

Pennsylvania Surgical News

November 2022



Robbi-Ann M. Cook, CAE
Executive Director

The Holiday Season has arrived. The regular hectic schedules of a surgeons' life are now even more stressful with all that comes with the holiday season. Please remember to take time each day to disengage from the face-paced world and focus on self-care. Statistics show even a quick 15-minute walk, or nap, will help restore and rejuvenate the body and soul.

December brings the open membership renewal period for 2023. All ACS members will receive a renewal notice and invoice by mid-December. Membership runs from January 1st through December 31st. Members will be moved to lapsed status if dues has not been received by March 31st. If you do not receive a membership renewal invoice by December 31st, contact the Chapter office.

Two fun events are on tap for December and we look forward to your participation:

- **Holiday Mixology & Cooking Class**—the Young Surgeons Work Group and Chef Hope are back for another fun and delicious session. If you missed the summer session, don't FOMO—get registered today! We would like to thank our event sponsor [Human-X](#) for their support. [REGISTER](#)
- **Holiday Greeting Card Competition**—Calling all programs! Submit your best holiday greeting card showing your holiday spirit. Submissions will be judged and the winning team will receive a trophy to display at your institution and bragging rights! Additional details on page

As always, if you have comments, suggestions, or an article of interest, please email me at rmcook@rmcmanagementsolutions.com.

Robbi

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Editorial Team
Robbi-Ann M. Cook, CAE
Shannon Marie Foster, MD, FACS



Shannon Marie Foster, MD, FACS
Keystone Chapter
Immediate Past President

Meanderings from A Wandering Surgeon

Listening to the Community!

Friends and colleagues:

As we enter the season of self-reflection and annual assessments – I ask a simple question – What have you contributed to your surgical community this year? Have you participated? Shared your experience, your voice, your time? Reached out to a colleague just to ensure connection and camaraderie?

The need for community and support amongst those in our profession cannot be overstated. Advances across the spectrum of medicine that should inspire and invigorate instead sharply contrast with the data repeatedly confirming increasing dissatisfaction and burnout found in all geographies, practice types, and specialties of surgery. Yet one way proven to combat this trend is community – a sense of belonging, of appreciation, of being heard.

If you have not found your space, your support system, a place to share both the practical and the personal related to life as a surgeon - remember the ACS provides a number of avenues to ensure you find your “people” and your “voice”. I would recommend exploring and using the ACS Communities. If you are not familiar – a few samples of recent activity on the member-only site (reprinted with permission).

I am not a frequent participant in these forums and do not know if there has been much discussion regarding the contraction of general surgery as a specialty, specifically how my fellow general surgeons have dealt with this in their practices.

My practice has now been 20 years in the same community, starting when I joined a small private group of gen/vasc surgeons, merged with and took on additional surgeons, finally 9 years ago basically forced to allow purchase of the practice by the local, semi-monopolistic "non-profit" hospital system. There are now only a handful of physicians in the community not employed by the system, all surgeons except Urology, ENT, Ortho are employed.

When I began practice, I viewed myself as a general surgeon and scope of practice was part of what attracted me to the specialty. I wanted to be able to honestly tell patients I can provide the best possible surgical care for their problems and if my ability/training/setting was not consistent with that goal I would make sure that they saw the appropriate surgeon. I have always maintained specific CME in areas where I worked and made sure my outcomes were consistent with those reported in specialty literature.

Shortly after arriving in the community, the hospital opened its breast center, my breast surgery work went to zero in less than a year.

Shortly after this the local ENT group began performing thyroid surgery, expanding as they gained more newly trained partners. My thyroid surgery is long gone.

My practice had always included general thoracic and esophageal surgery, there were no other experienced thoracic surgeons here when I joined and the cardiac surgeons were not interested. The hospital told me the medical specialists wanted a surgical specialist for this area and finally were able to hire a non-cardiac thoracic surgeon, that of course eliminated that.

Similar justification was given for the hiring of colorectal surgeons, and now all malignant and non-emergent colon surgery is gone. Interestingly enough they also seem to have claimed pilonidal disease as part of colorectal surgery.

My partners and I worked together on larger oncology cases, pancreatectomy, esophagectomy, total gastrectomy and have always had equivalent results even though overall numbers were small compared to academic centers. Recently hired surgical oncologists of course now do all that.

