



THE FORUM

March/April 2026 • Volume 25, No. 2 • The Official Magazine of Collier County Medical Society

Happy National Doctors' Day March 30th

Rx: Appreciation

For: Our Dedicated Doctors

Date: March 30, 2026

Thank you for your commitment to caring for our community, advancing medical knowledge, and promoting good health.

In this issue:

Member News pg. 4; CCMS President's Message pg. 5;

Autonomous nurse practitioners in Florida frequently practice outside their legal scope pg. 6;

Be Well, Practice Well: Angry or Hostile Patients pg. 10; CCMS Call for Officer Nominations pg. 12; Member Event Photos pg. 14




 **FINEMARK**
BANK & TRUST
A DIVISION OF COMMERCE BANK™

“FineMark represents a unique opportunity for people seeking exceptional service, delivered by seasoned professionals.”

—Adria D. Starkey
President, Collier County

Photo from left to right: Jason Philips, Adria Starkey, Nolvía Valladares, and Davin Gambill

FineMark Bank & Trust, Downtown Naples • 275 8th St S • Naples, FL 34102
www.finemarkbank.com • 239-963-0780 • Member FDIC • Equal Housing Lender 
Investment Products: Not FDIC Insured • May Lose Value • No Bank Guarantee

CALENDAR OF EVENTS

Register at ccmsonline.org
or call (239) 435-7727

Thursday, March 13, 6pm
CCMS & CCDA After 5 Social
Blue Martini

Saturday, March 28, 5:30pm
CCMS Everblades Family Outing
Hertz Arena

Saturday, April 11, 8:30am
CCMS Women's Health Forum
Naples United Church of Christ
Open to the public
Sponsor opportunities at ccmsonline.org

Thursday, April 16, 6pm
CCMS After 5 Social
Hope PACE

Date TBD
CCMS Spring General Membership Meeting
Physicians Regional Pine Ridge

Saturday, May 2, 9:30am
South Florida Women Physicians Retreat
Sonesta Fort Lauderdale
Support opportunities at ccmsonline.org

Friday, May 8, 6pm
CCMS and LCMS Social
Tacos & Tequila Cantina Estero

Saturday, June 20, 6:30pm
CCMS Annual Meeting
Arthrex One Conference Center
Open to the public
Sponsor opportunities at ccmsonline.org

CCMS Physician Directory Deadlines



Ad reservations for the 2026-27 Physician Directory are due May 13th to reach your healthcare audience and members of the public across SWFL. Download order forms at ccmsonline.org/support.

Practicing CCMS members who are current with their dues as of May 27th receive a free listing in the Directory. To update your listing and/or photo, email info@ccmsonline.org by May 27th. Members can verify their current information on file at ccmsonline.org/find-a-doctor.

Premier Circle of Friends



Dave Dubowy • 954-884-0027
ddubowy@integrisgrp.com
medmaldirect.com



Sunil Muley • 239-919-1361
sunil.muley@lmcu.org
LMCU.org



Karen Mosteller, CPA, CHBC • 239-261-5554
kmosteller@markham-norton.com
markham-norton.com

CCMS 2026 Member Dues Deadline was 12/31/25.

Members (or their groups) can pay online today at ccmsonline.org/membership. Invoices have also been mailed directly to members who pay individually, or to practice administrators for group payment. Members who need an extension, payment program, or waiver, please contact CCMS. Thank you for renewing!

CCMS Board of Directors 2025-2026

President

Jose Baez, MD

Vice President
Glenn Groat, MD

Secretary
Erik Hiester, DO

Treasurer
Alexandra Grace, DO

Officer/Director at Large
George Brinnig, MD

Immediate Past President: Zubin Pachori, MD
Directors at Large: Sonal Sura, MD; Mazen Albeldawi, MD

Ex Officio Directors: April Donahue, Executive Director, CCMS;
Robin Babbo, CCMS Alliance President; Yenlee Hernandez, MD
and Dairon Lago, MD, Resident Physician Representatives

Views and opinions expressed in *The Forum* are those of the authors and are not necessarily those of the Collier County Medical Society's Board of Directors, staff or advertisers. Copy deadline for editorial and advertising submission is the 15th of the month preceding publication. The editorial staff of *The Forum* reserves the right to edit or reject any submission.

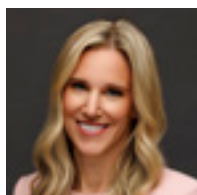
MEMBER NEWS

For full listings of practicing members, visit ccmsonline.org/find-a-doctor

New Members:



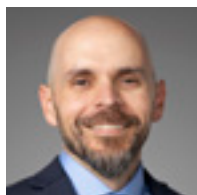
David R Artz, MD
My Medical Family, PA
5470 Bryson Ct, Suite 101
Naples, FL 34109
Phone: (239) 504-1609 Fax: (919) 645-9281
Board Certified: Internal Medicine



Shauna E Berry, DO
Neuro-Ophthalmology and Strabismus
Consultants of SWFL
9776 Bonita Beach Rd SE #202B
Bonita Springs, FL 34135
Phone: (239) 308-0063 Fax: (239) 308-0063
Board Certified: Ophthalmology



