



William A. McDade, MD, PhD
ISMS President
2014-2015
Chicago, IL
Anesthesiologist

Archived Materials



Illinois State Medical Society

President's Forum

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President's Message

See You at the 2015 House of Delegates

Join the Forum, Share Your Thoughts, Impact Medical Policy

In just two weeks, our annual gathering of Illinois physicians will commence in Oak Brook. I'm looking forward to the 2015 ISMS Annual Meeting and House of Delegates, where I will hand the reins of ISMS President to Dr. Scott Cooper, an emergency physician representing Lake County.

This gathering is one of the few opportunities Illinois physicians have to meet with one another to discuss the pressing issues they face in practice and where county representatives will bring your issues for consideration as official ISMS policy. I have visited many of you this year at your county meetings and have heard a lot of issues that need to be addressed. Here is your opportunity! Many of the resolutions considered by our HOD are forwarded to the AMA for consideration, and often, adoption.

The direction outlined by the House of Delegates has informed numerous policies and laws. A recent example is the CPT code for advance care planning that was created due to ISMS advocacy and is now under review for inclusion in the Medicare fee schedule. At the state level, we successfully initiated a no cost license category for retired physicians who volunteer their services without reimbursement.

Both of these changes are examples of how one or two interested physicians made a difference. They identified a concern and brought it forward through the HOD process.

This year our delegates will review more than 50 new proposals introduced by Illinois county medical societies. Participation and debate through the House of Delegates is an important vetting process for these resolutions. We also accept feedback from our members who are not attending the Annual Meeting via our online "Virtual Reference Committee Forum." I encourage ALL members to visit this page, preview the topics queued for debate and share your thoughts. Your online comments will be shared with meeting participants to inform the discussion.

I look forward to catching up with colleagues in Oak Brook on April 17-19!

2014 ISMS President's Speech



President's Message

It's Time to Encourage Students in Underserved Areas to Consider a Career in Medicine

William A. McDade, MD, PhD

I recently had the pleasure of appearing on RFD Radio, a radio network operated through the Illinois Farm Bureau. The Illinois State Medical Society and the Farm Bureau have a 67-year partnership supporting the RIMSAP program, which assists qualified applicants to surmount barriers to a medical education, be it financial or academic. In return, those students commit to working in rural areas once their education is complete.

RIMSAP is a critical cog for addressing medical workforce needs in rural areas, yet many regions in Illinois are designated as "underserved." Even the counties hosting our urban centers have segments of underserved communities.

So how do we go about tackling this problem, which has been an issue since our baby boomer generation was first being born?

Area Health Education Centers (AHECs), Federally Qualified Health Centers (FQHCs), and the National Health Service Corps (NHSC) are but a few of the government entities seeking to address the needs of the underserved areas.

Policy tools such as loan forgiveness and favorable visa status have also been used to bring doctors, at least temporarily, to underserved areas. Whether those physicians take

root in those communities is an entirely different matter.

An ISMS-supported study of where Illinois-trained physicians choose to practice after residency

found that the pull of going home is strong, as many freshly minted doctors return to the town in which they attended high school.

For this reason, we should start thinking about workforce policies that target high school and college students from rural and underserved areas to consider careers in medicine.

These types of policies are sometimes a tough sell, as a high school student placed on the path to medicine won't be called "doctor" for another 10 years or so, leaving current health care needs unmet. However, the longer we wait to tackle the needs of the underserved, the longer these patients will remain underserved. In other words, no action is



President's Message

Strength of Medical Education Lays Groundwork for Quality Patient Care

William A. McDade, MD, PhD

Illinois has much to be proud of in terms of our contributions to medical education.

Our eight medical schools have trained thousands of doctors practicing here and beyond our borders. The University of Illinois at Chicago is the largest medical school in the U.S., and by itself trains more doctors than are trained in some whole states.

We host hundreds of medical residency programs, and our patients benefit from the care provided by our doctors in training.

The Illinois State Medical Society is a staunch supporter of our medical schools and residencies. We are always seeking opportunities to effectively use the collective voice of our schools and support the physicians who lead our residency programs.

In December, ISMS and the Chicago Medical Society co-hosted our annual event for residency program directors (RPDs). I've attended all of our RPD events, and they get better each and every year!

