

MEDICAL

NOVEMBER 2025

PROFESSIONALS

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**PREEYA
PATEL, DO**

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from the PUBLISHER

Happy Thanksgiving!

I hope you are enjoying all that the Fall season has to offer, including cooler temperatures, apple picking, and sitting around bonfires with friends and family. Even with the hustle and bustle that can come with the holiday season, I hope you take time to slow down and enjoy a wonderful Thanksgiving with those you love.

Preeya Patel, DO, from Novant Health Waverly Pediatrics & Primary Care, is this month's Featured Physician. She knew she wanted to go into healthcare at a young age and during college majored in Health Policy and Management. The summer before her senior year, she did an internship at the Levine Cancer Institute, and in her free time, she would go and shadow procedures and patient encounters. It was then that she realized that she wanted to be patient-facing and decided that medical school was what she wanted to pursue next.

During residency, Dr. Patel wanted to return to the Charlotte area and came across the family medicine residency program at Novant Health, which was the perfect fit. After graduating, she knew it was where she wanted to be for the long term. She loves that the practice can help with almost all family needs, as they have pediatricians, family medicine physicians, and internal medicine physicians who all work together to give comprehensive care to the entire family. She values the great energy at the practice and the teamwork and creativity that enable them to provide the best care to their patients.

This month's specialist is Sanjiv Lakhia, DO, a Board Certified Psychiatrist & Integrative Medicine provider with Carolina Neurosurgery & Spine Associates. While studying Chemical Engineering at the University of Dayton, he experienced a medical event, and God redirected his life and career path. During this time, Dr. Lakhia met amazing healthcare providers, and this sparked his interest in becoming a physician. He then decided to volunteer at the local hospice and Children's ER to see if medicine was what he wanted to pursue. He told us he still remembers his experiences from those days over 25 years ago that set him on the path to where he is today.

Though he considered ophthalmology and loved all the "toys" they get to use to evaluate ocular health, while in medical school, he received extensive exposure to musculoskeletal medicine and loved learning about human biomechanics and anatomy. Psychiatry seemed like the best fit, and after a few psychiatry hospital rotations, Dr. Lakhia found his passion and never looked back!

This month's nurse, Kathleen Mescall, MSN, RN-BC, CNL, Trauma Clinical Nurse Leader with Atrium Health Carolinas Medical Center, was inspired to become a nurse after one of her best friends was diagnosed with a malignant brain tumor at the age of 20. He attended St. Jude Children's Research Hospital, and Kathleen was able to visit him. She saw the tremendous impact nurses made on her friend and how they could make him smile, even when he was at his sickest. Once he was put on hospice care at home, Kathleen spent a lot of time with her family and with the hospice nurses, who were able to bring a sense of peace to his parents in an unbearable situation. It was then that she knew she wanted to be the person who could make a patient smile or bring peace to a family in a situation where those things are hard to find.

As a Clinical Nurse Leader, Kathleen works with interdisciplinary teams to create a plan of care for patients and process improvement within the trauma population. She values that she still has a "boot on the ground" by being bedside during rounds, which helps her to bring that experience into the process improvement aspect of my role. She told us that she loves trauma as it is a completely different world of nursing, and she makes it a priority to listen to the concerns of both patients and their families and advocate for them.

I hope you enjoy this issue. To learn more about who is being featured each month, follow us on Instagram @medicalprofessionals.charlotte.

As always, please reach out if you would like to nominate a healthcare professional to be featured, if you would like to provide content, or if you would like information on sponsorship opportunities.

Happy reading!

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2024 American Diabetes Association State of Diabetes: Charlotte Event.



American Diabetes Association State of Diabetes: Raleigh-Durham event.



American Diabetes Association Step Out Walk.

SECTION I: ORGANIZATIONAL INFORMATION: AMERICAN DIABETES ASSOCIATION

How long has your organization been around?

The **American Diabetes Association® (ADA)** is the nation's leading voluntary health organization fighting to end diabetes

and helping people thrive. This year, the ADA celebrates 85 years of driving discovery and research to prevent, manage, treat, and ultimately cure diabetes.

Why does ADA exist?

The ADA's mission is to prevent and cure diabetes and to improve the lives of all

people affected by diabetes. There are **136 million Americans living with diabetes or prediabetes**, and with health care costs at an all-time high, people with diagnosed diabetes have, on average, 2.6 times higher medical expenditures than those without. In North Carolina, approximately 1,060,700 adults, or 10.8% of the adult population, have been diagnosed with diabetes. Additionally, approximately 610,000 adults in the state, or 34% of the adult population, have obesity. Through advocacy, program development, and education, the ADA is fighting for them all.

What is ADA's vision?

The ADA envisions a life free of diabetes and all its burdens. For 85 years, the ADA has driven diabetes discovery and research. During the month of November—American Diabetes Month®—the ADA's State of Diabetes events serve as a pivotal gathering in locations across the nation, uniting employers, industry leaders, health care professionals, and community members in support of the ADA's mission.

The Charlotte State of Diabetes will be held on November 6 at Northeastern University. Sponsored by **Novant Health**, the event will feature esteemed panelists sharing their expert perspectives on the



Seb Girard, Senior Vice President and Chief People Officer, Novant Health.

discussion topic, **Addressing Obesity and Diabetes: Strategies for Healthier Lives and Lower Costs.** Attendees will learn about new treatments, lifestyle changes, and ways to make diabetes and obesity care more accessible, helping individuals, families, and employers support healthier lives and reduce overall medical costs. Registration is free. To learn more and register, visit diabetes.org/SODCharlotte.

SECTION II: INTERVIEW: SEB GIRARD OF NOVANT HEALTH
Responses attributable to Seb Girard, Senior Vice President and Chief People Officer, Novant Health:

How did you become involved with the American Diabetes Association?

When I took on the role of senior vice president and chief people officer at Novant Health in early 2024, I was drawn to supporting causes that benefit our patients, team members, and the communities we serve. **The ADA's work is crucial in helping the millions of Americans living with diabetes, and it aligns with Novant Health's work to prevent and treat this condition.** Since becoming involved, I've developed an even deeper appreciation for the importance of raising awareness and collaborating to support those in our communities affected by diabetes.

Why did you become involved with the American Diabetes Association?

