

UPA Front Lines

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University **Physicians' Association**, Inc.

National Doctors' Day: March 30, 2021

Insight to What Being a Physician Means to Them

National Doctors' Day was established to acknowledge the contributions of physicians to their patients and their communities. We honor all physicians everywhere and especially on Doctors' Day! Our world could not exist without them! UPA is grateful for our skilled physician members. We would like you to introduce you to four of our provider Shareholder and Board of Director members: an anesthesiologist, an internist, a pediatrician, and a hospitalist. They will give you an insight to what being a physician means to them.



Robert M. Craft, MD
University Anesthesiologists

Robert M. Craft, MD, is in practice with University Anesthesiologists. He is Professor and Chairman of the Department of Anesthesiology for the Graduate School of Medicine. He graduated from The University of Tennessee College of Medicine in Memphis. After completing his residency at UT Medical Center in 1993, he completed a fellowship at the Mayo Clinic in Rochester, Minnesota in neuroanesthesiology. He is a diplomate of the American Board of Anesthesiology.



Crystal L. Gue, MD
Faculty Internal Medicine

Crystal L. Gue, MD, is in practice with Faculty Internal Medicine. She graduated from Marshall University School of Medicine, in Huntington, West Virginia in 1990 and completed her residency at The University of Tennessee Medical Center in 1993. Dr. Gue is Board certified in Internal Medicine and has been in practice for 28 years. She is chair of the UPA Planning and Marketing Committee and has been a contributing UPA Board member since 2004.



Maria C. Javier, MD
Pediatric Consultants North

Maria C. Javier, MD, is in practice with Pediatric Consultants North. She attended Bicol Christian College of Medicine in Legazpi City, Philippines. She then completed residencies at Bicol Training and Teaching Hospital and at The University of Tennessee Medical Center. Dr. Javier is board certified in Pediatrics. She has actively served as a member on the UPA Board of Directors since 2017.



Nathan Smith, MD
UT Hospitalists

Nathan Smith, MD, is in practice with UT Hospitalists. He graduated from The University of Tennessee College of Medicine in Memphis in 2013 and completed his residency in Internal Medicine from The University of Tennessee Graduate School of Medicine in Knoxville in 2016. After completing his residency, he joined UT Hospitalists and has additionally served on the UPA Board of Directors since 2017.

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National Doctors' Day: What Being a Physician Means to Them



Robert M. Craft, MD

I decided at the early stages of high school (probably in the 9th or 10th grade) to become a doctor. My goal to make a meaningful, positive impact on people rather than just earning a living, and the challenge of acquiring enough information and experience also served to motivate me. The major challenges in practicing medicine today for me are production pressure and effective communication. I remember the first patient I cared for as an attending anesthesiologist and feeling a literally awesome responsibility to and for that person. I have tried to hold onto that feeling for 27 years, since I believe that is what people want most from their physicians. I recall a patient that required very quick clinical skill as well as calm communication. It was a stat C/S for a very scared mom who had worked long and hard to get pregnant and was terrified that her child's birth was also going to be a challenge. She ended up giving me a guardian angel pin that makes me think of that day frequently. In my current role as department chair, **I am inspired by finding alignment among many stakeholders to provide the best care for our patients and the best education to our trainees.** I miss having more patient interaction though! When spare time permits, I enjoy boating (power and sail; fresh and salt); hunting (mainly waterfowl and upland birds but at least one deer per year to keep the freezer full); and fishing (preferably fly fishing when I have the time).



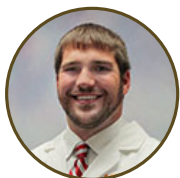
Crystal L. Gue, MD

From the time I could answer the question why I wanted to become a doctor, I never wavered from my decision. My family and friends thought it was an odd and difficult choice as no one in our circle was in medicine or went to college. My father dropped out of high school and joined the Army during the Korean War where he obtained his GED. Ultimately, he became a pipeline welder for the gas company in West Virginia. My mother dropped out of high school to go to work to help support her family. She had several jobs on assembly lines in plants and working in retail. **I felt it was my calling in life, so it helped give me determination to succeed.** I also had support from my family and friends. The challenges of medicine today include significant paperwork, governmental changes including reimbursement issues, and at times unrealistic expectations from some patients that all illnesses can be corrected with some form of medication or procedure. I recall my first patient encounter was approached with a mix of confidence, fear, anxiety, and awe. I have never experienced anything like it again in life. There have been so many special patients for many different reasons. One was during my first year in private practice. She stated she wanted a physician who would not retire during her lifetime. At the time she became a patient, she was in her early 60s. Now she is in her 90s and I am seeing her daughter, granddaughter, and great granddaughter as patients. I feel privileged to be involved in their care. My continued inspiration is knowing I made the right choice in my career path and feeling I make a small difference in my patients lives. Also having full support of my family especially when working long hours or missing part of holidays. I love I love to hike and ballroom dance and love to travel in my spare time and experience new cultures, foods, and environments.