Highlights from the December event included:

- A presentation from senior officials from the Illinois Department of Financial and Professional Regulation (IDFPR), with updates on recent rules changes that impact residents in training, and dialogue on real world issues occurring in our training programs. Thanks to Brian Zachariah, MD, and Daniel Kelber, JD, for sharing their insights with our group. And a special thanks to Dr. Zachariah for his ISMS membership and sharing of his wisdom through his columns in our newsletter, Physician Advocate.

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Strength of Medical Education Lays Groundwork for Quality Patient Care (Continued)

- A hands-on session that focused on evaluating residents and on building clinical competency committees was led by Duke University professor Kathryn Andolsek, MD, MPH. She brought an incredible energy to the program and offered numerous practical insights for our participants.
- A “speed dating” roundtable was a hit and allowed us to discuss many current topics and also network with colleagues.

Our event was capped by a high-level conversation about the future of graduate medical education (GME) funding. Drs. Atul Grover and Deborah Powell offered tremendous perspective on a critical policy paradigm that must be addressed to ensure our future physician workforce needs. Dr. Grover is Chief Policy Officer for the Association of American Medical Colleges and Dr. Powell was an author of the Institute of Medicine’s recent

report suggesting a radical revamp of our GME system. The doctors kindly allowed us to tape their program and it is available for on-demand viewing and CME. I encourage you to watch!

The evaluations from our annual program were extremely positive, and we’re looking forward to another great event later this year.

That said, in order for ISMS to continue to provide such high quality programs, we need to grow our membership. I ask our program director leaders and all physicians working with young doctors to encourage ISMS membership. It is our job to serve as mentors. This includes shepherding our young doctors through training and also reinforcing the importance of professionalism through participation in organized medicine.

I’ve encouraged my young colleagues to become members of ISMS. Have you?

President’s Message

ISMS Covers Swath of Issues, Span of Professional Benefits – for All Illinois Physicians

William A. McDade, MD, PhD

I believe in organized medicine.

I’ve belonged to ISMS, the AMA and National Medical Association since my first days of medical school. When I began my residency, completing my first application for the American Society of Anesthesiologists did not require a second thought. I naturally became a member of the Illinois Society of Anesthesiologists upon my return to Illinois after residency.

Participation was encouraged by my early mentors, and I found the leadership development opportunities personally rewarding. So I’ve maintained my memberships without interruption.

Each of my memberships provides a unique benefit. I believe participation in our societies represents a pathway to reinvigorating professionalism in medicine.

Regarding ISMS, here’s a “behind-the-scenes” glimpse on a perspective not often discussed outside of our membership meetings: A general belief exists that “academics” and “employed docs” aren’t interested in belonging to organizations other than perhaps a specialty group or two.

Our membership data generally supports this idea. However, this topic is somewhat personal to me and I’d like to introduce a counter view.

As I am among the four in 10 Illinois physicians who identify themselves as employed, I wear the labels of both an

academic and an employed doctor. I can attest that any rumors suggesting ISMS doesn’t represent physicians like me have been greatly exaggerated.

Organized medicine and ISMS in particular have a lot to offer employed and academic physicians. Take a look at a few examples of how ISMS advocated on a niche issue within our membership.

Our annual residency program directors meeting (which happens to be taking place this weekend) is a unique event that allows physicians from all specialties and academic settings to learn and discuss the trends shaping medical education.

ISMS also recently contacted medical educators seeking feedback on proposed regulatory changes that would impact resident physicians’ licenses. We channeled the input of our academic members and voiced the concerns under ISMS’ name to the Illinois Department of Financial and Professional Regulation.

We offer many tangible educational benefits and resources attractive to doctors in employed settings. A course on considerations for employment, access to an Illinois job bank, and medical legal resources on employment contracts and restrictive covenants are valuable tools. These are but a few of the arrows in our benefit quiver.

I hope all Illinois physicians with their variety of “labels” find reason to join with us. Be assured that your ISMS membership – for each and every one of you – not only offers professional benefits, but has a direct impact on the medical environment in Illinois.

I’m interested in hearing from all members on your experiences with ISMS. Send me a note at DrMcDade@isms.org.

President's Message

Top Experts Discuss Graduate Medical Education Trends at Upcoming Event

William A. McDade, MD, PhD

This year marks the 7th anniversary of our annual event for residency program directors. The Residency Program Directors meeting has always featured a “who’s who” of thought leaders, innovators and the movers and shakers of graduate medical education. This year’s event – to be held Saturday, December 6 in Chicago – is no different.

