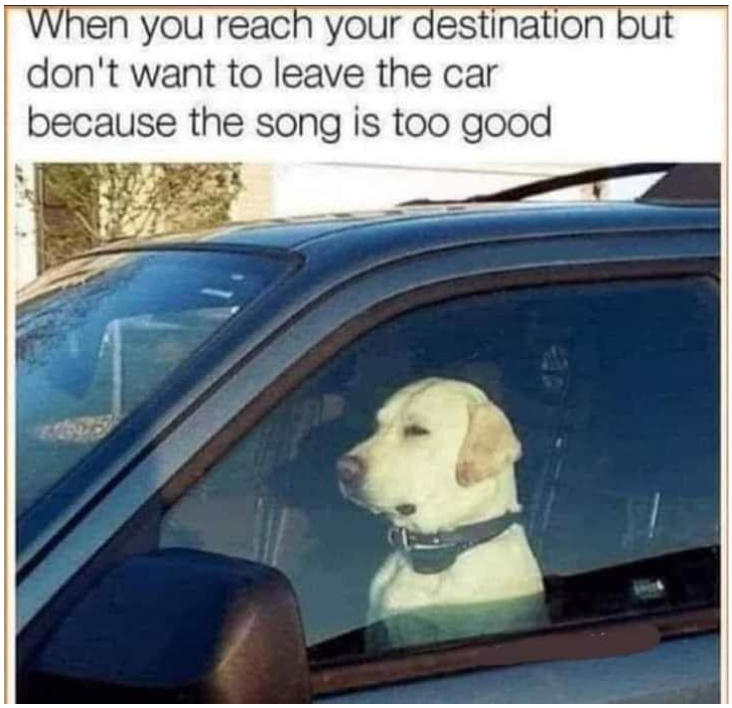
Pros

Larger display
Two new watch faces
Full QWERTY keyboard
Faster charging
Very durable

Cons

No new health features
Processor is unchanged
No third-party watch faces

Score: 4.5 out of 5



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America is Failing Primary Care Doctors

BY JEN BAKER-PORAZINSKI, MD

While the pandemic sparked a renewed (if only temporary) appreciation of the medical profession, this alone wasn't enough to induce change in the system overwhelming them – a fact blatantly revealed to me this year at the annual conference of the American Academy of Family Physicians. I admit I was a little disappointed when the pandemic forced the location to be changed from sunny California to virtual. But, since I'd recently signed a contract to work at a wellness center, I took consolation in the fact that at least my lecture choices would be more fun. Instead of studying diabetic drugs, heart failure, or chronic kidney disease, I signed up for lectures on gratitude, nutrition, and stress reduction for busy people. As I listened to the speakers, though, my feelings fluctuated between enormous relief at my impending escape from 21 years of primary care and a deep sadness in the dispirited voices of my struggling colleagues.

Over the past few years, a growing number of AAFP conference hours have rightfully been devoted to addressing physician burnout. This topic took even greater precedence this year, likely spurred by the pandemic. Because my lecture choices didn't require as much mental focus as previous conferences, this was the first year I paid any attention to the chat column scrolling alongside every virtual lecture. I was shocked by what I read.

Even though I've written extensively on the problems facing primary care, my colleagues' comments were eye-opening. My virtual colleagues wrote of exhaustion, frustration, and depression – their desperation evident by the very fact that they were seeking advice from doctors they'd never met. Perhaps emboldened by the anonymity of the virtual platform, they didn't hold back their despair. In turn, other concerned (and unknown) doctors validated these grievances and offered advice and assistance. I readily admit I'm biased, but the family doctors I've worked with over the years are the most dedicated and sacrificing people I know, rendering their plight even more heartbreaking.

