

A Message from
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It is a pleasure to be able to bring you this inaugural newsletter of the Keystone and Metropolitan Philadelphia Chapters of the ACS. The year has been a productive one for the MPACS. The Chapter Council has been involved in several key initiatives. First, the Keystone and Metropolitan Philadelphia Chapters selected a new association management organization to allow for more streamlined and efficient communication, as well as to secure the financial future for both Chapters. Second, the MPACS is in the midst of updating our organizational bylaws (which are nearly a decade old). The principal goal of this project is to introduce a more productive committee structure that will allow more members to contribute and rise into a leadership role. Finally, MPACS has begun to more closely collaborate with the Philadelphia Academy of Surgery as we have great synergy with their membership and mission.

The MPACS continues to offer its rich programming through the year. The annual Mock Oral Boards, held in the fall, were as successful as always. Events for resident and young surgeons were well-attended. We continue to have excellent representation in the American College of Surgeons nationally and regionally, as well as with the Pennsylvania Medical Society. The ACS punches well above its weight in terms of national and state-based political advocacy. Your membership is integral in supporting this work, which allows practicing surgeons to best care for their patients.

When I initially penned this article, the MPACS Chapter was moving ahead with our annual spring meeting, however, the COVID-19 has caused this meeting to be postponed. Our Program Committee, co-chaired by Robert Josloff, MD, FACS and Zoë Maher, MD, FACS, crafted a scientifically stimulating

agenda with plenty of time for fellowship. Fear not, as all is not lost. The annual meeting will be rescheduled, hopefully for mid-August and we will again be able to come together for education and fellowship.

MPACS is eager to welcome new members to the Chapter and get you engaged in our many ongoing projects. If you would like more information about how you can contribute, please contact me (joshiam@einstein.edu).

Again, thank you for your ongoing support of your local ACS Chapters.



Benefits of Joining Your Local ACS Chapter

Why belong to your local ACS Chapter?

Local Chapters offer

- opportunities to network with your colleagues in your backyard
- attend seminars and other educational events close to home
- monitor legislative and regulatory issues affecting Pennsylvania physicians
- looking for guidance or assistance with an issue, you can reach out to another member, close to home, that could be dealing with the same state-related issue

Not a member? Join today at KCACS or MPACS.

A Physician's Outlook on Perseverance and Dedication

Dr. Josh Mugele is Program Director in the Emergency Medicine Residency Program at Northeast Georgia Medical Center's Graduate Medical Education Program. He recently shared his perspective on Twitter of the struggles he faced with his non-traditional path into medicine. His Twitter thread is shared, with his permission, as a message to all to never give up.

I started medical school at age 32. I had a medical student ask me to do a thread about my non-traditional path into medicine as a guide to others who aren't following the normal path.

So, here's my thread on how I got into medicine.

I was actually pre-med when I started college. I'm the child of missionaries, and I carried a whole missionary zeal with me when I went into college. I wanted to be a missionary doctor, heal the sick and walk in the footsteps of Christ and whatnot.

But, as one does, I began to question my faith at that time in my life, decided I wanted to be a writer, switched my majors. I did end up taking the MCAT but didn't apply then. Started a masters' program in creative writing.

I got married, had kids, quite my masters' program, got lured to California by the dreams of big money during the dot-com boom in the late 90's.

I really didn't like the work and considered going back to med school multiple times but didn't think I had the dedication or intelligence to do it. I also came up with lots of excuses – like debt, or I never liked the kind of people who were pre-med back in the day.

But when I was 29 the dot-com bubble burst, and the startup I was working with failed overnight. I

was broke, with young kids. I looked for work for about 8 months with no success.

I remember sitting on my floor, looking at my life insurance policy and deciding that I needed to kill myself to support my family or go back to medical school. So, I chose the latter.

The barriers were gone at that point, and I was desperate. I considered other careers, but the idea of a recession-proof career that would give me the freedom to choose where I wanted to go — a level of control I hadn't had in my previous career — really appealed to me.

I had done all my pre-reqs, but I still need to study for the MCAT (previous score had expired). So, I studied my ass off for a year – took a Kaplan course and read 4 science textbooks cover to cover.

By that time, I had actually landed a pretty decent job at Pfizer in Ann Arbor. I did nothing for that year except work and study. My wife wanted me to consider staying at Pfizer for the money, but I was on a new trajectory by this point.

I took the MCAT, applied, got into University of Michigan, and the rest is history: worked at another startup during med school (more successful), chose emergency medicine, went to residency at Indiana University, took a job there, and eventually moved to Georgia.