I could see which way the wind was blowing so informally broached the subject of an inpatient emergency general surgery service (we are not a trauma center, level one center is 10 miles away) The hospital handed that task off to a trauma fellowship trained surgeon who was

practicing general surgery as had not been able to find employment in the trauma center. That service is now fully staffed with some general, some trauma, some anesthesiologists who round on all the general surgery patients. I have managed to hold on to ER surgery call at one of the smaller hospitals.

The hospital has continued to hire general surgeons, reason stated is that the older surgeons (assuming including me) will be retiring and they need to be prepared. We of course want to help them establish practice so have helped promote them and now find much of the elective referrals now go to our new, energetic young surgeons.

I need to continue working at least five more years, feel I have experience and expertise to offer, and still genuinely enjoy the personal interactions with patients as well as the satisfaction of an operation that makes a difference in someone's life. I have been told I am a good surgeon. Obviously, there are many details of significance in all our biographies. Equally obviously we cannot turn back time to "the good old days". I cannot relocate at this stage of my career and have little appetite for locums work. I read many on this forum who are dealing with overwork and shrinking reimbursement, I wonder if there are others who have found themselves not working enough and been able to turn it around.

This is a weekday morning, I am sitting at home reading an online forum because I have nothing on the schedule. I will save my small inpatient rounds until later in hope something will come into the ER.

Printed with permission from Sidney Trogon MD FACS, Union KY.

I am responding to posts in the General Surgery Community...regarding the changes in surgical practice over the last several decades. Among comments by others was if the ACS was listening and did leadership understand the plight of surgeons. Implied is the question, "What is ACS going to do about this?" I cannot and do not speak here as representing the positions of the ACS but rather as a member of leadership who is questioning, curious and wants to help. The ACS is involved in every one of the problems mentioned and seeking solutions, but like all progress the way forward is not instantaneous. Further, the playing field

changes constantly with societal movements and political turmoil that interfere with long term plans to alleviate the pain our members feel in various areas of their practices.

...The short answer to the implied questions to the ACS is "Yes, of course, we have heard these issues. Yes, of course, they exist at the forefront of thinking of the leadership." What is frustrating to all of us is that the solutions to problems of corporatization of medicine, private practice inequities, surgeon burnout, poor reimbursement, loss of surgeon autonomy are glaringly obvious; but their solutions are not readily apparent, straightforward, easy, or accepted overwhelmingly by the majority of the Fellows whether in leadership or as a member in general. We surgeons are like the proverbial herd of cats-difficult to get going in a single direction. Further, we surgeons alone cannot make the changes. We need the support of the public.

I think it was particularly insightful that President Chris Ellison's Presidential Address theme was "surgeons united". If we are to even begin to unravel the Gordian knot encircling our surgical lives, it will have to be through united action whether in the realm of advocacy, regulatory rules, education, etc. I often make the plea that Fellows join and give to the ACSPAC (our PAC), but that is met with a "it hasn't worked" or "I don't want any money going to a politician with whom I disagree". The result is a low percentage of the Fellows giving to the PAC. This reminds me of the patient who doesn't want to follow medical advice given by a well-trained expert surgeon or someone driving a car but only putting in one gallon of gas (or 1 watt hour of electric power). Our PAC leaders in Washington are very knowledgeable and the PAC Board very rigorously reviews the likely voting patterns of those it supports. Our nation is nearly divided equally between two political camps. Giving money or support to only one or the other group won't get us the votes to pass the laws that have so changed our lives over the past 50 years. Not only does the actual low dollar amount given to the PAC limit the effectiveness of the PAC's impact, when a politician sees that more than 90% of the ACS members don't get engaged enough to support their PAC, it weakens the strength of our arguments to the legislators (by the way, the PAC gives no money to Presidential candidates). By the way our arguments contain solutions of a concrete nature which we need legislators and their staff to understand and support.

XX comments mention employed physicians as if they are not in the same vice of economic and autonomous pain. They, like all of us, are responding to the economic pressures of the system in which we live. We must not split off employed physicians as if they are not "us". Neither should we abandon the private practice surgeons and groups. We need all of us working together on these problems. Even then, it is going to be a difficult slog. Society is not going to stand up and suddenly reverse course and ask the ACS to guide them through all these problems. Other interest groups have done a marvelous job of burnishing their image with the public, but it is darn hard to do that if we are pointing fingers at each other instead of the root causes that have to be addressed.