Novant Health is recognized nationally for our focus on preventing and treating diabetes, and the ADA is the leading and trusted authority on diabetes. Given our shared commitment, Novant Health has long been a supporter of and involved with the ADA, and I am honored to help extend our involvement as executive chair of the ADA's

2025 State of Diabetes in Charlotte. As a human resources leader, **I am passionate about supporting our team members and inspired by how our two organizations are coming together to offer such valuable information and resources around diabetes and obesity.** I am proud to play a role in creating awareness about diabetes prevention, advances in treatment, and care across the communities we serve. On a personal note, about 20 years ago, one of my close childhood friends, also the best man at my wedding, discovered he was diabetic by being admitted

the contemporary landscape of diabetes and obesity and their financial impact on individuals and employers. The ADA is active across North Carolina, with year-round opportunities for fundraising and volunteer leadership. They will host an **American Diabetes Association Step Out® Walk on April 18, 2026, at McAlpine Creek Park**, which will be an excellent opportunity to get involved locally for those affected by diabetes and committed to a cure. To learn more, visit stepout.diabetes.org/SOWCharlotte.



American Diabetes Association Step Out Walk.

to the emergency room for a hyperglycemic crisis that was almost fatal. He is doing well now, and ever since, I've been inspired to help create awareness about diabetes.

What is your role with the American Diabetes Association?

I was pleased to serve as the executive chair of the American Diabetes Association's 2024 Charlotte State of Diabetes event and currently serve as the executive chair again in 2025.

How can the readership get involved or support the American Diabetes Association?

There are many ways that readers may get involved with the ADA. One is by attending the upcoming **State of Diabetes event on November 6 at Northeastern University**, which will feature an expert panel in critical discussions on addressing

Is there anything else you would like the readership to know?

Novant Health was recently recognized as a leader for **excellence in diabetes care**. Six Novant Health hospitals, four in Charlotte, were among only 36 hospitals recognized nationwide by the Leapfrog Group and the American Diabetes Association as **2025 Recognized Leaders in Caring for People Living with Diabetes**. Novant Health Diabetes & Nutrition clinics are also recognized by the ADA for quality self-management education.



Preeya Patel, DO

Novant Health Waverly
Pediatrics & Primary Care



FUN FACTS

- She is one few people left in the area who was born and raised in Charlotte.
- She enjoys dancing and feels confident and comfortable in a variety of genres.
- Her family has a nine-year-old Maltese named Ari.
- When asked for something others would be surprised to learn about her; she told us she loves to do laundry! She finds laundry kind of therapeutic! Dr. Patel told us there's something relaxing about the fresh smell, the warmth of clean clothes, and the instant sense of accomplishment when everything is folded and put away.

How did you get your start in medicine?

I always knew I wanted to be in healthcare from a young age. Science intrigued me, and I loved mysteries. I was majoring in Health Policy and Management in undergrad. The summer before my senior year, I did an internship at the Levine Cancer Institute. In my downtime, I would go and shadow procedures and patient encounters. At that point, I realized that I wanted to be patient-facing and decided that medical school was what I wanted to pursue next. I fell in love with family medicine during medical school because it allows me to build lasting relationships with patients and care for them through every stage of life. I value the continuity, the trust that develops over time, and the privilege of being part of a family's health journey.

How did you find your way to Novant Health?

When I was looking for the perfect place to train in residency, I knew I wanted to come back home or somewhere close by. I came

across the family medicine residency program at Novant Health during my search and fell in love with the program instantly! It was the perfect fit. After graduating, I knew it was the same organization I wanted to be with long-term. I align with Novant's mission and values very well.

What makes your practice unique in our community?

One thing I love about our practice is that we can serve almost all of a family's needs. We have pediatricians, family medicine physicians, and internal medicine physicians at our practice, and we work well together to take care of a family as a whole.

Tell me about the culture in your practice.

We bring great energy to everything we do! Our culture thrives on creativity, teamwork, and a shared commitment to excellence — all while keeping things fun and supportive. Everyone's ideas are valued, and teamwork is at the heart of everything we do.



What is your definition of quality care?
Quality care means providing services that are safe, compassionate, and centered around each person's unique needs. It's about treating individuals with dignity, listening to their concerns, and ensuring they feel valued and supported every step of the way.

What motivates you?
What motivates me most is the chance to keep learning, growing, and challenging myself. I find purpose in helping others and taking pride in knowing that my work can make someone's day a little better. My most recent motivation is my daughter. I want to set a great example for her and show her the importance of being hardworking and dependable, all while staying true to who you are.

What concerns, if any, keep you up at night?
I have a 9-month-old, so when I get the chance to sleep, nothing keeps me up! But if I had to pick one thing, probably the same thing as everyone else —thinking of the perfect comeback I should've said three days ago.

How do you try to maintain a balanced life outside of work?
Outside of work, I spend time with family and friends, enjoy traveling, and make time for activities that help me relax and reset. Keeping that balance helps me stay positive and motivated.

Have you ever been close to quitting or changing careers?
While I've faced difficult periods, I've never been truly ready to quit. Instead, I use those moments as opportunities to reflect, recharge, and set new goals. Staying connected to my purpose and seeing the results of my efforts helped me push through.



What are some of the most rewarding aspects of your profession?
The most rewarding part of being a physician is witnessing the impact of care — seeing a patient recover, regain hope, or simply feel heard and understood. Those moments remind me why I chose medicine and continue to inspire me every day.

What methods do you employ to keep improving your knowledge and experience?
Medicine evolves constantly, so I make learning part of my routine —

whether it's reviewing new articles, attending conferences, or seeking feedback from peers. Staying curious and open-minded keeps me improving as a physician and as a person.

If you could offer any advice to younger physicians, what would it be?
Be patient with yourself, and remember that growth takes time. Every experience — even the tough ones — will make you a stronger and more empathetic physician. Focus on progress, not perfection, and keep your passion for helping others at the heart of what you do.

Has there been anyone who has influenced you or mentored you along the way?
I have had multiple people who have influenced me, including my family, some of my attendings, as well as some of my peers. I have had mentors who not only taught me medical knowledge but also modeled empathy, patience, and integrity.

If you were not practicing medicine, what other profession do you think you might have chosen?
I think I would have pursued a career in public health because it would allow me to work on systems-level change to improve healthcare access and outcomes.

Are there any charities you are involved with or support?
BAPS Charities. BAPS Charities is an international, non-religious, and charitable organization with a focus on serving society.

GETTING TO KNOW THE DOC...
When you were younger, what did you think you were going to be when you "grew up?"
Initially, I thought I would become a lawyer. My dad also thought that I'd be a lawyer, but I ended up loving science so much, which drove me into the path of healthcare.

What was your first job?
I worked as a tutor in math!

Are you more of an indoors or outdoors person?
Outdoors! I love being outdoors because it combines adventure, movement, and fresh air. It's the perfect way to reset and stay active. There's something about open spaces and natural beauty that instantly lifts my mood.





A guilty pleasure?
Oreos after 9 pm.

A favorite snack?
Oreos.

The last book you really enjoyed.
The Henna Artist, a book engrossed in culture and tradition, breaks the traditional norms.

A movie you could watch on an endless loop.
Home Alone because it teaches you the value of family and also how to be creative and problem solve!