As I (literally) count down the number of days until I'm freed from a system that I believe is squeezing the life out of good people, I can't help but wonder if my own increasingly negative outlook is more than just eager anticipation of my new job. Maybe it signals something graver? Maybe what I'm feeling is not just a need for change, but actually the beginning of burnout – a thought that scares me. The very idea that I may have been teetering so close to the edge challenges longstanding beliefs about my endurance, my toleration, my superpowers. Doctors are a resilient bunch, accustomed to toughing out difficult circumstances and pushing their limits. My strength as a mother, wife, and doctor form the core of my identity, my understanding of who I am. So, if even I am fallible.

Whatever the truth, my planned escape instantly granted me a different, more carefree, perspective on the remaining days of my current position. Suddenly, the frustrations of a new electronic medical system are insignificant. I no longer feel compelled to master yet another EMR (that doesn't communicate with any other EMR), secure in the knowledge that I'll only need to use it for a few more months. I'm relieved that the absurd information overload of my inbox and the inefficiencies plaguing my workday are waning. I will not miss the hours I donate to my computer screen every day or the fragmented nights of sleep on-call. I'm relieved (though I'm ashamed to admit it) to turn over the care of some of my more challenging patients to my colleagues. As a person who has spent much of my life trying to help others, it doesn't feel good to be taking comfort in leaving behind those who probably need me the most. I understand that difficult patients are likely suffering ones. I understand that their doctors are suffering, too.

I don't like to think about what might have happened if I wasn't given an opportunity to escape. What if I simply endured, ignoring the toll of the daily stress on my health? Would my exhaustion lead to mistakes, as reported in the medical literature? Would I have become bitter toward the very people I want to help – patients who can't be blamed

for the lack of "care" in our health care system? Would I have eventually burned out entirely and left medicine? I'm grateful (at least for now) I won't be forced to learn the harsh answers to these questions.

Beyond the anguish captured in the margins of my last conference, though, I see daily reminders of struggle. I see it in the eyes of my colleagues when I sheepishly tell them about my future job in holistic medicine, where I'll be working with a team of providers with a common goal of promoting wellness. What I see, when I describe my new role as a physician consultant, is longing – even envy. The other day, when I told my patient that I was leaving primary care, she put her head into her hands and folded over on the exam table. After a moment of stillness, she bolted upright, threw her arms up into the air, and demanded, "Why do all my doctors leave?" I nodded, in full agreement, at the stark truth of her statement. Yes, doctors are leaving. They are being pushed out in droves by a health care system that seems indifferent to their suffering and, therefore, incompatible with healing. I tell her the painful truth: It's only going to get worse.

It is well past time that America's health care system supported primary care doctors in their faithful commitment to their calling. As a nation, we can't afford to fail in this. If doctors continue to leave medicine, retire early, or choose to specialize for better pay and less bureaucracy, then who will be left to care for the health of Americans?

Jen Baker-Porazinski is a family physician who blogs at Pound of Prevention.

Physician Struggle with Feelings of Betrayal

BY MAIRE DAUGHARTY, MD

We went into medicine to help people, and now we struggle with feelings of betrayal. We sacrificed so much. While our cohort in college went on to graduate and earn an income and start families, we continued with medical school, an all-in venture financially and personally, demanding all of our time, efforts, and attention. Then we trained. And trained some more. And then, finally, we went to work. We took our rightful place, as doctors, after a grueling twelve years plus of education and training for which many went into significant debt.

I think it is safe to say becoming a physician was rife with proud moments and a tremendous sense of accomplishment. We survived a grueling process and, as a result, can offer earned expertise, excellent care. The sacrifice is critical; it plays a big role in the unwritten rules of engagement. I worked hard to get here, at a significant cost to myself and my family, so that I could take care of you, my patient. So when a patient is argumentative, hostile, uncooperative, there is much more at stake besides just an unpleasant exchange. We feel betrayed. While many patients neither read nor agreed to our implicit rules, we have certainly been betrayed by our keepers, the corporations with which we have signed contracts to do our work. That work, to date, has been so consuming that we have worn blinders. We have agreed to work harder for increasingly less, accommodating increasingly difficult circumstances, tolerating consistently eroded satisfaction, so that we could keep taking care of our patients. And we risked our lives, all of us, collectively, over the last year and a half. Many lauded us as heroes, and we were heroic. On the other hand, many buried their heads to the reality, preferring to believe elaborate fantasies instead. Again the work of gaining our expertise was betrayed, this time by deniers of a lethal pandemic, both politically and within an increasingly untrusting and hostile patient population. And all of this with inadequate protective equipment.