Michael R Cohen, DO
Riverchase Dermatology & Cosmetic Surgery
261 9th St S, Naples, FL 34102
Phone: (239) 216-4337 Fax: (239) 261-5594
Board Certified: Dermatology



Preston A Gardner, DO
Plastic and Reconstructive Surgery
The Woodruff Institute
2235 Venetian Ct Ste 1, Naples, FL 34109
Phone: (239) 596-9337 Fax: (239) 596-9466



Stephanie L Jones, MD
A Woman's Place
1660 Medical Blvd Ste 300, Naples, FL 34110
Phone: (239) 513-0053 Fax: (239) 596-0900
Board Certified: Obstetrics and Gynecology

Reinstated:

George J Arcos, DO

Pain Medicine
Jaffe Sports Medicine
150 Tamiami Trl, Naples, FL 34102
Ph: (239) 331-8551 Fax: (855) 959-1692
Board Certified: Pain Medicine; Anesthesiology

Chadwick C Prodromos, MD

Orthopaedic Surgery - Stem Cell and PRP
The Prodromos Stem Cell Institute
720 Goodlette Frank Rd Ste 203, Naples, FL 34102
Phone: (847) 814-3862 Fax: (847) 699-6545
Board Certified: Orthopaedic Surgery

New Address:


Naples Pathology Associates
20 12th St N
Naples, FL 34102
Phone: (239) 263-1777 Fax: (239) 263-6983 (remain the same)

Joined Practice:

Leandro Perez, MD
Cardiovascular Disease
Physicians Regional Medical Group
6376 Pine Ridge Rd, Ste 200, Naples, FL 34119
Phone: (239) 348-4120
Board Certified: Internal Medicine; Cardiovascular Disease;
Interventional Cardiology

Retired:

Christine Forszpaniak, MD



Physician Wellness Program

Featuring confidential, convenient, cost-free access to professional psychological services for CCMS members.

More Information: ccmsonline.org/physician-wellness
Confidential Appointment Line: 239-208-3984

Helping You Take Care of You

A Message from the CCMS President: Legislative Update, Leadership Opportunities, & Key Dates

Jose Baez, M.D., Board President



As the legislative session continues, several important scope of practice and workforce bills remain front and center. These proposals have significant implications for patient care, professional standards, and access to services across our region.

Scope of Practice & Workforce Legislation

We are closely monitoring legislation that would expand independent practice authority for

certain providers, including nurse practitioners practicing independently in mental health settings and autonomous CRNAs. These proposals raise important questions about patient safety, care coordination, and the preservation of physician-led healthcare teams.

At the same time, we are following bills addressing temporary certificates for practice in areas of critical need — including physicians trained in Puerto Rico who are currently serving in underserved communities.

One bill would allow continued practice by certain healthcare practitioners under temporary certificates in areas of critical need, even if those areas later lose their designation, provided specific conditions are met. Practitioners who established a primary care treatment relationship by January 1, 2026, in a designated critical need area would be permitted to continue practicing there if the designation changes. Importantly, each licensing board would be required to review these temporary certificate holders at least annually and revoke or restrict the certificate if minimum practice requirements are not met. This provision would take effect upon becoming law.

Another proposal expands opportunities for temporary certificate holders to obtain full licensure by endorsement. Under the bill, temporary certificate holders under certain statutes could apply for licensure by endorsement if they meet new requirements related to practice duration, board examinations, and professional recommendations.

The legislation would allow certain physicians who have continuously practiced under a temporary certificate to pursue licensure by endorsement and would establish criteria for acceptable national exam scores or board-approved equivalent examinations. The Board of Medicine would be authorized to issue licenses to applicants with no disciplinary actions, sufficient continuing education, and demonstrated compliance with quality standards. Rulemaking authority would define procedures for verification and documentation of these expanded licensure pathways. The effective date for these changes would be July 1, 2026.

These workforce measures attempt to balance maintaining high standards of care with addressing physician shortages in underserved areas. CCMS will continue to advocate for policies that protect patients while supporting pathways that responsibly strengthen our physician workforce.

Call for Nominations: 2026–2027 Board of Directors

Leadership matters — especially during times of rapid change in healthcare.

We are now accepting nominations for the 2026-2027 CCMS Board of Directors and FMA Alternate Delegates. Serving in leadership is both an honor and a meaningful responsibility. Board members and delegates help shape policy positions, guide advocacy priorities, support member engagement, and ensure that our organization continues to represent physicians effectively at the local and state levels.

If you have ever considered becoming more involved, this is the perfect time. Members may nominate a colleague or nominate themselves. We strongly encourage those interested to reach out to current leadership to learn more about what service entails.

For those who may not be ready for board service but want to get involved, committee participation is an excellent first step. Committee work provides valuable insight into our advocacy, education, and community outreach efforts while helping develop leadership experience. Visit ccmsonline.org/membership to learn more.

Your voice, perspective, and expertise are essential to the strength of our medical community.

Premier Events on the Horizon

Mark your calendars for two of our signature events:

Women's Health Forum, April 11: This highly anticipated program for the public brings together CCMS member experts to discuss critical issues affecting women's health. It continues to be one of our most impactful and well-attended educational events.

Annual Meeting, June 20: Our Annual Meeting offers the opportunity to connect with colleagues, celebrate achievements, and reflect on the year's accomplishments while looking ahead to new challenges and opportunities.