What fun adventures have you been on?
I absolutely love traveling! My travels to Japan and Iceland were unforgettable. In Tokyo, I had the thrill of street go-karting through the city, racing past iconic landmarks and the buzz of Shibuya Crossing with a view you can't get any other way. Iceland offered a completely different kind of adventure, where I hiked across a glacier surrounded by breathtaking blue ice and endless, untouched landscapes. Both experiences were exhilarating in their own ways, one fast-paced and full of energy, the other peaceful and awe-inspiring.

What is the best advice you have ever received?
Do your best, leave the rest. Once you've genuinely done your best, worrying about what you can't control only creates stress. It has taught me acceptance and that not everything will go perfectly, and that's okay. It reminds you that your worth comes from your effort and integrity, not just the end result.

What is something in life you are happy you did?
In a critical moment, I was able to intervene and help stabilize a patient during a medical emergency on a flight.

Interests/hobbies outside of work.
Traveling. I absolutely love exploring and immersing myself in different cultures. There is so much beauty in the world, and I love to capture every moment for my memories. I am a foodie and love trying different foods and cuisines. I absolutely love baking and reading as well.

Hobbies you would like to try if you had more time.
Photography. Photography teaches you to

notice beauty and detail in everyday moments - light, color, patterns, expressions. Focusing on capturing a moment helps you slow down and be more present. It helps you preserve meaningful experiences and milestones beautifully.

A habit you would like to change.
I have this tendency to eat a late-night snack in bed. I'm not a messy eater by any means, but definitely something that I want to work on.

A place on your bucket list.
Morocco and Jordan are on my bucket list because both countries offer such rich history, culture, and natural beauty. I'd love to wander through the colorful souks of Marrakech, explore the Sahara Desert, and experience the warmth of Moroccan hospitality. In Jordan, seeing Petra and floating in the Dead Sea have always been dreams of mine.

Among your friends, what are you best known for?
The girl who loves to dance! I am also pretty goofy and lighthearted when I'm around my family and close friends. Most people would say I am very dependable and supportive. I love bringing people together and finding ways to make even ordinary moments feel special.

Favorite sports teams.
Carolina Tar Heels. Basketball was a sport I played growing up. Naturally, I attended UNC-Chapel Hill for undergrad and became a huge fan. I am a Tar Heel born, Tar Heel Bred, and when I die, I'll be a Tar Heel dead!

If you could spend a day in someone else's shoes, who would it be and why?
My spiritual leader, Mahant Swami Maharaj. To see the world through the lens of someone who is completely selfless, egoless, and here to serve for the betterment of humanity without having any reciprocation is a true thing of wonder. To be rid of all selfish desires and

attain true bliss and lasting happiness is something commendable to strive for.

Something your parents taught you that still sticks with you today.
You should always imbibe positive qualities from everyone around you; however, always remember not to ever compare yourself to others because you can only be the best version of yourself. I feel like it is so easy to think about and worry about what everyone else is doing around you, but you are uniquely "you!"

A personal accomplishment you are most proud of.
During my second year of medical school, my friends all signed up to run the Disney Princess Half Marathon in Orlando. I used to be a runner, but had slowed down in the most recent years because of medical school and an ankle injury. All of my friends were talking about it during lunch one day, and they all signed up. I have severe FOMO (fear of missing out), so naturally I signed up as well. Race day arrived, and I had not trained at all for this half-marathon. But I still finished it! I was really proud of myself for pushing through!



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THE LEGAL LOWDOWN

HEALTHCARE LAW IN 2025



Heather Skelton
Partner
Gardner Skelton, PLLC



Karen Swift
Attorney
Gardner Skelton, PLLC

Dear Heather,

I run a small medical practice in coastal North Carolina. I saw your recent *Charlotte Medical Professionals* article focused on the One Big Beautiful Bill Act related to some of the Medicaid changes. I'm curious if there are any other parts of the new law focused on healthcare of which I should be aware of?

—Curious in Coastal Carolina

Dear Curious:

Yes, there are several additional healthcare-related provisions in the **One Big Beautiful Bill Act** (*Public Law No. 119-106*), which was signed into law on **July 4, 2025**. While the Act primarily focuses on tax policy—particularly extending the Trump-era tax cuts—it also includes a number of significant healthcare reforms beyond Medicaid.

Here are some examples, but not an exhaustive list:

Affordable Care Act Revisions

- **Eligibility for legal immigrants** will be narrowed starting in **2026**.
- Beginning in **2026**, **low-income individuals** who enroll during special enrollment periods will no longer qualify for **premium tax credits**.
- **Automatic renewals** for ACA plans will end in **2028**.
- Starting **January 1, 2028**, health insurance exchanges must **verify eligibility for premium tax credits before enrollment**.

Required verification includes:

- Income
- Immigration status
- Health coverage status
- Place of residence
- Family size.¹

Rural Provider Relief Fund

- The Act allocates **\$50 billion** to states to support rural healthcare providers from **fiscal year 2026 through 2030**.
- States must submit a **rural health transformation plan** and receive **award approval by December 31, 2025**.²
- **Half divided equally among states** that apply and are approved.
- **Half distributed via CMS formula** based on rural population, facility distribution, and low-income patient volume.
- Opportunities for providers to qualify and receive this funding will vary by state.³
- Funds can be used for:⁴
 - Infrastructure upgrades
 - Workforce development
 - Financial stabilization
 - Telehealth expansion

Medicare Physician Payments.

- For **calendar year 2026**, the Act provides a **one-year 2.5% increase** to the **Medicare Physician Fee Schedule (PFS) conversion factor**.

Health Savings Account (HSA) Telehealth Safe Harbor

- The Act **permanently extends** the provision allowing **high-deductible health plans (HDHPs)** to cover **telehealth and remote care services before the deductible is met**, without affecting HSA eligibility. (Retroactive to January 1, 2024, “so there is no confusion about the services provided in 2025 after the (prior) provision expired.”)⁵
- Direct primary care arrangements no longer disqualify HSA eligibility (with limits).⁶
- Max monthly fee: \$150 individual / \$300 family
- Effective January 1, 2026
- HSA funds can be used tax-free for these fees

What Should I Do Next?

As with most acts of Congress, implementation takes time. At the

moment, we'll all be on the edge of our seats watching things unfold. The US Department of Health and Human Services will “review legislation and start developing an implementation plan. Most deadlines are several years away, leaving time for HHS to issue rules and guidance and for states to develop and execute implementation strategies.”⁷ Further, Congress may in the future make modifications to the Act. And of course, there will be multiple opportunities for delays of currently planned policies. So, stay alert for future activities regarding the implementation (and possible revision) of the Act. Monitor CMS and HHS guidance as implementation unfolds. Engage with your state health department to understand how North Carolina will allocate rural health funds.