Truth: We can be heroic, as any human can, but we are not heroes. We are a diverse group of individuals with varying beliefs, values, and character flaws who generally work hard. Some feel trapped by finances. Some carry significant debt. Some feel trapped by expectations or the simple failure to have ever considered doing anything else. And some will tolerate any circumstances just for the privilege of being a physician and caring for patients. The inherent rewards are great. It is indescribably satisfying to help others in such a concretely beneficial way. You feel sick, want to have a baby, need chronic care to avoid illness, are suffering and in pain — and I am here. This is a sacred relationship. But the terms of commitment have changed and are beyond simple reframing as a solution. Our paradigms are shifting with tectonic force.

We struggle to find our way in a morass of influence outside of our control. An industry increasingly determines how we deliver care, denies our orders and recommendations, eats up our precious time, frustrates our efforts, despite the sacrifices we made, despite the expertise we gained. And that industry rarely offers a decision-maker appropriately educated to call those shots. Increasingly, non-physicians are making physician care decisions. This is not an attitude problem on our part. These are the realities we practice even as we are being replaced by providers who did not go through the rigorous education and training demanded of medicine. This is a bitter reality to come to terms with. So what do we do?

Many physicians express a deep, only partly understood anger; many go part-time or leave medicine altogether. Some find or make favorable circumstances in which to practice. All is not lost. We are all watching and wondering where the state of our practices will evolve. We are unsettled. I think it is safe to say our blinders are off, and we know we need to become politically involved to protect our investment, our ability to practice without so much interference. We need to gather, unite, and cooperate towards a common goal. The terms are simple: I am a doctor, and in exchange for caring for your health, I make a good living and have time for my family, interests outside of medicine, and myself. Can we make this happen? Or do we continue down the destructive path we have been led to before we took the blinders off?

Maire Daugharty is an anesthesiologist.

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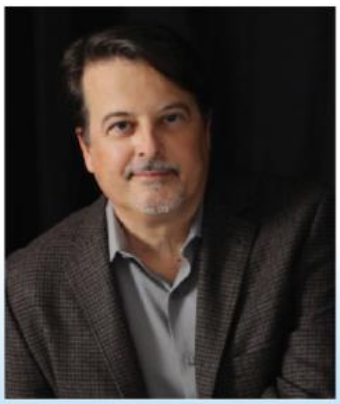

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The 6 Best Electric Vehicles for Doctors (besides Tesla)

BY JONATHAN FORD HUGHES

In what amounted to a public-health call to arms, more than 200 leading medical journals, including the *New England Journal of Medicine*, recently published a joint editorial calling on governments to address climate change with the same urgency as the pandemic.

“We–the editors of health journals worldwide–call for urgent action to keep average global temperature increases below 1.5 degrees celsius, halt the destruction of nature, and protect health,” the editors wrote.

Any physician knows that meaningful health changes often begin with small steps. For doctors looking to improve the health of the planet, perhaps a small step is making your next vehicle purchase an electric vehicle (EV).

A 2020 Congressional Research Service (CRS) report found that in most cases, battery EVs “have lower life cycle greenhouse gas” than emissions from internal combustion engine vehicles. That’s not to say that EVs don’t have environmental effects. They do, and you can check out this report to learn about some of them. However, the CRS report notes that the emissions linked to obtaining the raw materials needed for EVs are “typically more than offset by lower vehicle in-use stage emissions, depending on the electricity generation source used to charge the vehicle batteries.”

If an EV fits your lifestyle and finances, you now have more options than ever. Leading manufacturers are rolling out more EV options annually, with some even pledging to reduce emissions and achieve carbon neutrality.