Register for all our events at ccmsonline.org/events. We look forward to seeing you there.

Scholarship Applications Due March 31

A final reminder: Scholarship applications for medical students and students pursuing degrees in healthcare are due March 31.

Supporting the next generation of healthcare professionals remains a core part of our mission. These scholarships recognize academic excellence, community service, and commitment to the profession.

If you know a deserving student, please encourage them to apply before the deadline at ccmsfoundation.org. Investing in future healthcare leaders strengthens our entire community.

As always, thank you for your continued engagement and commitment to high-quality patient care. We will keep you informed as legislation advances and look forward to your participation in the important work ahead.

Autonomous nurse practitioners in Florida frequently practice outside their legal scope of primary care: a cross-sectional study

Rebekah Bernard, MD; Phillip B. Shaffer, MD; Sharon L. D'Souza, MD; Elana Pearl Ben-Joseph, MD; Carmen M. Kavali, MD

Originally printed in *Family Practice*, 2025, 00, 1–5

<https://doi.org/10.1093/fampra/cmaf104>

Introduction

Many Americans face barriers to accessing high-quality, affordable primary care, including a lack of appointment availability and geographic distance^{1,2}. Nurse practitioner (NP) organizations, as well as some public health officials and researchers, have advocated for expanding the NP scope of practice as a means of meeting the increasing demand for primary care services in the USA^{3–5}. As of February 2025, 27 states, in addition to the District of Columbia, had passed legislation allowing NPs unsupervised practice of medicine (UPM), which nursing organizations typically refer to as “full practice authority.” Florida enacted UPM as part of House Bill 607 in July 2020 with the stipulation that autonomous NPs practice within primary care.

The Centers for Medicare and Medicaid Services defines primary care as “health services that cover a range of prevention, wellness, and treatment for common illnesses.”⁶ Traditionally, medical specialties designated as primary care include family medicine, internal medicine, obstetrics/gynecology, pediatrics, and combinations thereof^{7,8}. These definitions align with Florida Statute 464.0123, which states that autonomous nurse practitioners may practice in general internal medicine, family medicine, pediatrics, and midwifery⁹. While there is tremendous variation in specific responsibilities across states and practices, family nurse practitioners (FNPs) are intended to “provide care for common acute and chronic illnesses in primary care as well as preventive care to individuals and families across the life span”¹⁰ and refer patients to specialty care providers when necessary¹¹. Adult-gerontology nurse practitioners¹⁰, pediatric nurse practitioners (PNPs)¹², and nurse midwives¹³ serve a similar role in contributing the principal source of care for specific patient populations (either age- or pregnancy-related).

According to data from the 2020 National Nurse Practitioner Sample Survey, 88.9% of NPs were certified in an area of primary care¹⁴, suggesting good alignment between the training of NPs and the intended area of UPM in Florida. However, previous scholarship has described complexities regarding the NP certification process as well as the presence of NPs working in settings outside their training and scope of practice^{15–18}. Specifically, literature has found that a large percentage of NPs certified in primary care are not practicing in primary care¹⁹. In addition, recent research from the Health Resources and Services Administration suggests that only 81 548 of 331 513 NPs (24.6%) active NPs are working in primary care²⁰, and scholars have found that declines in NPs practicing primary care

are on a similar trajectory as physicians²¹. As a result, ambiguity remains regarding whether NPs with primary care certification have remained within their legal scope of autonomous practice in Florida.

The objective of this study is to estimate the proportion of autonomous NPs in Florida working within their legal and intended scope of practice. In so doing, we aim to understand the impact of House Bill 607 on Florida’s primary care workforce. We hypothesize that many autonomous NPs are working outside their legal scope of practice in primary care.

Methods

This is a cross-sectional study of autonomous NPs’ specialties, including primary care, in Florida. We followed STROBE reporting guidelines. We obtained a database of the population of autonomous NPs in Florida on 27 August 2024 from the Florida Department of Health, which contained a total of 11 925 NPs practicing without physician supervision. Between November 2024 and February 2025, we randomly sampled 464 autonomous NPs across the state of Florida and obtained contact information for their primary practices through internet searches. A maximum of three attempts to contact each practice were made, and contact was made with a total of 328 autonomous NP practices. The final sample size was based on a prestudy power calculation. Fig. 1 shows the development of the study sample.

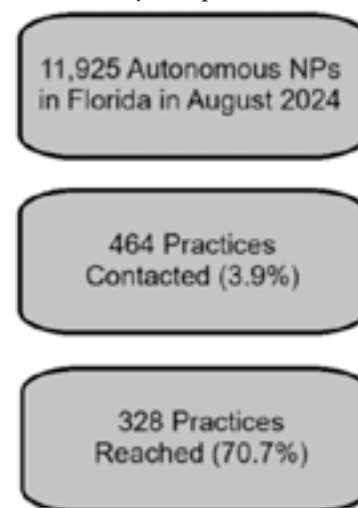


Figure 1 Development of study sample. NP, nurse practitioner.