Since the meeting’s inception, I’ve looked forward to attending each year. In addition to the outstanding program, the event allows me to connect with colleagues from residency programs in Illinois and beyond. The Illinois State Medical Society and Chicago Medical Society co-host this annual event as part of our shared support for Illinois’ medical training pipeline. And although our focus is serving our own state, the event attracts participants from around the country.

What’s the draw of this meeting? Our speakers and panelists provide practical information to bring back to each participant’s program, as well as insider perspectives for the direction of graduate medical education.

To borrow a phrase from the television show *Law & Order*, this year’s featured panel is “ripped from the headlines.” Few topics have generated more buzz and discourse in the GME community than the Institute of Medicine’s (IOM) report suggesting a massive overhaul of our graduate medical education (GME) system. The Association of American Medical Colleges’ Atul Grover, MD, PhD; and Deborah Powell, MD, Dean Emerita of the University of Minnesota School of Medicine and a co-author of the IOM report, will be on hand to discuss their contrasting opinions of the future of GME financing and the future of the IOM recommendations. These are individuals with insights from behind the policymaking curtain.

Program directors will also hear the latest on Illinois regulations from ISMS member Brian Zachariah, MD, and Daniel Kelber,

JD. Both serve in high level oversight positions at the Illinois Department of Financial and Professional Regulation. Program directors need to know how these regulations will impact your reporting of your residents’ engagement with your program

Since this event is about evolving medical education, we are including some innovative learning opportunities of our own. Duke University’s Kathryn Andolsek, MD, MPH, will lead a hands-on workshop on building Clinical Competency Committees. A “speed dating” portion of the program will allow for table-based rapid-fire discussions on topics of importance to program directors.

I have just finished author Dr. Kenneth Ludmerer’s latest exploration of Graduate Medical Education, *Let Me Heal*; and, at the end of this most impressive book, he asks who will lead us out of the crisis we have in medical education today? He and others answer it is doctors who have the professional responsibility to do so and it begins with training our youngest colleagues in the practice of patient-centered, parsimonious medicine that has the potential to restore the social contract between medicine and society. I wholeheartedly agree and commend you come to this year’s Residency Program Directors Meeting.

If you’re a program director or interested in medical education, you should clear your calendar on the morning of the first Saturday in December. A half-day at the Residency Program Director meeting will be time well invested in the future of medicine.

[Click here to learn more or register.](#)



President's Message

Get Out and Vote

William A. McDade, MD, PhD

Non-presidential election years get a bad rap.

Historically more people are inclined to vote when the leader of the free world is elected, but forget to show up two years later. Yet these “off year” elections are just as important, and probably more so in Illinois because our state

constitutional officers are elected in these non-presidential years, including:

- Governor
- Attorney General
- Treasurer
- Comptroller
- Secretary of State

Also on the ballot this cycle: 118 State Representatives and 19 of 59 State Senators.

A few federal officials will also await election voter returns, including all 18 U.S. Representatives for Illinois and one of our two U.S. Senate positions. Not to mention the scores of regional judges and justices seeking election or retention.

While many of the names on the ballot will be familiar, numerous fresh faces also seek a new position or office for the first time. Once elected, the incumbent typically has a significant advantage in

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Get Out and Vote (Continued)

future elections, so it is important to take the time now to investigate the new office seekers.

If you don't have time to study candidates on your own, the Illinois State Medical Society PAC is a great resource for voting information. Visit www.impaconline.org for election resources or to make an IMPAC contribution.



If you've already contributed to IMPAC, consider upgrading your giving level to join the \$500 Club. Your extra contribution **WILL make a difference** in supporting medicine-friendly candidates down the home stretch.

You can also reach out to IMPAC for information about the candidates seeking office in your voting district. Email impac@impaconline.org to find out if any "friends of medicine" will appear on your ballot. For information about the many judges on the ballot we recommend you visit the Illinois Civil Justice League's election resource, which can be viewed at www.illinoisjudges.net.

Election Day is **Tuesday, November 4**. If a busy office or surgery schedule that day has you booked, consider voting early. Click here for your local early voting options, which begin October 20 and conclude November 1 or 2 (depending on your county). If you are planning a lengthy vacation and will miss early voting and the general election, request your absentee ballot now.

President's Message

Let's Tackle the Doctor Shortage Now

William A. McDade, MD, PhD

Last month my hospital welcomed our new class of medical residents. Each young doctor brought an impressive background, similar to the many physicians before them who came to settle in Hyde Park expecting an intensive three-to seven year journey.

A similar welcome occurred all around our state in July. Illinois hosts thousands of medical residents who are part of our health network providing patient care in academic, rural and urban settings.