Not sure if an EV fits your physician budget? Check out our Ultimate car-buying guide for doctors. Weighing used vs new? We’ve got a physician-centric guide for that, too. Here are six of the best EVs that suit the medical career and lifestyle.

The Hyundai Kona is a 2021 IIHS top safety pick.

Hyundai Kona Electric

- Starting MSRP: $34,000
- Federal tax credit: Up to $7,500
- Range: 258 miles

Ideal for: The Hyundai Kona Electric's price tag makes it a budget-friendly option for early-career physicians. Of note, this sub-compact SUV only comes in front-wheel drive, so it's best suited for docs who live in snowless locales.

You heal patients, and Hyundai wants to help heal the planet. The company is working toward carbon neutrality by 2045, and the Kona Electric supports that mission. This EV uses regenerative braking to replenish the battery. The car also has zero tailpipe emissions. Featuring a 258-mile range, you won't have to worry about running out of juice on the way to an emergency call, either. The Kona may also ease concerns about paying a visit to your colleagues in the emergency department. It's been designated a 2021 top safety pick by the Insurance Institute for Highway Safety (IIHS).

The Kia Niro's electric motor puts out 201 horsepower.

Kia Niro EV

- MSRP: $39,090
- Federal tax credit: Up to $7,500
- Range: 239 miles

Ideal for: The Kia Niro EV is a good option for early- to mid-career doctors with families, or anyone who needs some extra cargo space. Note well, this compact SUV also only comes in front-wheel drive, so it may not be ideal for locales that receive heavy snowfall.

The Kia Niro EV has recently taken the title of JD Power's Best Ownership Experience Among Mass Market Battery Electric Vehicles. On especially cold or hot mornings, you'll appreciate the vehicle's remote start with climate control. The Niro also features roomy storage, and the motor puts out 201 horsepower for a zippy drive. The standard 400v DC Fast Charging system means you'll be charged up faster than other EVs–which is a major plus for doctors who may need to run out on an emergency call at a moment's notice.

Critics love the ID.4's sleek interior.

Volkswagen ID.4

- Starting MSRP: $39,995
- Federal tax credit: Up to $7,500
- Range: 260 miles

Ideal for: If you're a mid-career doctor who needs the size and convenience of a compact SUV, and the go-anywhere capability of all-wheel drive, the Volkswagen ID.4 may be the EV for you–if you can get one.

The 2021 World Car of the Year, the ID.4 is known for its quick charging times: about 62 miles in 10 minutes. Another thing that's quick is the car's ability to sell–the entire first-edition stock sold out in 8 hours. If you want one, you're going to have to reserve it (and probably pay full price). The all-wheel-drive capability and SUV size may be worth the price and wait. Plus, it's an elegant ride: sleek, clean lines, a glass roof, but still a warm, approachable cabin. A Mashable report drew this comparison: "The Tesla experience in a Model Y is a bit cold with the giant screen and nothing else. The ID.4 … felt more welcoming … it's the interior features that really make it stand out."

The Polestar 2's performance capabilities and hatchback configuration make it a contender for the Tesla crown.

Polestar 2 EV

- Starting MSRP: $45,900 (single-motor model) | $49,900 (dual-motor model)
- Federal tax credit: Up to $7,500 for both
- Range: 265 miles (single-motor model) | 249 miles (dual-motor model)

Ideal for: The Polestar 2 EV suits the established doctor looking for luxury, performance, and originality. The pricier dual-motor model comes in all-wheel drive, which is better-suited for snow and other challenging weather conditions. Is your physician parking lot a sea of Teslas? Looking to stand out? Frameless windows, sleek lights, bold wheels, and a 0-60 mph rating of 4.5 seconds (in the dual-motor model) may make you a speedy trendsetter. You may recognize the Polestar branding and styling: It's the performance and EV extension of Volvo. *Car and Driver* called the Polestar 2 a "sedanlike hatchback (that's) the brand's answer to the Tesla Model 3," calling it "richly appointed" and lauding its "intuitive infotainment system." But they weren't wowed by its looks, saying its "odd design isn't very pretty." We politely disagree!