Residency was such an impactful time of my life and I loved emergency medicine more than anything I'd ever done despite getting into it for practical/desperate reasons. Which is why I decided I wanted to spend my career working with and training residents.

In hindsight, it's been a difficult path, but it's given me perspective. I know some people who go straight through who burn out on the "job" aspect of medicine. But it's still the best job I've ever had. I'm extremely fortunate to be where I am in life.

Oh, I forgot to tell the best part: when I told my family I wasn't going to med school, my grandfather wrote me a letter and said, "What's going to happen to all those brown people you were hoping to cure? I guess they'll just have to lay down and die."

Josh Mugele (@jmugele) – Emergency physician. Dr. Mugele trained at the University of Michigan for Medical School and Indiana University for Residency then a Disaster Medicine Fellowship. He worked at Indiana University as the Assistant Residency Program Director and currently serves as the Program Director for the planned Emergency Medicine Residency Program at the Northeast Georgia Medical Center's Graduate Medical Education Program. This is his second career after working in Silicon Valley software startup companies for a decade.



As a reminder, the deadline to file both State and Federal income tax returns is now July 15. Last week, the Pennsylvania Department of Revenue joined the IRS in providing an additional 90 days to file due to the COVID-19 outbreak. Please visit the <u>Department of Revenue</u> or the <u>IRS</u> websites for more information.

STAY UP TO DATE WITH ACS INFORMATION, GUIDANCE DOCUMENTS & MORE

ACS: COVID-19 and Surgery

RASACS RESIDENT AND ASSOCIATE SOCIETY



Cassie Sonntag, MD, a Resident at Penn State Hershey, is Chair of the RAS-ACS Education Committee. Cassie sits on the Keystone Council as a Resident Representative

COVID-19 pandemic has altered the way societies function, encouraging distancing and quarantine. Working in uncertainty can be stressful. Join RAS-ACS for a weekly "Take A Breath and Decompress" phone hangout to talk about current events, concerns, or most importantly, to just hang out.

On Tuesday, March 24, RAS-ACS began a series of scheduled weekly phone hangouts for Residents to talk about current events, difficult cases, concerns, or just hang out in uncertain and stressful times. The hangouts are open to all ACS RAS members. Click here for additional information.

With restrictions in place during COVID-19, medical students and surgical residents are missing their didactic and operative education. RAS-ACS has developed and launched a program (#QuarantineSurgEd) to help keep these healthcare professionals moving forward with their education.

If you are a surgeon teaching medical students and residents and would like to share your video lecture (30-60 minutes of up-to-date material aimed at learners), please contact me (csonntag@pennstatehealth.psu.edu).

We will curate to a dedicated YouTube page that will be free. Full credit will be given to the presenters. Please include your affiliation and disclosures in the video/slide deck. The RAS-ACS thanks you for your commitment to continue the education of our Residents and Medical Students.



The Keystone & Metropolitan Philadelphia Chapters are pleased to welcome the following new members who have joined since January 1, 2020:

> Alexey Abramov, MD (Resident) Allison Aggon, DO (Associate Fellow) Kathryn Bush (Medical Student) Roberto Castillo, MD (Associate Fellow) David Chen, MD, FACS (Fellow) Mark Cipolle, MD, FACS (Fellow) Murray Cohen, MD, FACS (Fellow) Eric Cyphers (Medical Student) Elizabeth Dauer, MD, FACS (Fellow) Matthew Finnegan, MD, FACS (Fellow) Brendan Flynn (Medical Student) Donald Goudreau, MD (Resident) Heather Hartman, MD (Resident) Colin Huntley, MD (Associate Fellow) Maxwell Kilcoyne (Medical Student) Daniel Kim, MD (Resident) Luke King, MD (Resident) Neil King, MD (Associate Fellow) Andrea McSweeney (Medical Student) Beth Meloro, MD (Resident) Julia Mo (Medical Student) Hakan Orbay, MD (Resident) Nathan Ott (Medical Student) Tori Owens (Medical Student) Danielle Park (Medical Student) Lindsey Perea, MD (Associate Fellow) Shira Saperstein, MD (Resident) Sirivan Seng, MD (Resident) Adrienne Shannon, MD (Resident) Marc Smaldone, MD, FACS (Fellow) Madeline Torres, MD (Resident) Dante Varotsis (Medical Student) Matilda Whitney (Medical Student)

Financial Relief for Surgeons CARES Act Information

The ACS Government Relations team has identified information regarding the Coronavirus Aid, Relief, and Economic Security (CARES) Act that was signed into law on March 27th. The Act provides some pathways for physicians to obtain financial assistance for their practices.