Finally, as always, please consider consulting your legal counsel to assess how these changes may affect your practice operations, billing, and patient access. There are no one-size-fits-all solutions, and you will want an advisor who is willing to become familiar with the nuances of your practice.

References

¹ <https://nashp.org/what-health-care-provisions-of-the-one-big-beautiful-bill-act-mean-for-states/>

² Ibid.

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⁵ Ibid.

⁶ Susan Rupe, HSAs received a major boost from “one big beautiful bill” InsuranceNewsNet (2025), <https://insurancenewsnet.com/innarticle/hsas-received-a-major-boost-from-one-big-beautiful-bill>.

⁷ Ibid.

The information provided in this column does not and is not intended to constitute legal advice. His area of law is still developing. This article addresses applicable current laws as of September 29, 2025.



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Diagnosed a hernia? With Novant Health surgeons, surgery isn't the only option.

Most hernias can be diagnosed with a physical exam. From there, it's helpful to simply send the patient to a surgeon, who can assess if additional testing or imaging is necessary.

A common misconception with hernias is that surgeons automatically recommend surgical intervention. That's not the case with Novant Health surgeons.

"I like to see all hernias, even if they may not be an issue currently," said William Hope, MD, a general surgeon with Novant Health General Surgery & Bariatrics in Wilmington. "If the patient has concerns or questions, we can weigh in on the surgical side. And it can help to be established with a surgeon in the event that surgery does become necessary later on."

The causes of hernia are multifaceted. "Repetitive stresses on the abdominal wall from increased intra-abdominal pressure lead to microscopic tears of tissue," said Thomas Gavigan, MD, general surgeon at Novant Health Carolina Surgical in Charlotte.

"Over time, this can decrease the strength of tissue, predisposing individuals to hernia formation. Several instances cause increased intra-abdominal pressures that place individuals at increased risk, including constipation, physical labor, childbirth, excessive coughing from lung disease or even frequent vomiting from diseases like bulimia nervosa."

It's also just a common problem. One in 4 men will develop an inguinal hernia. Following are a few considerations for referring physicians when they inevitably encounter another hernia.

Monitor symptoms first.

"We don't automatically operate on hernias unless there's a reason to, whether there are concerning symptoms or surgery is better



"Incarceration without strangulation is not a surgical emergency; however, the risks and benefits of surgery should be discussed with the patient, and a patient with reasonable operative risk should have their hernia repaired within a sensible time frame."

— Thomas Gavigan, MD
Novant Health Carolina Surgical

sooner rather than at a more advanced age," said Dr. Hope. "Many patients prefer to have their hernias monitored instead. We're happy to monitor if we determine that as a safe route for the individual."

"Small, reducible hernias that don't cause symptoms can be safely monitored," said Paul Chandler, MD, general surgeon at Novant Health Salem Surgical Associates in the Triad. "Once a hernia becomes large, painful or is more difficult to reduce, the patient should be referred to a general surgeon."

Most hernias can be diagnosed with a physical exam.

From there, it's helpful to simply send the patient to a surgeon, who can assess if additional testing or imaging is necessary.

"Imaging is seldom required for most routine hernias," said Steven Thies, MD, general surgeon at Novant Health General Surgery in South Carolina. "For more complex repairs, such as recurrent hernias, very large hernias or in patients with complicated surgical histories, a CT scan is often useful for planning the most effective operation."

"When we monitor hernias, we mostly focus on symptoms" Dr. Hope said. "We want to be able to catch any changes in symptoms such as the hernia increasing in size, pain and discomfort, as well as the hernia starting to limit someone's daily activities."

"Asymptomatic hernias are repaired on an elective basis, but those presenting with strangulation require immediate surgery,"

Dr. Gavigan said. "Incarceration without strangulation is not a surgical emergency; however, the risks and benefits of surgery should be discussed with the patient, and a patient with reasonable operative risk should have their hernia repaired within a sensible time frame."

A hernia is rarely an emergency. But in addition to incarceration and strangulation, it's also concerning if the hernia is not able to be pushed back in, or if the patient is experiencing any unusual gastrointestinal symptoms like nausea, vomiting or constipation.

The type of hernia can influence the surgical plan.

- Inguinal hernias are common, and while these patients can be monitored, they do ultimately seek care because the hernias get bigger and more symptomatic. Novant Health surgeons often hear from patients who wish they had gotten it fixed sooner.
- Umbilical hernias, the most common ventral hernias, are often asymptomatic and can be monitored.
- Incisional hernias, the less-common ventral hernias caused by a previous surgery, often require repair. The aim is to prevent progressive enlargement, discomfort and the risk of complications such as bowel obstruction or strangulation.

"The best chance to have a successful outcome is after the first hernia repair, so it's important to optimize the patient prior to elective