Maria C. Javier, MD

My inspiration to pursue medicine was instilled from my dad's friend who was a local physician. He was such a good clinician with the best bedside manners. He was a good person not only to his patients but to everyone; whether he was in the clinic or in the community. One thing that kept me going during the journey to become a physician was a quote from Ralph Waldo Emerson's definition of success: "...to know even one life breathed easier because you have lived, this is to have succeeded." His entire paragraph is beautiful and I encourage you to read it. Current challenges in practicing medicine today is getting needed resources for patients, and giving hope and support to staff during these times. My first patient was a Rabies case. The difficult clinical course and known 100% fatal outcome shaped the way I interact with families and patients. **Every patient is special. I am especially in awe of the resilience and fortitude of kids with special needs and chronic illness.** I am inspired by all the women physicians stepping up to leadership roles nowadays as well as the men in leadership roles who work side by side with them. We have several of these wonderful people in the UPA. In my spare time, I enjoy reading, gardening, cross stitch, cooking/baking, and collecting stamps. I am a member of the Knoxville Philatelic Society, the American Topical Association and Scalpel and Tongues.



Nathan Smith, MD

I decided to become a physician in my junior year of college. I initially was on track to become a veterinarian, but I made a switch over to medicine. I come from a large family of physicians where I had and still have a tremendous amount of support. I enjoy the challenge of problem-solving and diagnosis. Time management is a large part of the challenges facing physicians practicing medicine today. The patients are becoming more medically complex, and the days are not lengthening. I do remember the first patient I had as a medical student. He presented to the hospital with a chief complaint of COPD exacerbation. **It was very gratifying to see someone in desperate need of help and within a few short days be able to treat him, and then see him significantly improved.** I had the honor and privilege to treat the father of one of my previous neighbors. When he came to the hospital, his medication list was a complete disaster. With time and energy were able to sort out his medications to treat his chronic medical problems and able to give him an additional four to five years of significant quality of life. I was able to make a difference that not only affected the patient but his family as well. My wife inspires me. I watch her sacrifice a lot of her time and energy to continue to take care of patients. She never complains but smiles. The same loving care that she presents to patients is the one that she puts into her own family. She is my support. We have 13 acres that I take care of in my spare time. This requires a lot of landscaping but gives me a lot of time outdoors to recoup from the long hours in the hospital.

UPA Front Lines

March is National Colorectal Cancer Awareness Month

In the United States, the third most common cancer among both men and women is a cancer that begins in the colon or rectum, colorectal cancer. As frightening as that seems, many of these cancers can be prevented through regular screenings. Screening is crucial because when detected early, colon cancer is usually treatable.

The U.S. Preventive Services Task Force (USPSTF) recommends that adults ages 50 to 75 be screened for colorectal cancer. The Task Force recommends that adults ages 76 to 85 ask their doctor if they should be screened. The American college of Gastroenterology (ACG) and the Institute for Clinical Systems Improvement (ICSI) recommend screening for African Americans begin at age 45.

Screening is also important because precancerous polyps can be discovered and removed before turning into cancer. A colonoscopy is the best screening test available for colorectal cancer. Colorectal cancer increases as you get older with about 90% of cases occurring in people who are 50 years old or older.

Risk factors for colorectal cancer include the following:

- Inflammatory bowel disease such as Crohn's disease or ulcerative colitis.
- A personal or family history of colorectal cancer or colorectal polyps.
- Lack of regular physical activity.
- Diet - low in fruit and vegetables, a low-fiber and high-fat diet, or a diet high in processed meats.
- Overweight and obesity.
- Alcohol consumption.
- Tobacco use.
- March is National Colorectal Cancer Awareness Month and is a good time to talk to your doctor about what you can do to prevent this disease.



Submitted by:
John Stancher, MD
UHS Gastroenterology
UPA Secretary

Dr. John Stancher is in practice with UHS Gastroenterology located at The University of Tennessee Medical Center in Knoxville, Tennessee. He is board certified in gastroenterology. He graduated from Wayne State University and completed an internship and residency at University of Wisconsin Hospital. He has faithfully served as UPA Secretary since 2003 and a UPA Board Member since 2002.

UPA Cyber Team Tips: Passphrase Madness

Submitted by UPA's Cyber Team

UPA Cyber Team:

- Teresa Matherly
- Eric Duncan
- Leigh Fawbush
- Mark Miller
- Betzaida Shands

We live in a time where account and password theft are common occurrences. When an attacker steals user data from companies, websites, or even from your own devices, your information is put up for sale and used to compromise other sites and organizations. Did you know that working in healthcare makes your login credentials even more attractive to cybercriminals responsible for these types of threats? This is why we, working together, have to stay hypervigilant about every click we make!

The UPA Cyber Team wants to help you protect your personal and professional information with a few tips:

- Use different **passphrases** for every app and website.
- Use your UTMCK email address only for work-related websites and communications.
- If you no longer use an App or Website, deactivate your account if possible.
- On your home computer or personal phone, use a password vault, such as 1Password, Bitwarden, LastPass, or native software like Apple Keychain.
- Never store usernames and passwords in a plain text or Word file. If you must use Office to store your information, use the password-protect option in the Word or Excel "Save As" file with a strong passphrase; this will encrypt the document.
- Use two-factor or multi-factor authentication wherever available to help protect your accounts.

