

Pennsylvania Surgical News

March 2022



Robbi-Ann M. Cook, CAE
Executive Director

We made it to Spring and Daylight Savings Time without much heavy winter weather. Growing up I was always reminded that if March comes in like a lamb, it would go out like a lion. March began somewhat mild, but this last week has brought us a multitude of weather changes. I am looking forward to warmer temperatures, longer days, and sunshine. These things will make my garden grow!

This issue, like February, brings new content and writers. I encourage all our members to consider submitting articles of interest, provide updates on your surgical career, or any items you feel your colleagues would enjoy.

The ACS Leadership and Advocacy Summit kicks off this weekend in Washington, DC and virtually. Sunday will focus on chapter leadership, how to engage our membership, and highlight some pretty amazing programs that other chapters have put together. Monday will be a full-day of legislative and advocacy sessions and preparing for the virtual Hill visits that will take place from the comfort of our members' offices on Tuesday. Stay tune for updates and insight from those attending.

Our Young Surgeon Work Group has been busy meeting and planning events to connect and engage this unique group of surgical members. Dr. Hoffman has been orchestrating meetings and keeping everyone connected and we look for great things from this group under her leadership.

Check out all to offer in this issue of the *Pennsylvania Surgical News*.

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

Physician (Cannot) Heal Thyself Landmark Legislation Provides Platform for Mental Health Awareness and Care

All physicians, regardless of specialty, are under constant scrutiny and stress. When one of us makes a mistake, a life is at risk. When we err, we fail, as there is always negative impact. How each of us responds to this exhausting level of pressure is very personalized. Often, we are trained and conditioned to compartmentalize. Maybe we have an excellent support system. Well-chosen activities and families may provide balance and distraction. Better yet, some of us evaluate, debrief, and grow in daily habits and methods of self-care.

For each of us, there are, have been, and will be times when we are overwhelmed, uncertain, and find ourselves mired in self-doubt. Whether true, or fair, or not, our own harsh evaluation will inevitably lead to overpressure - further missteps, failures and confounding dissatisfaction - and can create a viscous circle of fatigue, overextension, and resentment where we become incapable of a high level of performance. This is burnout. This is why people leave the profession.

But for some, the cycle becomes ever more vicious, with despondency and no path of escape visible.

More than 400 physicians die by suicide each year. Most without any precedent mental health issues

or diagnoses. The only common risk factor amongst them: they were physicians.

At these moments of greatest weakness and vulnerability - where do we turn? The stigma and fear of admitting a need for help, of asking for opportunities to rest and repair, of admitting mental health needs is harsh and has never been on the side of physicians. Even trusted colleagues will judge us as weak and no longer worthy. Gaps in work time, extended leave, and any medical health issues/diagnoses will follow each of us from state licensing board to hospital credentialing committee, and will remain a mark on the records ad infinitum. **THIS. MUST. CHANGE.**

On Friday, March 18, President Biden signed the Dr. Lorna Breen Health Care Provider Protection Act into law. The law aims to reduce and prevent suicide, burnout, and mental and behavioral health conditions among healthcare professionals.

Who was Dr. Lorna Breen? She was a well-regarded and successful Emergency Department Director at Allen Hospital in Manhattan who was truly on the front lines of COVID. She treated confirmed COVID patients, contracted COVID herself, and cared for an overwhelming number of sick patients with limited supplies. Surrounded by the dying, without a break or a cure in sight, Dr. Breen became overworked and despondent. She shared with her family and friends these mounting feelings, but was afraid to seek or ask for official help. She did not want to lose her job or her license and was afraid of judgement and stigma. Laura Breen died by suicide on April 26, 2020.

Using her story as a spearhead to raise the issues of awareness of mental health and physician suicide, a bipartisan, bicameral bill was introduced and is now Public Law No: 117-105: The Dr. Lorna Breen Health Care Provider Protection Act.

This bill establishes grants and requires other activities to improve mental and behavioral health among health care providers.

Specifically, the Department of Health and Human Services (HHS) must award grants to hospitals, medical professional associations, and other health care entities for programs to promote mental health and resiliency among health care providers. In addition, HHS may award grants for relevant mental and behavioral health training for health care students, residents, or professionals.