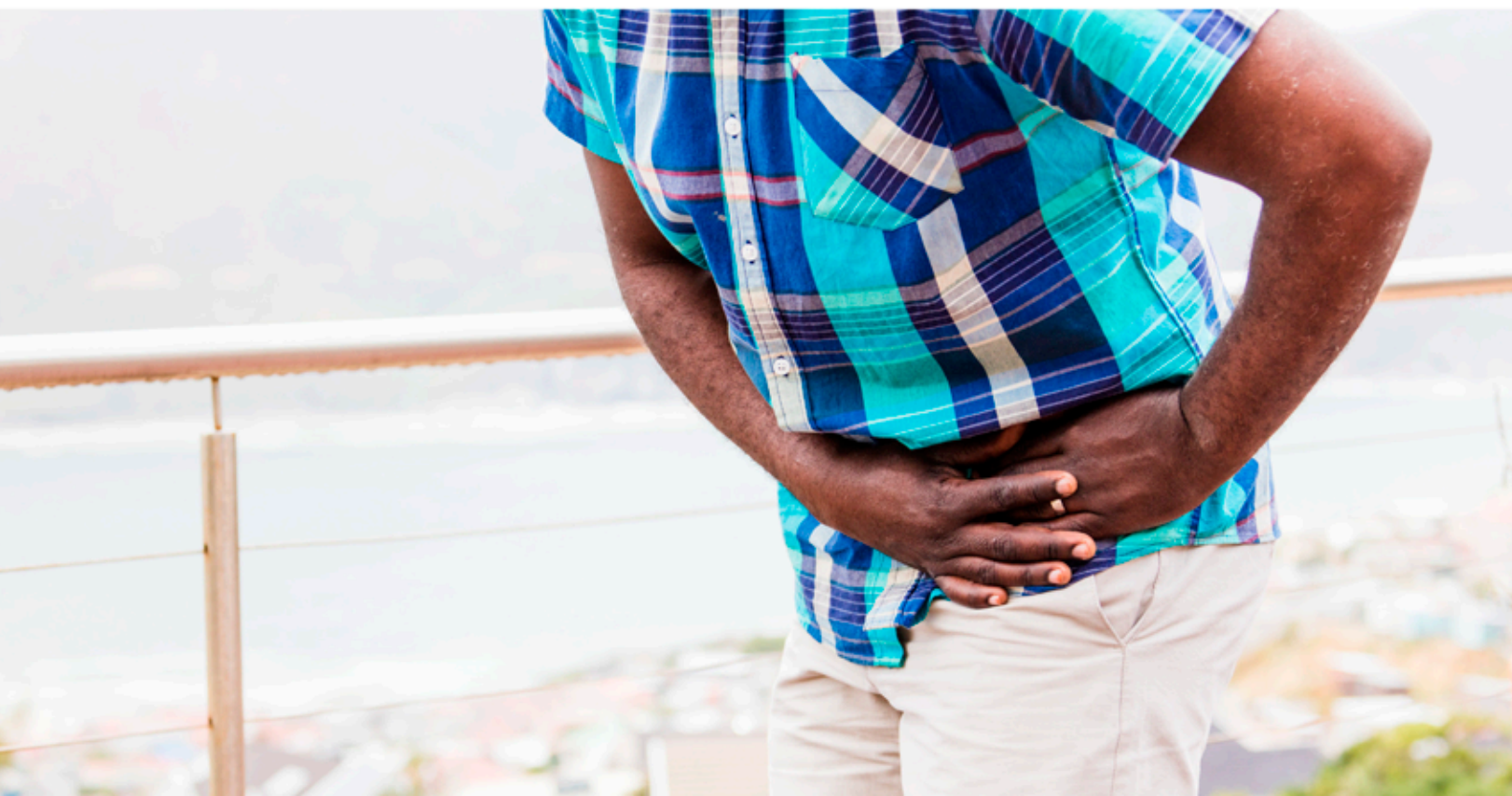
hernia repair," Dr. Chandler said. "Obesity and smoking increase the chance of wound infection and hernia recurrence. Referral to a comprehensive medical weight loss program can help patients lose weight prior to elective surgery, as can bariatric surgery."

Surgical repair of incisional hernias is highly individualized, with primary approaches including open, laparoscopic or robotic techniques. The choice between minimally invasive versus open surgery is guided by patient-specific and hernia-specific factors. Tissue support is also part of the discussion.

"Modern mesh is safe and is the standard for most routine hernia repairs," Dr. Thies said. "Risks of using mesh are very low and must be balanced by considering the great benefits in reducing risk of hernia recurrence."

Novant Health surgeons receive hernia referrals from primary care physicians as well as many specialties. "It's not uncommon for a specialist to be examining an abdomen during a surgical consult and to discover a hernia," Dr. Hope said. "It's such a common problem, so it's one of the most common surgeries we do."

To work with Novant Health's experienced general surgeons or to refer a patient for a hernia concern, fax **336-718-8884** or visit **NovantHealth.org/Surgery**.



Sanjiv Lakhia, DO

**Board Certified Physiatry
& Integrative Medicine
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How did you get your start in medicine?

While studying Chemical Engineering at the University of Dayton, I had a medical event, and God redirected my life and career path. I met amazing healthcare providers, and this sparked my interest in becoming a physician. I then decided to volunteer at the local hospice and Children’s ER to see if this was for me. I still remember my experiences from those days over 25 years ago that set me on the path to where I am today.

How did you choose your specialty?

As a DO (Doctor of Osteopathy), I received great exposure to

musculoskeletal medicine during medical school. DOs receive hundreds of hours of training in osteopathic manipulation and learning about human biomechanics and anatomy. I loved it! Physiatry (non-surgical orthopedies and spine care) seemed like a logical fit. I then proceeded to take some physiatry hospital rotations at Ohio State and the Rehab Institute of Chicago. I haven’t looked back since!

Were there any other specialties you considered?

I really enjoyed ophthalmology and all the “toys” they get to use to evaluate ocular health. I was fascinated by the idea that the eye is the only place in the body where you can literally see a cranial nerve (you can see the optic nerve with an ophthalmoscope). I was very close to going down that path.

Tell me about CNSA and how you landed there.

CNSA is the premier Neurosurgery group in the country. We have an outstanding employee and physician culture built on providing compassionate high quality care. After practicing medicine in my hometown of Cincinnati for eight years, my family was in need of a change. I tapped into some friendships I made during my residency at Carolinas Rehab and was blessed to be offered a physiatry position with CNSA in 2014.

What makes your practice unique in our community?

I am one of the few physicians in Charlotte who is board-certified in Integrative Medicine and a graduate of the Andrew Weil Fellowship in Integrative Medicine. I have always lived my life with healthy living in mind and try to offer this same approach to my patients. My training in both physiatry and integrative medicine is unique, and I am one of the few physiatrists who offer such a wide variety of treatment options for pain, ranging from epidural steroid injections to acupuncture and orthobiologics (PRP and Stem Cells). I am also a huge believer in patient education and have authored two books for patients, the most recent was released on Amazon and is titled *The Healing Pain Pyramid*.

Tell me about one of your favorite successes as a physician.

My career has evolved into providing more regenerative medicine services. A patient I saw last year suffered for years with nerve pain from a traumatic arm injury. We resolved the pain with three sessions of prolotherapy injections with glucose! I find the healing power of nature amazing, and how simple “sugar water” can reduce inflammation and promote healing.

What do you find are your biggest challenges?

Like most does, I struggle with the bureaucracy of medicine. In particular, dealing with insurance



denials of services can be frustrating for both patients and providers. I also find it challenging to keep up with maintaining reasonable patient access. It's a blessing to be in high demand, but it can be tricky at times to maintain flexibility in my schedule to account for patients with immediate needs. I also have a hard time personally when some patients don't heal as quickly as we all hope. I want to see everyone do well.

What does a typical day look like for you?

I wake up around 6 and prepare for the day with some light movement, good food, and hugs for my family. Clinic runs 7:45-4:30, where I do a combination of consults, EMGS (nerve tests), spinal injections, acupuncture, and regenerative medicine procedures. My day then transitions around 6 pm when I embrace my role as a father of three kids and a supportive husband to my amazing wife.

What is your definition of quality care?

I think there are three main elements to quality care. First, listening to patients' concerns with deep empathy. Second, working with patients to develop acceptable solutions that resonate with their life situation. Lastly, delivering low-risk, high-reward treatment options as informed by the best medical evidence available. In short, I believe the doctor-patient relationship is a collaboration, not a hierarchy.

What motivates you or excites you about what you do?

I love helping others stay on course in their life. I view my relationship with my patients as a journey that we take together, with the endpoint of finding better days and growing through the struggles we face. I enjoy teaching patients how to take better care of themselves. This is why I have authored a podcast (BackTalkDoc) and two patient education books to empower people to live healthier lives.