We, collectively, didn't get here because we decided to be overtaken; but because we saw it coming and didn't band together to point out the flaws and problems being created. We were busy saving lives and studying to be better surgeons while squeezing in time for our family and personal life. It took decades for the system to melt into the dysfunctional system we have and reshaping it will take time and incremental change. If we are to change the course of the future, we have to decide to do so and stand united over the long haul.

You all should have received a call-to-action email recently. It requires one to get online and take a few minutes to generate a letter. A few minutes more calling legislators' offices is even better. Do not expect a Congressional member to call you back and proclaim they will do what you say, but numbers matter to them because they know if a surgeon takes the time to do these, there is a giant of opinion to which they had better pay attention both for their own benefit and for their constituents.

The ACS is a volunteer organization of members. No matter how diligent and how attentive your leaders and staff members of the ACS are (and they are diligent indeed), they can't make things happen without your active support in these matters. Phone calls and letters and relatively small donations for lobbying efforts seem so insignificant but when done en masse things happen.

Before I close, I know that collective bargaining or banning together in some financial way is talked about often. The ACS cannot be a union nor instigate union activities. I know you may

not want to hear that, but as things stand right now that's a fact. I also think even if we could, the division among us pro and con would be enormous even trying it. We are surgeons and we do our best with society at large when we are the people they expect us to be- honest, caring, trustworthy and fiercely independent for the patients we serve. Unions in medicine are likely to further develop, but the consequences of that have serious consequences. If we can first unite as surgeons in spirit, maybe we don't have to go down that road as a desperate move to save our profession. Coming together is going to require some give and take among us so that the overall endpoint can be reached.

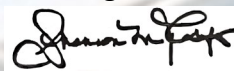
Again, I am speaking as an individual not officially for the ACS; but it is individuals working together that are your ACS. We all sincerely want to improve the lot of patients and surgeons. Don't just tell us what is wrong; help us actually turn the tide. If we don't do it, no one else is going to step in and be our champion. Let's have that discussion of how we act together and what are reasonable, real-world solutions. Leadership will want to know your thoughts.

Printed with permission from Tyler Hughes MD FACS, 1st Vice President-Elect, Salina, Kansas

These are but two examples from the posted conversations and exchanges taking place amongst your colleagues. The least we can do is be aware of the needs, frustrations, and hopes of our peers.

<https://acscommunities.facs.org/home> Explore either the clinical conversations or the political, but take a look – better yet, comment.

Best regards,



Shannon Marie Foster, MD, FACS

Shannon Marie Foster, MD, FACS is Immediate Past President of the Keystone Chapter. She also serves as the PA Chapters Collaborative Task Force Chair, and at the national level as a Governor-at-Large, PA Liaison to CoT and WIS Committees, DEI Outreach Workgroup, Board of Governors Executive Committee, and the Communications Pillar Lead



ACS RELEASES ANNUAL REPORT

In an era of rapid, substantial change for healthcare, medicine, and surgery, the ACS continually strives to meet the needs of all surgeons of all specialties, in all practice configurations, in all locations, and all the patients. ACS Executive Director and CEO, Patricia L. Turner, MD, MBA, FACS, shares the 2021–2022 ACS Annual Report, describing major activities of the College staff and volunteers on behalf of the House of Surgery over the last year. The report also highlights many of these accomplishments and describes future opportunities.

ACS Annual Report. [Read more >>](#)



Don't Forget to Claim Your CME Credit Hours from Clinical Congress

As we reach the deadline for licensure renewal in Pennsylvania, make sure you claim your Clinical Congress CME credit hours in time to meet the December 31st deadline.

In-person and virtual attendees must complete an evaluation and complete the claiming process to earn CME credit hours, download/print your Certificate. The claiming process includes completing an evaluation for each session as well as the Global Evaluation. For additional information and to claim your credit hours, click [HERE](#).

DEADLINE TO CLAIM: May 1, 2023

The banner features the ACS logo on the left. To its right, the text 'Patient Education' is written in a large, bold, orange font. Below this, 'Surgical Patient Education Program' and 'American College of Surgeons' are written in a smaller, black font. At the bottom, an orange bar contains the text 'FREE Trial Access to all Brochures, Videos, and Trainings' in white.