Practices were asked what services they provide, including specifically whether they offer primary care services. Due to the overlap between dermatology practices and medspas providing only cosmetic care (not skin cancer screenings, evaluation of rashes, or other standard dermatology care), practices that were initially coded as either dermatology or medspa underwent

Continued from page 6

a second round review of websites, with a second phone call to clarify whether non-cosmetic services were offered if this information was unavailable on the website. An independent research assistant conducted verification of 10% of the coded data.

Results

Of the 328 autonomous NP practices reached, 128 NPs were working in primary care, and 6 NPs were working in nonclinical roles, including academic positions. The remaining 194 autonomous NPs were working clinically in non-primary care settings, with the top five most common being (i) cosmetic and non-standard medical/surgical practices such as antiaging, IV hydration, vitamin infusions, hormonal therapy, and supplements (n = 53), (ii) psychiatry/addiction medicine (n = 53), (iii) emergency/urgent care (n = 20), (iv) inpatient medicine (n = 13), and (v) cardiology (n = 9). Table 1 shows the practice settings for the entire sample of autonomous NPs. Our estimated proportion of the autonomous NP population in Florida practicing outside their legal scope in Florida is 59.1% with 95% confidence interval [53.6, 64.4].

Table 1 Specialties for autonomous nurse practitioners in Florida.

Specialty	Number (% of total)
Within scope of autonomous practice	
Primary care	128 (39.0)
Non-clinical (research, teaching, administration)	6 (1.8)
Outside scope of autonomous practice	
Cosmetic only or not standard medical/surgical practice	53 (16.2)
Medical specialties	
Psychiatry/addiction medicine	53 (16.2)
Emergency medicine/urgent care	20 (6.1)
Inpatient (hospitalist team, critical care)	13 (4.0)
Cardiology	9 (2.7)
Anesthesia and pain medicine	7 (2.1)
Neurology	6 (1.8)
Rehabilitation, skilled nursing, and wound care	5 (1.5)
Infectious disease	5 (1.5)
Hematology/oncology	3 (0.9)
Hospice and palliative care	2 (0.6)
Corrections	2 (0.6)
Accident and injury/workers' compensation	2 (0.6)
Rheumatology	1 (0.3)
Gastroenterology	1 (0.3)
Surgical specialties	
General surgery	3 (0.9)
Orthopedic surgery	2 (0.6)
Dermatology	2 (0.6)
Plastic surgery	1 (0.3)
Vascular surgery	1 (0.3)
Otolaryngology	1 (0.3)
Neurosurgery	1 (0.3)
Interventional radiology	1 (0.3)

Of the 328 offices reached, 18 represented NPs who had moved their primary practice setting from out-of-state to Florida after the enactment of UPM. Among these NPs, only 3/18 (16.7%) had moved to Florida to practice primary care.



Conclusions

Challenges to increasing the primary care workforce include lower compensation compared to specialties, unrealistic workloads and expectations, and high rates of burnout²². These challenges exist for all healthcare professionals and likely contribute to increasing rates of specialization among non-physician clinicians^{17, 23}. While it is understandable and unsurprising that NPs, like other healthcare professionals, prioritize compensation and lifestyle in their practice choices, our data counter existing narratives that NPs choose practice settings and specialties in a different way than other clinicians.

The NP role was created in 1965 to help physicians provide primary care and extend health care access to patients in underserved areas. Studies have shown that in both primary and acute care settings, physician supervision and involvement in care have been associated with higher-quality healthcare outcomes for patients^{24, 25}. Ideally, physicians are available in-person to evaluate primary care patients at the time of visit; however, telemedicine consultation and alternating visits between physicians and NPs or physician assistants have also been shown to be effective^{24, 26, 27}. While some NP advocates have argued that requiring physician supervision is a disincentive to choosing primary care, our data show that in the absence of supervision, the majority of NPs chose specialty practices as well.

The majority of NPs who moved to Florida after UPM was enacted also began specialty practices, most commonly in cosmetic or non-standard medical/surgical practice antiaging (medspas, IV hydration, vitamin infusions, hormonal therapy, and supplements) and psychiatry/addiction medicine. We cannot determine how this pattern differs from what would have been seen in the absence of UPM. However, the data raise concerns that UPM may have drawn NPs from out of

Continued on page 8

Continued from page 7

state in order to practice autonomously in lucrative specialties rather than expand the primary care workforce. Given that expansion of the primary care workforce has been a key aspect of NP legislative advocacy for expanded scope of practice and the primary objective for legislators granting UPM, our study suggests that more transparency is needed regarding the actual practice choices of NPs.

While specialization among all healthcare professionals is on the rise, it is important to note that, unlike physicians and physician assistants, nurse practitioners are only certified to work with a specific patient population and setting. For example, a psychiatric mental health nurse practitioner is certified to work with patients seeking mental health services, and a family nurse practitioner is certified to work in family practice/primary care. There is significant misalignment between NP certifications and practice settings, meaning that NPs are frequently working in settings for which they do not have formal training¹⁷. In one study, for example, the majority of NPs working with critical care pediatric patients were not required to have acute care certifications²⁸. Our study provides strong support that NPs are frequently working in settings outside their scope of practice and outside of Florida's legal statute for autonomous practice. For example, we found that certified registered nurse anesthetists, who do not have primary care within their scope of practice, were nonetheless granted autonomous licensure by the Florida Board of Nursing under the primary care designation after UPM in Florida was enacted. While it may be the case that autonomous NPs collaborate or receive some supervision in practice, their designation as autonomous is a question of legal status through the Florida Board of Nursing, not one of the diversity of supervision models in practice^{29, 30}. Thus, our work is indicative of autonomy inconsistent with legal statute in Florida.