How do you try to maintain a balanced life outside of work?

It's difficult. My family is my priority.

Each day, I try to sprinkle in some meditation and time outside. My wife and I are in constant communication about our schedules and monitor each other closely for burnout. Work-life balance for me mostly comes down to communication and awareness. Admittedly, it remains a work in progress!

How has practicing medicine in your specialty changed over the years?

I practiced in Cincinnati for the first eight years of my career, and during that time, there was a much greater utilization of pain medications to treat injury. Now there are so many different conservative options to manage pain and injury that we can often avoid exposing patients to strong medications. There has also been a huge shift in patients wanting to receive more natural, nontoxic forms of treatment. This is why I became board-certified in Integrative Medicine in addition to Physiatry.

Do you have any medical role models who have influenced you along the way?

Yes, almost too many to count. Dr. Anthony Chila was my first mentor in medical school, really teaching me how the body can heal. Vu Nguyen, MD, William Bockenek, MD, Jeffrey Johns, MD, and David Wiercisiewski, MD were tremendous mentors for me during my physiatry residency. Russell Greenfield, MD, opened my eyes to the world of Integrative Medicine. Of course, I



still learn a lot each day from my current partners and staff at CNSA.

If you were not practicing medicine, what other profession do you think you would have chosen?

I would be an entrepreneur of some type. My daughter has special needs. I would enjoy owning and running a coffee and tea shop that hires individuals with special needs, similar to how Bitty and Beau's operates. I also enjoy learning about real estate and creating content such as podcasts and books. I could see myself merging these interests into an alternative career.



What would you like to communicate to primary care and referring physicians?

I practice an integrative model of patient care that combines the best of modern medicine with a thoughtful emphasis on nutrition, movement, regenerative therapies, and mind-body medicine. My focus includes orthobiologic treatment options such as platelet-rich plasma (PRP) and stem cell therapy for orthopedic and spine conditions. I have deep empathy for my patients and a strong belief in the body's innate ability to heal. It is a privilege to receive their referrals, and I am committed to providing an exceptional level of compassionate care with excellent outcomes.

If you could offer any advice to younger physicians, what would it be?

Master the fundamentals before being concerned with the technology and financial aspects of medicine. Learn how to take an excellent history and perform a thorough physical exam, and don't rely so much on tests to make a diagnosis. Many times, our patients will tell us exactly what they need if we slow down and take time to sit with them on their health journeys.

What are some of your hobbies or interests outside of work?

I enjoy firearms training and especially enjoy shooting at the Hyatt Farms outdoor shooting complex in Polkton. Of course, I love spending time with my wife and kids, taking vacations to Disney, Rosemary Beach, and the Carolina mountains.

Tell me about your family.

I have been married to my wife, Teresa, for 22 years. God blessed us with three amazing kids, two boys and a girl. My oldest is a student at UNC Chapel Hill, and my other two kids are at schools in Union County. We have an amazing Golden retriever named Max, who makes us all feel better! My older brother is also a DO practicing as an internist in Cincinnati, OH. I grew up in Cincinnati and am a lifelong Bengals and Reds fan!

Healing the Healer:

Practical Self-Care Strategies for Physicians Using Integrative and Functional Medicine



Christiane Matey, MSHS, RDN, LDN, ABAAHP Founder, Integrative Dietitian MINT Nutrition

My first clinical rotation exposed me to the emotional toll of patient care in a way no textbook could prepare me for. One of my earliest patients was a 40-year-old man newly diagnosed with duodenal carcinoma. He was more than a case; he was a father, a mentor to underserved youth, and the kind of person whose presence lifted a room. I followed him through diagnosis, treatment, and ultimately his passing just over two months later.

His decline mirrored losses in my own life. I had lost my mother to lung cancer two years earlier and had recently become a mother myself. The overlap was unavoidable. His death affected me deeply, not just as a clinician but as a human being. I wasn't only grieving for him; I was reliving my own grief, now compounded by the emotional demands of inpatient care.

That experience was a turning point. I recognized that the acute setting, with its relentless highs and lows, was not sustainable for me. I wanted a path where I could build lasting relationships, focus on prevention, and address health challenges before they became crises. Outpatient care became the clear choice.

Physician burnout is a widespread crisis. Studies show that more than 60% of U.S. physicians report symptoms of burnout, including emotional exhaustion, depersonalization, and loss of fulfillment in their work. Alarming, physicians hold one of the highest suicide rates of any profession, with an estimated 300 to 400 deaths by suicide each year.

Chronic stress is nearly universal, driven by long hours, administrative burdens, and the emotional weight of patient care. These pressures are compounded by the cultural norms of medicine, which prize self-sacrifice, perfectionism, and tireless overwork. Physicians are trained to override exhaustion, set aside their own needs, and carry the unyielding expectation of always having the right answer. While these values have historically upheld medicine's rigor, they also create a climate where vulnerability is stigmatized, rest is undervalued, and self-care is too often ignored.

Just as physicians apply root-cause thinking to uncover what drives a patient's condition, the same precision should be applied to their own health by focusing on foundational pillars.

Stress

Stress is highly individual but often drives inflammation, chronic disease, and mental instability.

- **Mindful micro-breaks:** One to three minutes of deep breathing, guided meditation, or stepping outside can lower cortisol and reset focus.
- **Adaptogens:** Herbs like ashwagandha or rhodiola promote resilience, energy, and recovery without overstimulating.
- **Limit stimulants:** Moderate caffeine and alcohol, which can worsen anxiety and disrupt sleep.
- **Protected time off:** Schedule true downtime—vacations, days off, and recovery breaks.

Sleep

Sleep is foundational. Poor sleep hygiene affects mood, diet, health, and overall well-being.

- **3-2-1 rule:** Three hours before bed, stop eating; two hours before bed, stop working; one hour before bed, avoid screen time.
- **Dark and cool environment:** Keep the room cool and blackout dark for deeper rest.
- **Consistent cycle:** Go to bed and wake up at the same time daily to support circadian rhythm.
- **Morning sunlight:** Step outside early to reset circadian rhythm and energize the mind and body.

Nutrition

Nutrition is something physicians can control. A whole-food, plant-forward diet that fits personal needs supports longevity. The Mediterranean diet remains one of the best evidence-based approaches.

- **Balanced meals:** Aim for high protein, high fiber, and healthy fats.
- **Eat the rainbow:** Colorful fruits and vegetables maximize nutrients, phytonutrients, and fiber, reducing inflammation and oxidative stress.
- **Hydrate:** Inadequate hydration increases stress and fatigue. A good goal is half your body weight in ounces daily.
- **Medical-grade multivitamin:** High-quality supplementation helps replace nutrients lost from stress and oxidative burden.