The ACS Surgical Patient Education Toolkit

You can now deliver education directly to your patient's phone, email, or portal using the personalized Surgical Patient Education Toolkit. The Toolkit offers the entire ACS Patient Education library plus reviewed NCI and NIH content that applies to surgery. The platform delivers point of care surgical education to help patients understand the procedure, make informed decisions, and confidently manage their entire preoperative experience from prep to home care.

To learn more and start your free 60-day trial, enroll today.

[Enroll Now](#)



The banner has a purple header with the text 'Save the Date' in white. Below the header, the words 'SURGEONS UNITED' are written in a large, bold, black font, with a purple circle behind the 'O' in 'SURGEONS'. At the bottom left, the text 'CLINICAL CONGRESS 2023 BOSTON, OCTOBER 22-26' is written in a smaller, black font. At the bottom right, the ACS logo is displayed.

Fellows Discuss How Membership in the ACS Has Advanced Their Careers



In a field as demanding as surgery, the support of your network and colleagues can make a difference in finding the height of your potential. Drs. Shannon Foster, Dhiresch Rohan Jeyarajah, and Christopher Senkowski, describe how the ACS has given them the tools and opportunities to grow their careers through camaraderie and supportive relationships.

[Watch Now](#)

ACS Surgeons as Leaders: From Operating Room to Boardroom December 11-14, 2022 | Durham, NC

Today's medical environment—both in the academic and private practice worlds—is challenging, complex, and unpredictable.

The need for leadership has never been greater, and the demands on leaders are ever escalating. The course will provide surgeons an understanding of leadership at all levels of an organization and provide skills essential for effective leadership. Difficult leadership issues, such as navigating the operational and human aspects of change, cultivating commitment to a shared vision and goals, building teams, and developing strategies for leading up, down, and across the institutional environment, will be addressed.

Introduction of new leadership skills will help participants recognize and develop attributes of leadership they already possess. The 3-day course includes lectures, interactive forums with senior surgical leaders and panel discussions. Role-playing and case-based instructional strategies are also included.

Seating is limited for this course.

[LEARN MORE & REGISTER](#)

Additional ACS Resources Available to Members

[Catch Up on Popular Panel Sessions from Clinical Congress 2022 On Demand](#)

[NIH Establishes Website for Self-Reporting COVID-19 Test Results](#)

[Watch Free Hernia Repair Coding Webinar for Surgeons](#)

[Score Free Registration for TQIP Annual Conference in Phoenix](#)

[Research Shows ACS Return to Cancer Screening Efforts Were Highly Successful](#)

[Advances in Fluorescence-Guided Surgery](#)



Check Out the [ACS Communities](#) page and find your people.



GET INTO THE SPIRIT OF THE HOLIDAYS! JOIN US FOR THESE FUN EVENTS!

Holiday Mixology & Cooking Class

Sunday, December 11th | 4:00 - 6:00 PM

VIRTUAL

Hosted by: Keystone & Metropolitan Philadelphia Chapters
Young Surgeons Work Group
Sponsored by: Human-X



Thank You to Our
Event Sponsor!



www.Human-X.com *come see for yourself*

Virtual
Member Only Event!

Don't Suffer from FOMO – Register Today!

Holiday Greeting Card Competition

Submissions Accepted – 12/1 to 12/16

Judging – 12/19

Winners Announced – 12/21

Winning Entry Receives a Trophy & Bragging Rights!

RULES

Snap a photo of your surgical team dressed in your holiday finest.
Make sure to include all career levels.

Submit your photo to rcook@rmcmanagementsolutions.com

Entries will be judged on:

- Engagement of all career levels
- Best use of surgical instruments/equipment
- Most creative



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Think You Are An Expert at ACS History?

No one answered last month's quiz correctly, so we are giving you another chance. Be the first person to email the correct answers by December 7, 2022 to our Executive Director, Robbi Cook at rcook@rmcmanagementsolutions.com, and we will send you a holiday prize package to your home or office.

1. Year ACS was established?
2. Who was the first female ACS president?
3. Where is the ACS headquarter?
4. How many Chapters does the ACS have in the United Stated?
5. Who is the current Executive Director of the College?



Your feedback matters. Likes, dislikes, what other information/resources you need. Have an article to share? Send your comments, thoughts, suggestions or articles to our Newsletter Editor, Robbi Cook at rcook@rmcmanagementsolutions.com.