To compound the issue of misalignment between NP training in primary care and practice in specialty or subspecialty settings, few laws are in place that require nurses to disclose to patients whether or not they have training in the area in which they are providing patient care, nor should patients be expected to ask. Furthermore, particularly in the hospital setting, patients are unlikely to have the option to choose which clinician cares for them. Until 2023, no state required an emergency department to have a physician present in the building, and only two states have enacted such requirements as of 2025³¹. Thus, there is a need for greater transparency to patients and their families regarding the training and scope of practice for NPs involved in their care, especially if they are practicing autonomously without physician oversight.

An important limitation of this study is that many NPs practiced in more than one specialty. To address this conservatively, we coded all NPs practicing at least some primary care as primary care clinicians, even if they were also working at a medspa or an

urgent care, for example. As such, our study may underestimate the number of autonomous NPs working outside their legal scope. A second limitation of this study is that we were not able to reach all offices, and we cannot say with certainty that the offices that were reachable are representative of all offices. Furthermore, not all websites contained detailed information about the practice or practice setting. However, given the extent of practice outside of primary care, we are confident that we have identified a widespread concern. Third, this study was conducted in Florida, and the findings may not be generalizable to other states. Next, the definition of primary care differs by source. While we selected widely used definitions from national sources, it is worth noting that the Florida Board of Nursing's definition of primary care includes the following phrasing: "diagnosis and treatment of acute and chronic illnesses, inclusive of behavioral and mental health conditions," which could be applied to any medical specialty or subspecialty. Notably, the Board of Nursing had previously acknowledged specifically that NPs practicing in specialty areas, such as psychiatric mental health NPs, were not within the scope of primary care, then subsequently deleted that acknowledgment³². We do not believe that services such as interventional radiology, vascular surgery, and medspa or hormonal treatment, among others, fit standard definitions of primary care or are the intended purpose of Florida House Bill 607. As such, we relied on traditional definitions. Finally, because our study took place at a single time point, we cannot determine whether the enactment of UPM contributed to NPs moving from primary care to higher-paying specialties, or whether they were practicing in specialty fields even prior to UPM.

Our study provides strong evidence that many autonomous NPs in Florida have established specialty practices and other services that are not within the intended legal scope of practice of Florida Statutes 464.01239. Stricter regulation and enforcement of NP practice within the scope of training and legislation are needed. Future research should examine the impact of this finding both on changes to primary care access and on patient care outcomes.

Conflicts of interest: All authors are financially uncompensated members of multiple patient advocacy and physician organizations, including specialty societies, Physicians for Patient Protection, and American Medical Association. None of these organizations had a role in study design or the development of this manuscript, and the views here do not necessarily reflect the views of any organization.

Funding: The authors did not receive any funding for this work.

Data availability: No privately generated or acquired data were used as part of this work; all data are publicly available.

References available at: bit.ly/3MxfJlk



MN MarkhamNorton
ACCOUNTANTS+ADVISORS

You Focus on Patients, We'll Focus on Your Business.

From private practices to medical groups, healthcare organizations deal with complex tax and financial demands. Our team understands your world, and helps simplify tax season with clear guidance, reliable compliance, and smart planning.

With April 15 approaching, starting early gives you more options, fewer surprises, and better results. At MarkhamNorton, we don't just prepare returns. We help build stronger, more resilient practices through focused tax planning better financial decisions.

Start your tax season planning today,
Call us at **(239) 433-5554**, or visit our website **MarkhamNorton.com!**

Looking to expand your dermatology practice? The choice is clear.

Whether you're buying equipment, renovating offices, or opening a new location, our lending experts will deliver tailored loan solutions with competitive rates on *your* timeline.

It all starts with a simple conversation.

Sunil Muley

(239) 919-1361 | Sunil.Muley@LMCU.org

 **LMCU**TM
Commercial Banking

Federally insured by NCUA.



Be Well, Practice Well: Angry or Hostile Patients

Michael D McGee, MD - WellMind with Dr. McGee Concierge Psychiatry



You are a busy primary care physician who has inherited a patient previously treated by a colleague. The patient has opioid use disorder, receives methadone at a maintenance clinic, and is prescribed clonazepam 3 mg daily. He was recently hospitalized after a fentanyl overdose. This is your first visit together.

After about 20 minutes of history-taking, the patient tells you he is experiencing significant anxiety and requests an increase in his clonazepam. Given the recent overdose and the known dangers of combining benzodiazepines with methadone and fentanyl, you express concern and recommend gradually tapering clonazepam while exploring alternative anxiety treatments.

The patient becomes enraged, yelling, “You don’t know what you’re talking about. I don’t like you! I want another doctor!” He then storms out of the office.

What happened, and how should a clinician respond?

Spirit

Encounters like this are deeply unsettling. Being yelled at threatens our basic needs to feel safe, helpful, and valued. Angry or hostile patients can leave clinicians feeling fearful, rejected, and disoriented.