The Audi e-tron rides on Audi's proven Quattro all-wheel drive system.

Audi e-tron

- Starting MSRP: $65,900
- Federal tax credit: $7,500
- Range: 218-222 miles, depending on options

Ideal for: The Audi e-tron is best for the established doctor who needs the go-anywhere capability of Audi's iconic Quattro all-wheel drive system and wants the performance typical of German engineering, but in an EV.Most doctors have seen enough car accidents to crave all of the vehicle safety features money can buy. With the e-tron, Audi's got that covered–and then some. Cameras through Audi's "pre sense front" scan the road and warn of any potentially dangerous situations up ahead. If it detects hazards, the vehicle emits a series of warnings. If the driver fails to respond, the e-tron brakes automatically to prevent an accident or (hopefully) lessen its effects. All of this rides on the foundation of Audi's Quattro all-wheel drive system. Several IIHS studies have shown that all-wheel drive vehicles have the lowest driver death rates. All of this amounts to peace of mind in a stylish, powerful SUV.

The Taycan is unmistakably Porsche–and so are its performance capabilities.

Porsche Taycan Turbo

- Starting MSRP: From $150,900
- Federal tax credit: $7,500
- Range: 212 miles

Ideal for: The Porsche Taycan Turbo is a good fit for senior physicians (or younger doctors who bought Bitcoin in 2009) who want to drive an electric rocket ship on wheels. A vehicle fit for *Scrubs'* own Dr. Cox, here are some head-turning performance stats for the Taycan: 670 horsepower and 0-60 in 3 seconds flat–all from an electric motor that puts out zero C02 emissions. If you can afford the hefty sticker price, the Taycan may be the perfect reward for years of service in the white coat or surgical scrubs. Critics all agree that the Taycan Turbo is one of the few contenders for the Tesla crown. Although its design is timeless and instantly recognizable as Porsche luxury, the brand notes that this car is still built to serve your everyday hustle with comfort and convenience. Can your commute be restorative? Maybe in this beauty.

Top Ten Mistakes Doctors Make Negotiating Their Own Contracts

By Charles Bond

10. Fail to examine and identify life goals

Medical schools do not train physicians in exploring and evaluating multiple business options. To the contrary, doctors are taught deferred gratification. Physicians often fail to explore several geographic regions or practice area, even though there is a vast difference in wages, malpractice exposure and other factors from state to state. As a result, their ability to envision options and possibilities is limited, so they usually pursue one job at a time, thereby losing out on the increased value of having multiple employers competing for their services. Physicians need an independent advisor to help explore and examine a variety of practice opportunities before making commitments. Don't waste years of your professional life in a dead-end job.

9. Fail to know what they are worth

Physicians constantly undervalue themselves. There are published benchmark indices that establish average income by specialty and region. Physicians should insist on at least average earnings, if not more. Usually their training and background qualifies them for above-average salaries. If the contract provides earnings that are less than average, the contract could be considered below the prevailing wage thereby jeopardizing the candidate's visa status.

8. Leave money on the table

Due to lack of schooling in business skills, physicians tend to be very poor at negotiating salary signing bonuses, moving costs, housing assistance, benefits, CME, memberships, marketing assistance, consulting assistance and facilities costs and a host of other valuable benefits. All of these items should be part of the total compensation package and can add up to tens of thousands of dollars in value to the physician. Often the physicians do not know to ask for these benefits, or if a doctor does ask, he or she does not know how much to request. As a result, physicians lose a lot of monetary value in their self-negotiated deals.

7. Fail to Undertake Necessary Due Diligence

For any job to be successful there must be a viable full-time practice opportunity. There are sophisticated methods for analyzing whether there are enough paying patients to support a practice, but physicians need expert help to make that analysis. If this is not done the physician could wind up all alone by the telephone, or worse, the economic underpinnings of the employment relationship could fail, thereby putting the employment relationship at risk.