Activity

A 2024 BMJ meta-analysis confirmed that exercise is an effective treatment for depression. Walking, jogging, yoga, and resistance training all show benefits.



- **Start small:** Schedule 15–20 minutes one to two times a week; momentum builds over time.
- **Everything counts:** Walking after meals, pacing on calls, or parking farther away adds up.
- **AGE principle:** After 40, resistance training becomes non-negotiable; balance cardio, strength, and stretching.
- **Rest days:** Allow downtime for recovery, relaxation, and connection with loved ones.

Connections

Meaningful connections and support networks are vital to mental health.

- **Find your tribe:** Talking with trusted colleagues normalizes challenges and reduces isolation.
- **Mental health support:** Counseling, therapy, or coaching in confidential settings offers perspective.
- **Culture shift:** Move away from perfectionism and self-sacrifice toward compassion and sustainability.

- **Spiritual health:** Attending weekly spiritual or non-denominational gatherings may even add years to life.

Prioritizing self-care is not indulgent; it is the foundation of good medicine. When physicians care for their own physical, emotional, and spiritual health, they show up with greater clarity, compassion, and resilience. The same principles we teach about prevention and sustainability apply to us as well.

The call to action is simple: choose one meaningful change this week, whether protecting your sleep, taking a daily walk, preparing balanced meals, or carving out five minutes for mindful breathing, and commit to it. Small, intentional steps create momentum. Each action is an investment not only in your well-being but in the quality of care you bring to others.

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Kathleen Mescall, MSN, RN-BC, CNL

Trauma Clinical Nurse Leader
Atrium Health Carolinas Medical Center

What inspired you to go into nursing?

When I was twenty years old, one of my best friends was diagnosed with a malignant brain tumor. He was able to attend St. Jude Children’s Research Hospital, and I was able to visit him there. I was enamored with the nurses; no matter how sick he was, they were able to make him smile.

Unfortunately, his cancer was incurable, and he eventually went home with hospice care. I spent a lot of time with him and his family during the final days of his life, and I remember the hospice nurses explaining to us what they were doing and what to expect. Somehow, they

were able to bring a sense of peace to his parents in an unbearable situation.

It was then and there that I knew I wanted to be the person who could make a patient smile or bring peace to a family in a situation where those things are hard to find.

How long have you been a nurse?

I have been a nurse for ten years.

Tell me about your first nursing position.

I have been in trauma since I was in nursing school. I was precepted as a student in trauma, started as a new graduate in trauma, became a supervisor in trauma, and now I am a clinical nurse leader for trauma. I love trauma; it is a completely different world of nursing. I often tell people, “I do not do sick people, I do broken people.”

How long have you been with Atrium Health?

I have been with Atrium Health for almost ten years.

How did you find your way there?

I precepted here as a student. I knew I wanted to be at a Level I trauma center, and Atrium Health Carolinas Medical Center is the only one around!

Tell me about your past roles.

I have always worked with the trauma population. I started at the bedside in 2016, transitioned into a supervisor role in May 2020, right as the pandemic introduced new



challenges and daily changes (a truly intense induction and test of resilience). In 2022, I moved into the CNL intern role and officially became licensed as a CNL in May 2024.

What are some of your primary responsibilities now?

As a CNL, I concentrate on working with interdisciplinary teams to create a plan of care for patients and process improvement within the trauma population.

What are some of the challenges of your job?

I work with both trauma attendings and first-year residents, as this is a teaching hospital. Since our residents rotate monthly, I orient each new group to the trauma floor and its expectations for our patient population at the start of every month.

What do you feel is your greatest skill as a nurse?

I excel at communicating with patients and their families. I often tell people that trauma is different, and none of our patients expected to be in the hospital when they started their day. Something traumatic has brought them in, and as a result, they are often frustrated. That frustration usually stems from feeling unheard.

I make it a priority to take time and listen to the concerns of both patients and their families. In many cases, grievances can be resolved through better communication. I’m also a strong advocate for my patients and will go to great lengths to ensure they receive what I believe they need.

What do you enjoy most about your job?

I like the opportunity that the Clinical Nurse Leader role provides me in that I still have a “boot on the ground” by being bedside during rounds, which helps me to bring that experience into the process improvement aspect of my role. We have all had that experience while working bedside, saying to ourselves, “Who made this new policy? Definitely not someone who works with patients?!” My hope is that the policies that I have a hand in curating and changing reflect my time spent at bedside and my understanding of the workflow on the floor.



a nurse, a nurse’s job is not to “make you better” but rather to help you be an active part in your recovery, and regain independence so that you can leave the hospital and continue to be successful in your recovery.

If you had not chosen nursing, what profession do you think you might have chosen?

I honestly could not picture myself doing anything other than nursing!

What advice would you share with someone thinking of entering the nursing field?

I always tell people I am one of the rare people who can say that they love their job. Not everyone has that

luxury. So hopefully that would tell them everything they need to know. I would also tell them not to have a five-year plan in the beginning. There are so many different roles and avenues in this profession. Start with bedside nursing, find your passion, and figure out how to advance your career by incorporating that passion.

How do you like to spend your free time?

I like to spend time with my 17-year-old son, read, and do weekend trips with friends.

What is your guilty pleasure?

Buffalo Bills football! Go Bills!!! I am originally from Buffalo; my entire family is big fans. My son and I never miss a game!

What do you find most rewarding about your job?

With many disease processes, the goal in the hospital is to manage symptoms and prevent progression. With trauma patients, the goal is to heal and return them to an independent level. Of course, this is not always possible, but for those who it is, it is incredibly rewarding to see people heal and begin to be able to do things that they could do before their injuries.

What have you learned being a nurse?

A small amount of your time and compassion goes much further than you would expect in a patient’s recovery process. Contrary to what I thought before I became

THE LATEST DIAGNOSTIC WORK-UP FOR ALZHEIMER’S DISEASE



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 Alzheimer’s Memory Center
 A Flourish Research site

Over the past three decades, the diagnostic work-up for Alzheimer’s disease has made significant advances discussed in this article. We have learned about the pathology and the potential causes of the disease. AD is a chronic and progressive brain disease that starts 20 years before the symptoms are present. The initial symptoms include short-term cognitive problems such as misplacing personal items, forgetting recent conversations, and repeating. In addition, there are language deficiencies such as word-finding difficulty and naming familiar objects. Although these are the initial symptoms, the disease eventually progresses to affect other areas of cognitive domains, such as driving, direction, handling finances, making decisions, and impaired judgment. Over the past thirty years, we have been working on diagnostic modalities to detect and intervene before the damage

is too advanced to be able to appropriately treat the condition.