The first task in these moments is inward: to recognize our own distress and respond with mindful self-compassion. Rather than becoming defensive or shutting down, we must acknowledge the emotional impact of the encounter and ground ourselves.

The second task is emotional differentiation—the paradoxical practice of not taking the patient’s reaction personally while still taking responsibility for any role we played in triggering it. We can own our behavior (how and when we set limits) without owning the patient’s reaction, which reflects their internal processing shaped by past experiences. Emotional differentiation allows clinicians to stay present and respond skillfully rather than reactively.

Skill

Medicine has historically responded to angry patients by blaming or pathologizing them.ⁱ While this patient may indeed have interpersonal difficulties rooted in trauma or genetics, labeling him does nothing to repair the relationship.

Relational ruptures are, by definition, relational—they exist in the space between clinician and patient regardless of intent or fault.ⁱⁱ When a rupture occurs, clinicians must take responsibility for their contribution, however small, and work actively to repair it if care is to continue.ⁱⁱⁱ

In this case, the clinician’s mistake was engaging in limit-setting too early. Saying “no” before establishing a trusting therapeutic alliance often triggers fear and defensiveness, especially in patients with trauma or substance use disorders. A more skillful response would have first emphasized empathy and commitment:

“You’ve been through a lot, and it makes sense that your anxiety feels overwhelming. I want to help you with that. Would it be okay if we finish getting to know each other and your care team so we can come up with a plan together that feels safe and works for you?”

After the visit, the physician attempted follow-up calls, but the patient did not answer. She then purchased a card, and wrote a handwritten apology:

“Dear patient, I want to apologize for my unskillful behavior. I imagine you felt unseen, unheard, and uncared for when I suggested weaning off clonazepam before we got to know each other. You are dealing with a great deal, and your effort to heal and recover is heroic. I hope you’ll give me another chance to partner with you in your recovery and help you find ways to manage your anxiety.”

This note combined humility, empathy, and affirmation.

The patient was deeply moved. No physician had ever apologized to him before, let alone wrote him a card! He scheduled a follow-up visit and apologized for his own reaction. Over time, a trusting alliance formed. The physician helped him engage in therapy, and over the course of a year, he was gradually tapered off clonazepam.

This case illustrates how the spirit of compassion for self and patient, emotional differentiation, humility, and the skills of apology, empathy, affirmation, and rupture repair can transform even the most volatile encounters into opportunities for healing and positive outcomes.

ⁱ Strous RD, Ulman AM, Kotler M. The hateful patient revisited: Relevance for 21st century medicine. *Eur J Intern Med.* 2006 Oct;17(6):387-93. doi: 10.1016/j.ejim.2006.04.002. PMID: 16962943.

ⁱⁱ Muran JC, E. C. (2021). One more time with less jargon: An introduction to “Rupture Repair in Practice”. *J Clin Psychol*, Feb;77(2):361-368.

ⁱⁱⁱ Gidhagen Y, H. R. (2025). Rupture and repair in the working alliance among patients with substance use disorder. *Psychother Res*, Oct 18:1-13.



CCMS members save up to 5% on premiums

Coverage for doctors, by doctors.

Integris Assurance Company, formerly MedMal Direct, is the only licensed and admitted medical malpractice insurance carrier domiciled in Florida, trusted by more than 3,000 Florida physicians.



Medical Professional Liability coverage options



Risk Management services, assessments, and more



CME credits through our ACCME accredited program

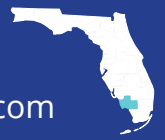
integrisgrp.com | 855.663.3625



Contact our local representative

Dave Dubowy

954-884-0027 or ddubowy@integrisgrp.com



Natives Serving Your Compounding Needs Since 2005

\$25 OFF

Your First Rx Transfer Mention Ad
FREE LOCAL SHIPPING



Creative Scripts Compounding Pharmacy specializes in:

- Bio-identical Hormone Replacement Therapy for both Men & Women
- Dermatology
- ENT
- Thyroid
- Pediatrics
- Pain Management
- Dental
- Podiatry
- Veterinary
- Low Dose Naltrexone (LDN)
- Commercially Unavailable Medications
- And much more!
- **Pharmaceutical-Grade Nutritional Supplements**
- **Health Advice and Private Consultations for both Patients and Physicians**
- **Over 75 years of combined compounding knowledge**

CREATIVE SCRIPTS
— COMPOUNDING PHARMACY —



Jerry Meloche, Pharm D | Lisa Meloche, Pharm D
Natives Serving Naples Since 2005

600 Goodlette Rd. N. # 108 | Naples, FL 34102 | M-F 9am – 6pm

P: 239.261.0050 | F: 239.261.0017 | www.CreativeScripts.net



CCMS Call for Officer Nominations

Jose Baez, MD - Chair, CCMS Nominating Committee



The 2026 CCMS nominating committee will present its slate of CCMS officers for 2026-2027 to the membership this spring, at least 30 days prior to this year's annual meeting, which is scheduled for June 20th at Arthrex One Conference Center. The nominating committee would like to invite members in good standing to submit candidates for review by the committee.