Five Tips for creating a strong "passphrase".

1. Select four to five words (random words work best, don't use family or pet names).
2. Add in a few capitals, numbers, and symbols but do not overcomplicate it.
3. Use silly words or paraphrase a quote to help remember it more easily.
4. Please do not keep the same passphrase and change the number, date, or season!
5. If it can be found on Social Media, do not make it part of your phrase.

Check out this example...

- Take the phrase "To be or not to be..." using the tips above, it becomes "Twobee!or#not2B?". You just made a 16-character password!

If you have any questions or want to know more, please send us a message at UPACyberTeam@utmck.edu

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Why Continuing to Follow COVID-19 Preventive Measures is Still Important

Submitted by UPA's COVID Task Force Team

Even though more and more people are getting vaccinated for COVID-19, now is not the time to ease preventive measures such as mask wearing, social distancing, hand washing and avoiding large crowds. While new variants* of the disease are being reported in the US, many states are lifting their COVID-19 restrictions, people are traveling for spring break and more people are traveling by air (on March 14, the Transportation Security Administration screened more than 1.3 million people).

In a briefing held on March 8, 2021, the CDC recommended that “the vast majority of people need to be fully vaccinated before COVID-19 precautions can be lifted broadly. Until then, it is important that everyone continues to adhere to public health mitigation measures to protect the large number of people who remain unvaccinated.”

While choosing to get the COVID-19 is a personal decision, the CDC gives three good reasons people should consider opting in for this immunization:

- The vaccine can help keep you from getting COVID-19.
- The vaccine is a safer way to build immunity.
- The vaccine is an important tool to help end the pandemic.

UPA COVID Task Force Team:

- Jerry B. Willis, VP Operations & Chief Operations Officer
- Betzaida Shands, VP Regulatory Affairs & Chief Compliance Officer
- Scott Stucky, VP Human Resources & Chief Financial Officer

On a positive note, CDC Director Rochelle P. Walensky, MD, MPH, stated “there are some activities that fully vaccinated people can begin to resume now in their own homes. Everyone – even those who are vaccinated – should continue with all mitigation strategies when in public settings. As the science evolves and more people get vaccinated, we will continue to provide more guidance to help fully vaccinated people safely resume more activities.”

For those who are fully vaccinated, the CDC suggests they can:

- “Visit with other fully vaccinated people indoors without wearing masks or staying 6 feet apart.
- Visit with unvaccinated people from one other household indoors without wearing masks or staying 6 feet apart if everyone in the other household is at low risk for severe disease.
- Refrain from quarantine and testing if they do not have symptoms of COVID-19 after contact with someone who has COVID-19.”

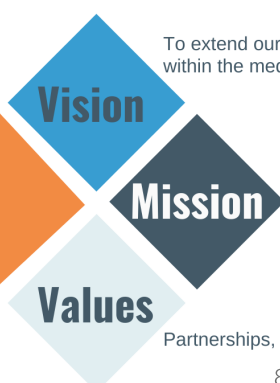
Dr. Kristin England, an infectious disease physician with the Cleveland Clinic, provides five reasons** why it's important for those who have already been vaccinated to continue wearing a mask:

- “It takes time for the vaccine to kick in. You won't reach the nearly 95% effectiveness rate until two weeks after your second dose of the Pfizer or Moderna vaccine. For the Johnson & Johnson vaccine, you're considered fully vaccinated two weeks after your single dose.
- The vaccines do not provide 100% protection. Although the vaccines are incredibly effective (and were nothing short of amazing in terms of turnaround), they only offer 94% to 95% protection. There's no way to tell who the 5% will be who don't respond to the vaccine and will still be at risk for COVID-19.
- Those who have been vaccinated might be asymptomatic spreaders. The vaccines prevent illness, but more research is needed to determine if the vaccines also prevent transmission. Experts are concerned that vaccinated people can still become infected without symptoms and then spread it to others who have not been vaccinated yet.
- We still need to protect those with compromised immune systems and those who can't be vaccinated. We know that people with chronic medical conditions (like heart disease and cancer) are at risk for developing a severe case of COVID-19.
- There are still limited doses of the vaccine. There are more than 330 million people in the U.S. Experts say that 50 to 80% of the population will need to vaccinate to reach herd immunity, which could take us until the end of 2021.”

*US COVID-19 Cases Caused by Variants; CDC; March 11, 2021.

**Already Vaccinated? Here's Why You Shouldn't Stop Wearing Your Face Mask Yet; Cleveland Clinic Health Essentials; March 8, 2021.

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To extend our passion by helping clients through creating new partnerships within the medical community.

To offer the medical community seamless, knowledge-based solutions by providing services customized to a client's specific need.

Partnerships, Accountability, Integrity, Expertise, Versatility.