The initial work-up includes an accurate and detailed history, physical, and neurological evaluation. This is followed by cognitive testing, imaging studies, and the initial laboratory work-up to rule out the reversible causes of dementia, such as vitamin B12, Folic acid, and vitamin D deficiency, along with thyroid function test and rare infectious etiologies such as tertiary syphilis. The MRI can rule out strokes that can cause vascular dementia. Now we know the pathological changes in the brain, such as Amyloid and Tau

proteins, that have been implicated as the initial insult that starts the cascade of producing Amyloid plaques and neurofibrillary tangles. The hallmark of the disease. The ways to detect these changes have been through Amyloid PET scans or spinal fluid analysis.

The initial symptomatic drugs, such as Donepezil, Rivastigmine, Galantamine, and Memantine, provide short-lived benefit and do not change the course of the disease. Scientists have been working on disease-modifying drugs that can slow the progression of the disease. In 2021, the FDA gave conditional approval to Aducanumab, the first monoclonal anti-amyloid antibody for the treatment of the earliest stages of Alzheimer’s disease, including Mild Cognitive Impairment (MCI) and mild-stage Alzheimer’s disease. In many cases, MCI is the pre-Alzheimer’s stage. Once diagnosed with MCI, there is

a risk of developing AD within five years. Lecanemab and Donanemab were approved by the FDA in 2023 and 2024, respectively, and are now available to patients through certain IV centers throughout the country.

Given the cost and availability of Amyloid PET and the discomfort and the patient fear factor associated with spinal taps, scientists have developed blood biomarkers to detect these pathological changes years before the symptoms appear. This method is widely available and more practical from a financial aspect. This has been a breakthrough in the diagnostic modality of identifying the at-risk population. These are the Amyloid Ratio and Phosphorylated Tau that indirectly measure the amount of these proteins in the brain. Although the exact mode of inheritance for AD is not known, we do know that AD runs in families, and now a susceptibility gene, APOE4, can be determined by examining the saliva to determine the risk. This is not a marker but simply assessing the risk since APOE, either heterozygous 2 E4E4 or homozygous one E4, is associated with a higher risk of developing Alzheimer’s disease.

The fact that AD can be diagnosed several years before the symptom presentation, scientists are looking at prevention trials. This will enable us to identify the at-risk populations and start the treatments before the point of no return. Although the current disease-modifying drugs do not halt or reverse the process, we are now able to intervene and significantly slow the progression of the disease. We encourage early work-up and intervention to provide a better quality of life for patients and help families manage the disease.



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"My commitment to my patients is to ease the burden and through innovative methods utilize the latest technology in the diagnosis and treatment of patients with Alzheimer's disease. My goal is to find more advanced treatments and ultimately find the cure." – Dr. Bolouri

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 Davidson, NC 28036

DENVER
 268 Gillman Road, Suite A
 Denver, NC 28037

MATTHEWS
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 Suite 460 | Matthews, NC 28105

MONROE
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 Monroe, NC 28112

BELMONT
 1105 Spruce Street, Suite 101
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WHY I STILL BELIEVE IN MEDICINE: A High Schooler's Reflection for Today's Physicians

When people ask me why I want to go into medicine or be a physician, considering the extensive educational pathway it entails, I could discuss my passion for science, innovation, and research. However, the real answer lies in the quiet moments that have shaped my life experiences— it extends from childhood to my recent encounters while volunteering at my local hospital and memory care center. During the winter of fourth grade, visiting Apollo Hospital in India to see my grandmother, my Jejemaa, became a daily ritual that profoundly shaped my perspective on care and medicine. Afflicted with a neurological disorder, she was confined to her hospital room in her last days. Each day, as I sat beside her, I worked diligently on a puzzle at her bedside table. Jejemaa patiently observed my growing frustration but encouraged me to stay the course. Sadly, she didn't live to see the puzzle completed, a poignant reflection of the larger reality surrounding her passing, where even though the machines and medications couldn't cure her, it was the compassion and presence of the doctors that made her feel seen, comforted, and cared for until the very end.

It was since then that I began to see medicine not just as a career in itself, but as a relationship between people that builds and grows over generations. These experiences have not only deepened my passion for healthcare but also changed my expectations of the field. When I first went to volunteer at the hospital and the nursing home, I was always nervous that I would be in their way or they would think that a high schooler has no place assisting in a medical environment. I soon came to realize that even without medical training, I could offer something valuable— someone with patience who listens to their stories and answers



Nandini Swain
Rising Junior at
Ballantyne Ridge
High School

the same questions over and over again, even if they forget. In these interactions, I began to understand one of the most important lessons in healthcare: patients need more than just a cure; they need a connection. That is something many people overlook when considering healthcare. Yes, science plays a major role, but empathy and compassion play just as big a part. By witnessing how CNAs take delicate care of their residents, I understand the depth of patience they need when cleaning up after them or simply playing ball.

Many teens interested in going into this field are well aware of the challenges that lie ahead of us; we've heard about physician burnout, long hours, and mounting debt. We watch as healthcare systems become complicated, new bills get passed,

often pulling doctors away from the very relationships that brought them into medicine in the first place. This is why it is so important for high schoolers to learn and connect with physicians, because they bring hope and bridge generations. I remember shadowing a physician who, in between patients, shared his thoughts on balance, stress, and what still brings him joy in his work. This kind of insight taught me that even though medicine isn't perfect, it is still possible to be grounded in one's work, but also care deeply about it. This is what teens of this generation need. We know the path to medicine, but we don't know how to walk it well. High school students benefit from observing physicians who model these values. Physicians who, regardless of their packed schedule, take the time to teach others and truly listen to the people they serve help us see what it looks like to practice medicine humanely. This is so important in a world where healthcare is drastically changing, especially in Charlotte's expanding medical landscape.

This city is growing rapidly with hospital expansions, system mergers, and new technology constantly reshaping how care is delivered. While healthcare is becoming more and more advanced, it also carries more pressure on physicians to manage larger case loads and adapt to new technology.

The challenge comes when they must work harder to maintain personal relationships with patients. While new AI-assisted tools and remote monitoring allow for more efficiency, I've seen firsthand how they can also create distance between doctors and patients. As a teen volunteer, I've noticed how doctors tend to spend more time documenting on screens than engaging face-to-face. Consequently, patients may tend to feel overlooked, especially elderly patients, and this can create a distance between doctors and their patients.

Despite this, I've also witnessed physicians who make them feel heard and reassured, specifically when they gently explain something for the third time without frustration and simply ask about their family. There was one moment at Novant Health where a physician stopped in the middle of their round to reassure a nervous patient who had just been transferred, reminding me how important it is to be present and aware. This showed me that even as Charlotte's healthcare systems grow more complex, the relationship between doctor and patient can still thrive. It just takes more intentionality, more empathy, and more effort. And that's exactly the kind of doctor I hope to be.

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