2026 Nominating Committee:

Mazen Albeldawi, MD; Elizabeth Arguelles, MD; Jose Baez, MD; Tareq Khader, MD; Rebecca Smith, MD

Board of Directors 2025-26

Jose Baez, MD – President
 Glenn Groat, MD – Vice President
 Alexandra Grace, DO – Treasurer
 Erik Hiester, DO – Secretary
 George Brinnig, MD – Officer/Director at Large
 Zubin Pachori, MD – Immediate Past President
 Sonal Sura, MD – Director at Large
 Mazen Albeldawi, MD – Director at Large

According to CCMS bylaws, candidates proposed by a CCMS member to the committee must be proposed in writing, including qualifications, at least 60 days before the annual membership meeting (April 21st). Nominations from the floor at the Annual Meeting are also accepted from a member in good standing and with the consent of the nominee.

The officers of this Society shall consist of a president, vice president, secretary, treasurer, and one officer/director at large. At the discretion of the nominating committee up to two additional directors at large can be nominated to the Board of Directors. The nominating committee can also present candidates for alternate delegates to the Florida Medical Association 2026 Annual Meeting, July 31-August 2 in Orlando.

Only active members of the Society shall be considered for office (does not include adjunct, associate, resident/fellow, retired, or honorary). Candidates for president shall have served a minimum of one year on the Board of Directors. Candidates for vice-president shall have served either on the Board of Directors or chaired the PAC or a committee for one year. Those elected shall assume office at the close of the annual membership meeting for a term of one year.

To submit your nomination(s), send the nominee information by Tuesday, April 21st to executive director April Donahue via email to april@ccmsonline.org, fax 239-435-7790, or mail to 88 12th St N, Unit 200, Naples, FL 34102. Please note if the nominees have consented to the nomination.

To register for the CCMS Annual Meeting, visit ccmsonline.org/events.

FMA Delegation 2025

Jose Baez, MD – Chair
 Mazen Albeldawi, MD
 George Brinnig, MD
 Glenn Groat, MD
 Rafael Haciski, MD
 Zubin Pachori, MD
 Alejandro Perez-Trepichio, MD
 Sonal Sura, MD



CCMS Board of Directors 2025-26, from L to R: Mazen Albeldawi, MD; Glenn Groat, MD; Alexandra Grace, DO; Jose Baez, MD; Sonal Sura, MD; George Brinnig, MD; Erik Hiester, DO; Zubin Pachori, MD



Beyond the White Coat:

Building Your Brand, Your Voice, and Your Visual Identity

Friday & Saturday, May 1-2, 2026
Sonesta Ft. Lauderdale Beach

- ✓ Friday and Saturday evening receptions
- ✓ Saturday program 9:30 AM - 5:30 PM
- ✓ All ocean-front rooms

Featured Keynotes

- Owning Your Voice
- Crafting Your Professional Identity
- Speaking with Clarity and Purpose
- Styling & Professional Presentation
- Building Your Social Media Brand

Breakout Sessions

- 1:1 expert feedback on speaking skills
- Practice your 30-60 second elevator pitch
- Mini styling session
- Personalized hair and skin advice
- Professional brand review



Early Bird (through 3/1/26):

\$25 med students & residents | \$50 hosting society members | \$100 non-members

Hosted by the Florida medical societies of Broward, Collier, Duval, Hillsborough, Lee, Manatee, Miami-Dade, Palm Beach, & Sarasota counties, and the Florida Society of Nephrology.

SPACE IS LIMITED - REGISTER TODAY!

miamimed.com/event/WPR26



69TH ANNUAL MEETING

Saturday, June 20th

Arthrex One Conference Center

Sponsor opportunities: ccmsonline.org/support

Register by June 11:





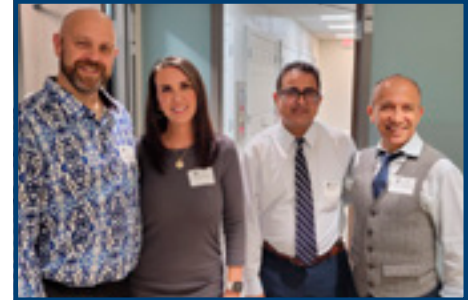
CCMS After 5 Social CCMS Family Day at Great Wolf Lodge



Avi Dang, Dr. Priyanka Handa, and families



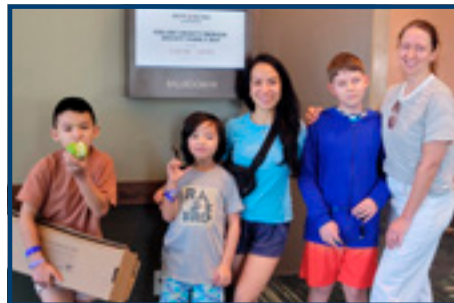
Dr. Price Sonkarley, Robyn Sonkarley, and family



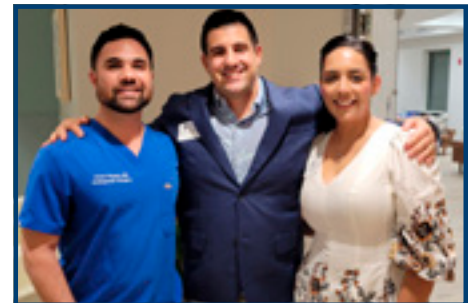
Dr. Stephen Muehlenbein, Lisa Muehlenbein,
Dr. Wazir Sipra, Dr. Cesar De Leon