What's interesting is that, as an institution, my hospital and the other statewide programs have little wiggle room to adjust our residency slots. The reason for this inflexibility is that the number of Medicare-funded Graduate Medical Education (GME) positions has been capped by Congress - despite data suggesting our "medical training pipeline" is too narrow.

In enacting the Balanced Budget Act of 1997, Washington lawmakers capped the number of residency positions at 94,000. Since then our population has grown by roughly 40 million potential patients. But other than a small growth in privately financed GME positions, our training output has been held in check.

Our teaching hospitals provide 40 percent of all charity care in the country, much of it provided by our residents. These same hospitals also care for 28 percent of all hospitalized Medicaid patients.

Medicare-backed GME is a sensible system for many reasons. Doctors are able to master their specialty, hospitals obtain access to a low-cost professional workforce, and patients have access to necessary medical care.

The Affordable Care Act is further growing the need for more doctors as newly covered patients seek care. Some believe the solution for any doctor shortage is to allow our allied health professions (AHPs) to do more. AHPs play an important role on the medical team, but there are limits to what their training allows them to do.

Bringing the message to lawmakers - from Congress to Main Street

It's now time for Congress to increase the number of GME positions or advance other creative solutions to grow our physician supply.

ISMS is working closely with the Chicago Medical Society and Illinois medical school deans to urge Congress to take action now.



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Let's Tackle the Doctor Shortage Now (Continued)

Several solutions have already been introduced in the U.S. House and Senate. Three bills (HR 1201, HR 1180, and S 577) would “uncap” the limits and add 15,000 more Medicare-funded residency positions. HR 1201 is sponsored by Illinois Congressman Aaron Schock (R-Peoria), and has picked up bipartisan support from Illinois’ congressional delegation.

Recently, ISMS pointed our advocacy efforts outside of Illinois’ borders by contacting all state medical societies to engage them on seeking action on this issue.

Now is the time of year we often find our members of Congress in their home districts, shaking hands, walking in parades and seeking your vote.

If you run into your lawmakers at any summer event or over the holiday weekend, tell them we can’t afford a doctor shortage due to a “bottleneck” at the residency level. Urge them to

pass legislation to upcap the limits on Medicare-funded GME positions. You can also contact your U.S. Representative and U.S. Senators Durbin and Kirk in their district office; find your lawmakers’ contact info [here](#).

I’ll close with some perspective on the lack of creativity in the Institute of Medicine’s recent report on the financing of GME. Their conclusion suggesting that there really is no physician shortage and that there needs to be patient quality metrics attached to GME is dangerous. Because if they are wrong, the lag time in producing a new physician is 7 to 14 years and to scale up will be difficult. Also, the history of our residency teaching programs is that they serve a disproportionately disadvantaged population. Quality metrics tend to be lower for this population and holding residency training accountable for this disparity could lead to less funding for the most vulnerable programs serving the underserved.

President’s Message

A Powerful Force for Good Medicine: ISMS Advocacy

William A. McDade, MD, PhD

Legislative advocacy consistently ranks the highest when we ask our members to assess what they value the most as a reason for belonging to the Illinois State Medical Society.

Efforts on this front are perhaps most visible in Springfield, where each year our legislative team reviews hundreds of bills that impact physicians and patients.

Having chaired the Governmental Affairs Council for a number of years, I can assure you that the leadership in advocacy for you and your patients is unparalleled. We fight hard to initiate and advance proposals that our members have identified as key priorities, and to block attempts by other groups to pass legislation harmful to medicine. We work well with other state based specialty societies to address scope of practice issues, so as to ensure the safest environment for our patients that we can.

The value of advocacy is sometimes invisible, because when we successfully defend against a bad proposal, we as members never experience that proposal’s effect. Not all of our successes can be quantified in the manner of ISMS’ recent success in obtaining an increase to non-surgical worker’s compensation Evaluation & Management codes. A very tangible benefit can be calculated knowing that through ISMS efforts, these reimbursements will increase by an average of 9.5 percent.

Some consider the 2013 increase in Illinois’ physician licensure fees an unnecessary and added expense for doctors. What this view fails to capture is the fact that while licensure fees were increasing all around us, Illinois held our fees low and flat for more than 20 years. Before the hike, Illinois had the second lowest fee per annum.