Additionally, HHS must conduct a campaign to (1) encourage health care providers to seek support and treatment for mental and behavioral health concerns, and (2) disseminate best practices to prevent suicide and improve mental health and resiliency among health care providers.

HHS must also study and develop policy recommendations on improving mental and behavioral health among health care providers, removing barriers to accessing care and treatment, and identifying strategies to promote resiliency. Furthermore, the Government Accountability Office must report on the extent to which relevant federal grant programs address the prevalence and severity of mental health conditions and substance use disorders among health care providers.

What does this mean for all physicians? What can it mean for me? For you? Change the stigma and open the conversation. Support the process of raising and evaluating awareness of mental health in your team, your community and at your institution. By acknowledging that we all are vulnerable and in need, we create a platform to empower and protect each one of us.

**You are not alone.
It is ok to not be ok.
Please don't wait anymore – ask for help.**

References

Dr. Lorna Breen Heros Foundation:
www.drlornabreen.org
H.R.1667 - Dr. Lorna Breen Health Care Provider Protection Act: www.congress.gov



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



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YOUR PATIENTS, AND PRESERVE THE
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**Keystone Chapter: www.kc-acg.org
Metro Philly Chapter: www.mp-acg.org**

Local chapter dues is not included in your membership with the College.

**Questions? Call the Chapter Office at
717.220.5255.**

See One, Do One, Teach One!



Danielle Hashmi, DO
Keystone Chapter
Councilor-at-Large

I am so thankful for Dr. Salvatore's words from last month. I find that particularly as a female surgeon, I am more often bombarded with messages of the risk of our careers on fertility, the impossibility of work/life balance, and learning to set boundaries and say no. It is not often enough that we hear the message to embrace opportunity. I want to reinforce that to all the new surgeons reading this.

This month, I have the privilege of featuring the surgeon that made me want to be a surgeon, Dr. Eugene Hughes, Jr. I had just started my 4th year of medical school and was on my very dreaded general surgery rotation. True to tradition, my residents were not very friendly or approachable. In the OR, I heard Dr. Hughes correct them multiple times about tying square knots. In a moment of bravery, I asked him what he meant. In between cases he grabbed suture and showed me one handed ties. The rest is history.

One of eight sons, Dr. Hughes followed in his father's footsteps becoming a surgeon. He trained at Thomas Jefferson University Hospital and practiced general and colorectal surgery out of Chestnut Hill, PA. While reflecting on his career, he notes how drastically the culture of surgery has changed. As a surgeon, he was the captain of the ship. Now surgery is a team sport. Cope's "Early Diagnosis of the Acute Abdomen" is on its 22nd Edition.

While its content continues to hold true, CT scans are ordered for patients in triage before a physician has even laid hands on them and are often medicated prior to surgical consultation. Conditions that at one time required an open operation are now being done through single port sites robotically or even endoscopically. To Dr. Hughes, these changes bring into focus the basics; Technology and culture have shifted, but accountability persists. It doesn't matter how many players are on the team, you have to be capable and willing to call the plays. You owe it to your training and to your patients to have the final say in their care.

If you are interested in participating in this column or would like to nominate a late career or retired surgeon, please email at Danielle.Hashmi@Crozer.org.

Calling All Residents & Early Career Attendings

Are you a Resident or Early Career Surgeon (less than 5 years in practice)? Want to get involved in planning educational, networking, and social events unique to your surgical career level?

Come join the Young Surgeons Work Group. We are looking for residents and early-career attendings to represent each institution in the Keystone and Metro Philly Chapter area.

Consider joining this new and engaging Work Group, meet your colleagues, and find ways to bring relevant content to your peers.

Contact our Executive Director, Robbi Cook, at rcook@rmcmanagementsolutions.com to learn more.

ACS RELEASES NEW STANDARDS FOR CARE OF THE INJURED PATIENT

The seventh edition of [*Resources for Optimal Care of the Injured Patient \(2022 Standards\)*](#) is now available. The manual outlines the personnel, resources, policies, and practices required for ACS Committee on Trauma verification.