Dr. Ferdy Santiago, Dr. Aschanti Selva



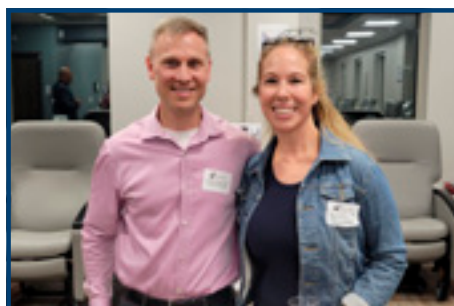
Dr. Tam Mai, Lily Korshunov, and families



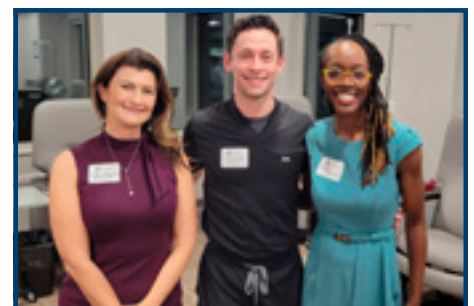
Dr. Peter Regala, Zachary Apoteker,
Dr. Jacqueline Alvarez



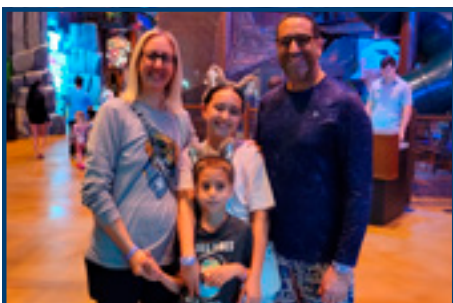
Dr. Joanna Chon, Robert Sanchez, and family



Dr. Timothy Kerwin, Katie Zajeckowski



Dr. Linsey Stocco, Dr. Dallas Kingsbury,
Dr. Zanetta Lamar



Dr. Nicole Costello, Dr. Elias Shaheen, and family



Dr. Timothy Kerwin, Lillian Kerwin, and family



Omar Villarreal, Dr. Rebecca Smith,
Dr. Charlene DeLuca, Kristy Landry

17th Annual CCMS Women's Health Forum



Stronger Tomorrow



Women's Health & Vitality

Title Sponsor



Apex Brain & Spine
Neurosurgical Specialists

SATURDAY

April 11, 2026

8:30am - 12:45pm

Naples United Church of Christ • 5200 Crayton Road



Featured Topics include:

- Cancer Risk Reduction**
- Gut Health**
- Osteoarthritis**
- Incontinence**
- Nutrition**
- Stress Management**
- Gynecologic Cancers**
- Back Pain**
- ...and more!*

**REACH OVER
300
LOCAL WOMEN!**

Become a Women's Health Forum Sponsor or Exhibitor.

Download an application form at ccmsonline.org.

A Public Service Event from



Scan QR Code to Register



THE FORUM

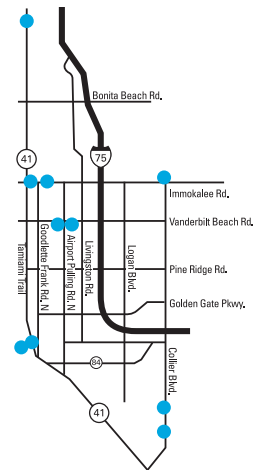
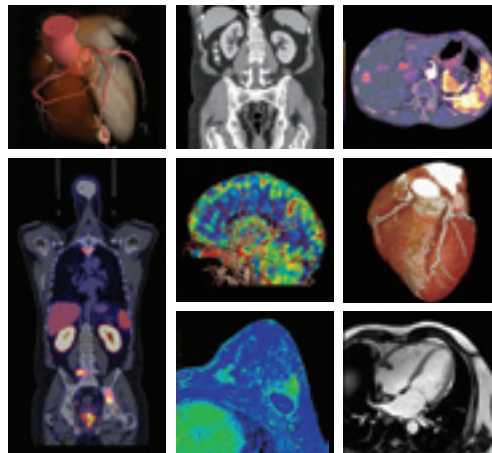
Rebekah Bernard, M.D., Editor
George Brinnig, M.D., Associate Editor
88 12th St N, Unit 200
Naples, Florida 34102
Ph. 239-435-7727
Fax 239-435-7790
E-mail info@ccmsonline.org
www.ccmsonline.org

PSRT STD
US POSTAGE PAID
FORT MYERS, FL
PERMIT #177



10 LOCATIONS. ONE TRUSTED IMAGING PARTNER.

- **NEW** State-of-the-art PET/CT Center
- AI-powered 640-slice CT with low-dose technology
- High-resolution MRI with fast scan times
- Premier Women's Imaging Center — Mammogram, Breast MRI and Breast Biopsy
- Full-service imaging — MRI, CT, PET/CT, X-Ray, Ultrasound, DEXA and more
- Interpretations by local, specialized radiologists
- STAT scheduling and fast report turnaround
- Accepting all major insurances — back in-network with **Florida Blue**



Refer Your Patients To Us and Experience the Difference
239-624-4443 • ProScanFlorida.com