The Centers for Medicare and Medicaid Services (CMS) has recently expanded the Accelerated and Advanced Payment Program. Surgeons and others may request advanced Medicare payments to address cash flow issues based on historical payments. More information about this program can be found here and here.

In addition, relief for small businesses, including those run by physicians, was included in the \$2 trillion CARES Act legislation. The provisions include the appropriation of \$562 million in Economic Injury Disaster Loans to ensure that the SBA has adequate resources to assist businesses in need.

The SBA's Economic Injury Disaster Loan program provides small businesses with working capital loans of up to \$2 million that can provide vital economic support designed to help overcome the temporary loss of revenue. In response to the COVID-19 pandemic, small business owners in all fifty states, Washington, DC and US territories are eligible to apply.

The CARES Act clarified that eligibility would be for those businesses of 500 employees or less at each business location.

Fellows may learn more about Economic Injury Disaster Loans and find the appropriate applications <u>here</u>.

ACS continues to support all our surgeons who are serving their communities in the COVID-19 crisis and curtailing their normal clinical practices. ACS continues to remind the White House, Congress, the Department of Health and Human Services, and CMS to support our surgeons so when we recover from COVID-19, our surgical practices will recover too. For additional information on ACS' efforts during the COVID-19 pandemic, visit ACS/COVID-19.



Immerse yourself in a wide variety of educational sessions that convey best surgical practices and address hot topics in surgery today. For a complete list of events, registration and hotel information, click here.



CONTINUING MEDICAL EDUCATION (CME) REQUIREMENTS FOR PENNYSLVANIA

The Pennsylvania Board of Medicine (PBM) and the Pennsylvania Board of Osteopathic Medicine (PBOM) require all licensees to earn 100 CME Credits every two-year renewal cycle. A minimum of 20 of the 100 CME must be Category 1 Credits, and both licensing boards require content-specific CME be included in this total. PBOM licensees must renew by October 31, 2020 and PBM licensees must renew by December 31, 2020. The requirements are detailed below:

- 100 Credit hours every two-years: A minimum of 20 hours must be AMA PRA Category 1 Credits™ (PBM) or AOA Category 1-A Credits (PBOM).
- 2 Credit hours addressing Pain Management/Addiction/Prescribing: All prescribers or dispensers must complete at least two hours of continuing education in pain management, the identification of addiction or in the practices of prescribing or dispensing of opioids. This continuing education must be in AMA Category 1 or 2 approved activities for the PBM and may be in either AOA Category 1 or 2 approved activities or AMA Category 1 or 2 approved activities to meet the PBOM requirement.

- 2 Board-approved credit hours addressing Child Abuse Recognition/Reporting: Two hours of Boardapproved continuing education in child abuse recognition and reporting requirements must be completed for renewal or reactivation of a license.
- 12 Credit hours addressing Patient Safety/Risk Management: At least 12 of the 100 hours must be completed in activities related to patient safety or risk management and may be completed in either AMA Category 1 or 2 activities. This requirement is exclusive to the Pennsylvania Board of Medicine.

The American College of Surgeons has compiled and posted summaries of these <u>State CME Requirements</u> for your convenience.

The Keystone and Metropolitan Philadelphia Chapters and the American College of Surgeons (ACS) are committed to providing members with the highest quality educational resources and support to meet Continuing Medical Education (CME) requirements, for example:

- Monthly online AMA PRA Category 1 Credit[™] and Self-Assessment Credit through your member subscription to the <u>Journal of the American College</u> <u>of Surgeons</u>
- Three free online <u>Safe Pain Control courses</u> totaling
 4 AMA PRA Category 1 Credits™.
- Coming soon! A new online 8-module course, Optimizing Perioperative Pain Management: An Evidence-Based Approach, will offer 8 AMA PRA Category 1 Credits™
- Clinical Congress 2019 Webcast packages offer up to 175 AMA PRA Category 1 Credits™ and 175 Self-Assessment Credits which can be tailored to a physician's interests or requirements, including Credit to Address Opioid/Pain Management and Patient Safety.
- Chapter Educational Conferences provide additional resources and offer up to 7.5 AMA PRA Category 1 Credits™.

State requirements are subject to change. Please contact mycme@facs.org or your state medical board if you have any questions or concerns. Individuals must check with their state to verify that course content meets specific CME requirements.