Standards were consolidated and clarified to facilitate their implementation. Whereas the 2014 edition had 387 standards, the 2022 edition has 110 clear and concise standards.

"We carefully reviewed evidence related to the delivery of optimal trauma care, worked closely with key stakeholders and specialty organizations, and feel that with these new standards, ACS-verified trauma centers will continue to deliver exceptional trauma care," said Avery Nathens, MD, PhD, FACS, Medical Director, ACS Trauma Quality Programs. "In our revision of the standards, we focused on what's best for patients while acknowledging the challenges faced by centers in their delivering high quality of care."

The updated standards are part of a broader effort to align the accreditation and verification processes of all ACS Quality Programs; manuals have the same layout across all ACS Quality

Programs to ensure consistency for hospitals participating in multiple programs.

"These standards provide the framework for the trauma center verification site visit process. By meeting these standards, trauma centers show that they have the resources and commitment to provide the best possible care for patients in their communities," said Nilda Garcia, MD, FACS, Chair, ACS COT Verification, Review, and Consultation Committee.

The new [*Resources for Optimal Care of the Injured Patient \(2022 Standards\)*](#) is available for download today.



DR. PATRICIA TURNER ADDRESSES NEWLY MATCHED SURGERY



Recently, ACS Executive Director Patricia L. Turner, MD, MBA, FACS, welcomed newly matched surgery residents into the profession. Watch her brief address [HERE](#).

Legislative Update

As a reminder, the Keystone and Metropolitan Philadelphia Chapters continue to work with ACS' Government Relations division monitoring legislative activity and protecting the physician/patient relationship. Currently, [43 bills](#) are in play in the Pennsylvania legislature and are being monitored. [\[CLICK HERE\]](#) to view the complete list of all Federal and State legislation being monitored across the country by ACS.

State legislative priorities include out-of-network payment; prior authorization; MOC; scope of practice and more. For a complete list of state legislative priorities, visit the [State Legislative Priorities](#) page.



Call for Nominations for ACS Secretary



The 2022 Nominating Committee of the Board of Regents (NCBR) will be selecting a nominee for Secretary of the College, a position that commences after the upcoming Clinical Congress. The deadline to submit nominations is **May 31**.

For additional information on requirements and submission guidelines, visit the ACS website or click [HERE](#).

Participate in Surgeon Specific Registry Practice Improvement Initiative

There's still time to join the last practice improvement initiative in the ACS Surgeon Specific Registry (ACS SSR™) program. The [SSR Practice Improvement Initiative \(SSR PII\) 2022—Quality Case Data Review and Reflection](#) allows surgeons to perform continuous quality data assessment and obtain CME credit.

A program basics webinar will be held on Friday, April 8, to teach participants how to enter, review, reflect, and learn from case data — [register today](#). Read more about the [SSR PII 2022 Program](#) and enroll. Contact the SSR team at ssr@facs.org with questions.

The ACS designates this Other activity (Quality Data Review and Assessment of Trends) for a maximum of 15.25 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity. Of the AMA PRA Category 1 Credits™ listed above, a maximum of 0 credits meet the requirements for Self-Assessment.



Society of Surgical Oncology (SSO) 2022 International Conference on Surgical Cancer Care

Metropolitan Philadelphia Chapter Council Members, Drs. Sanjay Reddy and Jeffrey Farma, recently attended the Society of Surgical Oncology (SSO) 2022 International Conference on Surgical Cancer Care in Dallas Texas from March 9th to the 12th. This was a momentous event, as it truly was the first face-to-face national surgical meeting many of us have attended in over 2 years due to the pandemic. It was amazing catching up with friends, trainees and colleagues outside of the hospital that we had not seen (see photo of Fox Chase Cancer Alumni Dinner). The meeting hosted a separate sub-meeting, the Fellows Institute for Complex General Surgical Oncology and Breast fellows, which highlighted mentorship, practice building, and ways to enhance their research.