The 2023 Open Membership Renewal period begins in December. Keep an eye on your inbox for your renewal notice and submit your dues as soon as possible to continue active membership.

Keystone and Metropolitan Philadelphia Chapters offer easy and quick online payment methods. Simply click on the link in your dues renewal invoice and submit your credit or debit card payment. Takes less than 5 minutes!

While you are renewing your annual dues, check to ensure your information is complete and accurate. A member data reconciliation was just completed with ACS, but you may prefer to receive your communications to a personal email or home address.

If you do not receive your dues renewal invoice by December 31st, email Executive Director, Robbi Cook at rcook@rmcmanagementsolutions.com.

We look forward to your continued support of the local ACS Chapters in 2023.



Remembering the "Me" in Merry: Self-care Strategies for the Holiday Season

The following tips for surviving the holiday season and maintaining self-care is shared from an article written by [David R. Topor, PhD, MS-HPed](#), contributing writer for the Harvard Medical School's Harvard Health Publishing.

The holiday season is filled with hustle and bustle. Plenty of excitement from seeing family and friends, but also stress, travel, long lines, planning, preparation — and a range of emotions from positive to negative come with the season.

For many, the holiday season means planning and taking care of others, leaving little time for taking care of oneself. Here are a few ideas on how to practice self-care during this holiday season.

Schedule Regular Time to Engage in Self-Care. Self-care activities like exercise, meditation, hobbies, or other things you enjoy should continue on a regular basis during the holiday season. Set aside a specific time each day that will create a routine. Use a timer or alarm to remind yourself and don't hit the snooze button!

Practice Gratitude. Who or what do you appreciate in your life? Let them know the gratitude you feel. Jotting your thoughts in a journal helps bring into perspective those things that you appreciate.

Engage in Deep Breathing or Other Relaxation Skills. Find what relaxes you, whether that is listening to soothing music, meditation, or other relaxation skills. [Relaxation skills](#).

Connect with the Emotions You are Experience. Emotions can be positive, negative, or a combination of both. When you feel overwhelmed, call a "time out," check in on your feelings, and

find a way to clear your head. If you like journaling, jot down your thoughts.

Why Am I Experiencing Negative Emotions?

Negative emotions might be related to unrealistic expectations or goals you place on yourself around the holidays. These unrealistic expectations and goals can weigh heavy on you and make you feel overwhelmed. Consider readjusting your goals. Keep goals specific and attainable.

Monitor Your Stress Level. Take note of situations or times of the day when you are feeling stressed. Is it around certain people or when you are engaging in specific activities? To reduce your stress, take a walk, do a few minutes of yoga, watch a favorite TV show or movie. If needed, keep a list handy of activities you can tap into to reduce your stress.

Being Present Around the Presents. Not what you think. Practice mindfulness and meditation. Spend a minute or two being present in your environment. Notice the smells, sounds, and sights of the holiday. Take note of the differences between the holiday season and other times of the year. [Mindfulness techniques can be more than quiet contemplation](#).

Take Care of Your Physical Health. Maintain a healthy and nutritious diet. Ensure adequate sleep, every day. Make a plan to enjoy special foods and treats around the holidays, but balance with healthy eating.

Enjoy the holidays! Take time to care for your own needs and emotions. As you taxi down the runway, remember the flight attendant advises passengers to "put on your own oxygen mask first before helping others." Wishing you a joyous and stress-free holiday season.

[READ MORE](#)



WHY JOIN AN ASSOCIATION?

Associations are stronger than ever. By joining, you get members-only perks, exclusive advertising and networking opportunities, and a whole lot of exposure for yourself and your institution. Get on board and see the difference!

NETWORKING

It's not just who you know, it's who others know. Networking is powerful.



VISIBILITY

Stand out and get noticed in your community.



HAVE A VOICE

Gain a say in what happens in government through the association advocacy efforts.



EXCLUSIVE MEMBERSHIP BENEFITS



DISCOUNTS

Increase your purchasing power through members-only discounts and perks.*

*Available with your ACS Membership



CREDIBILITY

Raise your reputation through membership.

LEARNING

Get a competitive edge over non-members with exclusive training opportunities on a variety of hot topics.



Keystone & Metropolitan Philadelphia Chapters
American College of Surgeons

JOIN US!

Contact us to learn more about the benefits of membership today!