Despite the increase, which could have been substantially higher without our diligence, we continue to push politicians to leave the funds raised by the measure, in the Department of Finance and Professional Regulation where it can increase the staff to process licenses more rapidly and thus increase access to care for patients; and, to investigate claims thoroughly to ensure patient safety. Because of deficits run up by the state, these funds have been swept into general revenue coffers in prior years, a practice we fervently oppose.

ISMS has developed two resources to help you better understand the legislative accomplishments your dues dollars supported this year.

A comprehensive end-of-session report is just a click away, highlighting the good, the bad and the ugly from our 2014 work in Springfield.

For those seeking “just the facts,” a two-page document is available covering the high-level view of our legislative accomplishments.

Throughout the year ISMS Advocacy is at your fingertips. Regular updates can be found on our [Legislative Action Hub](#). Our recently debuted newsletter, *ISMS Physician Advocate*, features updates on the sausage making of health laws.

And, of course, our membership exclusively receives “Action Alert” notifications when important legislation is on the move. Your phone calls, emails and personal connections with the lawmakers representing us in Springfield are a huge source of support to our legislative advocacy success. We thank you for your involvement in making Illinois a safer place to practice medicine.



President's Message

ISMS Guards Against Legislative Micromanagement of Medicine

William A. McDade, MD, PhD

Micromanagement is regarded as one of the cardinal sins of leadership, and for good reason. The micromanager inevitably wastes time making decisions about issues with which he has little experience, and the whole team suffers as a result.

When legislators try to micromanage, the consequences can be devastating - especially when it comes to medicine.

Of course, I'm not saying the legislature should wash its hands of anything related to health care. The members of the Illinois General Assembly have a strong interest in addressing significant public health threats, and they have the authority to regulate health professionals who care for the people of Illinois. Every day, ISMS works cooperatively with legislators to develop sound policy that protects patients and allows physicians to exercise their medical judgment.

Unfortunately, legislators sometimes try to use their regulatory authority in ways that would ultimately do more harm than good.

Three public health issues stand out as recent examples of how legislators sometimes try too hard to make a difference, and end up legislating the practice of medicine instead:

Child abuse is a major problem nationwide, and health care professionals are on the front lines of detecting and reporting abuse. SB 3421 would have required that anyone licensed by IDFP who is also a mandated reporter, including every physician, must receive regular training on recognizing child abuse. This may seem reasonable at first, but a large portion of physicians never encounter children in their practices, and many do not see patients at all.

Opioid addiction, which includes addiction to prescription medications as well as our state's heroin epidemic, is another example of this phenomenon. The Illinois House of Representatives Heroin Crisis Task Force is currently considering a wide range of options, including mandatory CME, mandatory use of the Prescription Monitoring Program prior to prescribing, separate licensure of so-called "pill mills," codification of particular evidence-based guidelines, requiring toxicology screening of patients who are prescribed opioids, and much more. Final legislation has not yet been introduced, but many of these mandates would place undue burdens on physicians and patients.

Hepatitis C is a significant public health threat that affects over 3 million Americans, and in 2013 the State of Illinois set up a Hepatitis C Task Force to research the issue and recommend action. This task force has asked why physicians do not always follow CDC guidelines for Hepatitis C screening, which recommend that all adults born 1945-1965 should receive testing for Hepatitis C. SB 2670 would have mandated this screening in Illinois.

The CDC guidelines are meant to assist in the clinical practice of medicine, not to overrule a physician's medical judgment. While increasing screening and reducing deaths from Hepatitis C are important goals, mandated screening is the wrong approach. Many insurance carriers do not fully cover the cost of screening or treatment. There undoubtedly would be many screened individuals who do not have Hepatitis C, and the resources expended on such a mandated screening effort would have a significant adverse impact on the use of health care dollars.

Similar stories can be told about testing of newborns for the CMV virus, identifying elder abuse, and a host of other issues. The temptation is strong for well-meaning legislators to turn clinical guidelines into state law, mandate particular topics for CME, and otherwise micromanage medicine.

Fortunately, the Illinois State Medical Society is here to help make sure good intentions do not give way to bad policy.

Physicians take seriously our responsibility to keep our skills sharp and to treat each patient according to our medical judgment. There are only so many hours in a day, and the more time a physician must spend on mandated screenings and required CME topics that aren't relevant to his or her patients, the less time he or she has for what really counts.

ISMS works hard every day to make sure our senators and representatives understand this. We work with them individually to craft responsible legislation, and we testify before legislative committees and task forces on behalf of Illinois' physician community.