The SSO Presidential Address from Douglas S. Tyler, MD, MSHCT, FSSO, Professor and Chairman of The Department of Surgery, University of Texas Medical Branch in Galveston, highlighted the overall theme of the meeting and was entitled, *“What is a Surgical Oncologist: Evolution of Surgical Oncology and The Society of Surgical Oncology in an Era of Hyperspecialization”*. In addition, Wayne Frederick, MD, MBA, FACS, President of Howard University spoke on, *“Reversing Cancer Disparities through Greater Diversity”* as the named American Cancer Society/SSO Diversity, Equity, and Inclusion Lecture. Suzanne Topalian MD, Associate Director, and the Bloomberg-Kimmel Professor of Cancer Immunotherapy, gave the John Wayne Clinical Research Lecture on *“Neoadjuvant immune checkpoint blockade: a pre-surgical window into treatment response and primary resistance”*.

Drs. Jeffrey Farma and Elizabeth Grubbs were honored to moderate an amazing panel session, *“Oncology Training in Surgery: Are We Hitting the Mark in 2022”*, where panel members provided their unique perspectives on training from residency and fellowship directors, ACGME, American Board of Surgery, and both Academic and Community Chairs.

All in all, it was a great meeting with both excellent clinical and scientific updates.



Don't lose your membership benefits. Your membership will lapse if dues has not been received by April 1, 2022. **Note: Your local dues is not included in your annual renewal to the American College of Surgeons but is billed separately by each affiliated Chapter within the College.**

Access your member portal to remit payment using your credit or debit card or download an invoice to submit to your accounting department for payment. While in your portal, make sure your contact information, including your email, are accurate.

Renew Today — Stay Connected!

An Excess of Empathy Can be Bad for Your Mental Health

In a recent article published by *The Conversation* publication, Trudy Meehan and Jolanta Burke, share their thoughts on how being overly empathetic can be bad for your mental health. We all try to be understanding and show empathy for our colleagues, patients, and others, but how does it directly affect our own mental health?

Have you found yourself irritable, sad or close to tears when watching the news lately? If so, you are not alone.

Experiencing empathy has benefits, but also downsides. We need to practice healthy empathy. Empathy by definition is an ability to sync emotionally and cognitively with another person; see the world from their perspective, share their [emotional experiences](#). An key component to building and maintaining relationships, empathy connects us others at a deeper level. Meehan and Burke feel empathy is also associated with higher [self-esteem and life purpose](#).

As Meehan and Burke explained in their article, there are two types of empathy: cognitive and emotional. Emotional empathy shares feelings with others in a way that you may experience pain or distress when watching [someone in pain or distress](#). Think watching an upsetting news report and how you often can relate to [specific people and their lives](#).

On the other hand, emotional empathy isn't just experiencing negative emotions, but a person can experience bursts of positivity when watching other people's joy, happiness, excitement, or serenity and can get more out of [music and other daily pleasures](#).

So when does empathy affect your mental health? Too much empathy watching people suffer can be very upsetting and can often lead to mental health concerns. Often when we show too much empathy towards others, prioritizing their emotions over our own, can lead to experiences of [anxiety and depression](#).

Cognitive empathy, as explained by Meehan and Burke, "refers to seeing the world through other people's eyes, seeing it from their perspective, putting ourselves into their shoes without experiencing the associated [emotions](#)".

The effect of empathy on the body has been well documented. Parents often experience high levels of empathy towards their children and tend to have chronic low-grade inflammation, [leading to lower immunity](#). Our heart beats to the same rhythm when we [empathize with others](#). Watching the news, for instance, is both psychological and physiological and, in some circumstances, can result in what some refer to as "[compassion fatigue](#)".

Empathy and compassion are distinct events in the brain. Empathy for another person's pain activates areas in the brain associated with negative emotions. When we feel the other person's pain, the boundary between the self and others can become blurred if we do not have good boundaries or self-regulation skills and we experience "[emotional contagion](#)".

In Meehan and Burke's article, they provide three ways to practice compassion and maintain positive mental health.

- Practice loving-kindness meditation
- Practice self-compassion
- Take action
- Stop doomscrolling

To read the full article, click [HERE](#).