6. Confuse employment contracts with recruitment contracts

An employment contract means that the employer guarantees the paycheck at the prevailing wage for three years. The employer takes the risk of whether there is a viable practice. Recruitment contracts put that risk squarely on the doctor. Income guarantees are not the same as salary. They are really only forgivable loans that are forgiven if and only if the doctor stays in the community a certain number of years. They are like indentured servitude. If the physician leaves before the term of the contract, he or she is required pay off a debt totaling hundreds of thousands of dollars. Recruitment contracts are highly regulated. If they are not written right and performed exactly then the doctor and employer could land in very big trouble.

5. Fail to read / understand the fine print

Physicians think contract provisions are just a bunch of words. They have legal meaning and are there to protect the employer, unless they are negotiated to be fair and evenhanded. For example, a contract may state a term of three years, but then have a separate, unfavorable termination clause allowing the employer to end the contract earlier. Sudden termination can lead to sudden economic hardship if the contract does not work out. This can be devastating if the doctor has uprooted home and family and then is terminated by the employer. It can be ever more devastating if the

contract contains a covenant not to compete. Appropriately, when interviewing for jobs, physicians focus on making a good impression and establishing personal and professional rapport. That is what they are supposed to do. They should not expect to be experts in contract terminology, law and business. Physicians need experienced advice to parse out the legal language. Instead they all too often substitute the advice of other physicians who didn't have a negotiator or lawyer and think their colleague's experience somehow reflects the best outcome they could achieve…and reliance on "friends" for advice is worth what you pay for it!

4. Willing to Accept Unfairness

Thirty-seven years of experience has taught us that bad terms in an employment contract are a likely to be a sign of a bad employer. If an employer imposes terms that disrespect the employed physician or are unfair, it is likely that employer will never treat the employed physician as an equal colleague financially or professionally.

3. Fail to Appreciate The Hidden Dangers of Contingent Liabilities

Contingent liabilities are clauses in contracts that create serious and very real obligations in the future. Covenants not to compete can force the doctor to move mid-career forcing the doctor to start over in a new town. The most egregious form of contingent liability is liquidated damages. "Liquidated damages" is a provision in a contract that requires a breaching party to pay huge sums. Liquidated damages can be used as a huge threat to lock doctors into terrible situations and can result in sizable penalties for the unwary. Another contingent liability is tail insurance. Many contracts make employees pay for tail coverage. This can cost the employees $50,000 or more. Most doctors don't understand that if they accept this obligation, they will need to set aside a reserve for tail insurance every month, thereby reducing their effective salary.

2. Obligate themselves to "voluntary" call coverage

Increasingly, hospital call is paid for separately. Nightly call stipends can range from $250 to $4,000 per night, depending on the specialty and location. Most employers try to get employees to provide call coverage for free.

1. Fail to use a professional negotiator

Physicians fear that using a lawyer or professional negotiator will alienate the potential employer. Au contraire. Employers are usually impressed if the potential employee looks out for his or her own welfare by bringing in a well-versed business agent to facilitate and expedite the negotiations. Often the good sense shown by the potential employee in getting professional negotiating help engenders real respect from the employer; most importantly, it sends a message to the employer that the potential employee is careful about business and expects the relationship to be clean, solid, business-like and fair. As you can see from this list, negotiating an employment contract involves complex issues and very large sums of money. More importantly, employment contracts govern both the physician's day-to-day work life of providing patient care and the future of the physician's career. The art of negotiation is a skill that requires knowledge, talent and experience. Negotiation is a process, and in contract negotiations each side makes concessions. Doctors should not try to practice negotiation on their own contracts any more than negotiators should try to practice surgery on themselves. Doctors think they are saving money by not hiring a negotiator. While a negotiator must be paid just like any professional, the value of the experienced negotiator's services far, far exceed the price paid.

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