We also bend over backwards to provide an abundance of rich and relevant CME materials. It's no coincidence that we offer access to resources on recognizing and reporting child abuse, responsible prescribing of opioid pain medications, and countless other topics.

Physicians have the training and experience to know what topics are relevant to their practices. We have the professional responsibility to stay current on those topics and on the appropriate guidelines to help us treat our patients. And thanks in part to ISMS, we have ample opportunity to do so.

All we need now is for the state legislature to let us do what we're trained to do.

Additional Resources

- [Illinois Child Abuse Reporting Course](#)
- [Opioid Course for Prescribers](#)
- [CDC Hepatitis Training Resources for Professionals](#)

President's Message

Building Professionalism; Building a Strong ISMS William A. McDade, MD, PhD

It is my pleasure to serve Illinois physicians and patients over the next year as ISMS President. I expect to be busy. In addition to the hat I wear with my ISMS duties, I also work in an active clinical practice as an anesthesiologist at the University of Chicago. A third hat in my rotation is Deputy Provost for the university.

I am excited to tackle the many challenges we face and to represent your views to the public. One topic that is of particular interest to me is bolstering ISMS' membership ranks. To be frank, during this time when physicians should be showing support for their professional association to represent our interests most doctors choose not to belong. If you are reading this, you probably get it and know why we need a strong ISMS.

However, a disconnect remains with many of our peers.

When I reflect on ISMS challenges for growing our membership I rely on all of these hats as well as my university colleagues for perspective.

An economist would tell me that the answer is simple, in that value, which is equal to benefit over cost, has not been demonstrated sufficiently to incentivize the consumer to make the decision to join.

My business school friend would opine further by stating that the decision to join is governed by a need for a service that is unattainable except through the purchase of a good that is controlled by a seller. In other words, if the buyer can obtain the service without paying for it, then there is little incentive to purchase the good.

Legal scholars have argued that the health care delivery system has shifted from a physician-dominated, professional model to a market paradigm, in an effort to address the skyrocketing costs of health care. This shift has led to dire pronouncements of the demise of medical professionalism. Perhaps by reinvigorating professionalism in

medicine, we might achieve results that evade both market forces and command-and-control legislation.

Could it be that potential members did not know what was done on their behalves? My colleagues in the English Department opine that your audience must understand what you say and must feel what you feel to best get your message across. We should strive to make what we do available to potential members and to make it as personal as we can in delivering our message. You may notice a new look and feel to the messages you are receiving from ISMS. The communications vehicles that ISMS uses have been recently updated and new strategies are now being implemented.

It is my hope that each of us learns to use the materials available to us to re-ignite the professional responsibility in the potential member to join with us to promote the practice of medicine and the welfare of those we serve. In my mind, this will always be at the core of my identity as a physician.

The formation of identity leads me to another campus location. The social scientists split into three camps. The psychologists would explain that the identity of a physician today is no longer formed by the need to be associated with the main corpus of physicians. Ego can be maintained in the present context through other identities that derive from, but are different from the whole. These alter-egos could be that they define themselves as specialists first and not as physicians of the general body. Or, they see themselves as employed physicians, and not as simply as physicians. Or, they are so split in their identity by the many choices they have that they are paralyzed and incapable of making a decision to see how any identity matters.

Advance a shared vision; affirm importance of organized medicine

I urge you forget yourself and become part of something larger. This is the essence of professionalism and why we must restore it within the profession. The psychologists get how important it is for us to have a foundational identity that transcends the everyday workaday world.

Getting our potential member colleagues to share this vision should be our mission for the Society. However, we have to put laser focus on this goal and not be distracted by matters that detract from this. Although, at its core, ISMS is a political organization, politics cannot be our focus. It is true that Illinois is a purple state, with two concentrated blue dots in a nearly entirely red state. Yet, we can't allow that which could divide us to prevent us from doing what is best for medicine in this state.

As a medical educator, I am invested in the teaching mission of medicine and believe that is where we have failed the most in terms of instilling the values of professionalism. My sociology colleagues would say that today's learners are different. They learn in different styles, they value personal time over in-class tradition. However, one thing that is constant in the education of a physician is the inculcation of professional values.

We have a responsibility to the future members of our profession to show them what we do and why it is important. Educating our youngest potential members, as well as those who have already joined, is key in affirming the manifold ways that organized medicine is essential for the perpetuation of the very medical education system that has trained them.

I look forward to the year ahead and meeting many new friends and colleagues from around the state. I also would like to hear your thoughts on how ISMS can better serve our members. Email me at DrMcDade@isms.org.