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## News & Updates for the Keystone and Metropolitan Philadelphia Chapters American College of Surgeons

November 2021

It is the holiday season, and everyone is starting to feel the hustle and bustle of the season. Take a moment from the hectic times and focus on your well-being. Take a hike, visit family and friends, or take a moment to enjoy some quiet time of reflection. **Your well-being IS a top priority!**

Dr. Shannon Marie Foster shares another thought-provoking *Meanderings from a Wandering Surgeon*. Check out this month's *Meanderings* on page 2.

**December is the last month to take advantage of free CME credit hours.** Register for the Keystone Chapter's On-Demand Case Review Webinar, available through December 31<sup>st</sup>. The webinar is free to all KCACS and MPACS members. Upon completion of the evaluations, members can claim **2.5 CME credit hours and 2.5 Self-Assessment credit hours**. View the top ten Case Review submissions from Residents and Medical Students in both the Keystone and Metro Philly Chapters. A nominal fee of \$10 is required for non-Chapter members! Take this opportunity to view these novel and unique submissions and earn CME credit hours. If you have previously registered, do not forget to claim your CME credit hours! CME certificates will be emailed to participants upon completion of the CME evaluation surveys. Click [HERE](#) to register.

**Metro Philly Chapter** hosted the 13<sup>th</sup> Annual Mock Oral Boards on November 6<sup>th</sup> in a virtual format.

Fifty-five examinees and 55 examiners participated with 65% of examinees passing the examination process. A big thank you to Drs. Sanjay Reddy and Renee Tholey for their efforts in making this event a success.

ACS Clinical Congress closed the books on another successful educational meeting. Remember, if you were registered and missed a session, you can still view the lectures through the end of February 2022. Additional updates from ACS can be found on page 4.

**It is dues renewal time!** All members will be receiving their 2022 dues renewal statements in the coming weeks. Please continue to support the efforts of your local chapters in advocating and providing educational opportunities for the Pennsylvania surgical community.

**Still have not joined your local ACS Chapter? What are you waiting for?** Now is the perfect time to make the commitment to your surgical community. If you are an active member of the ACS, all you need to do is complete the membership application and remit the appropriate dues. Be a member of the chorus and have your voice heard in the Commonwealth of Pennsylvania, representing the surgical community! We look forward to welcoming you to the family!

Keystone – [info@kc-accs.org](mailto:info@kc-accs.org)

Metro Philly – [info@mp-accs.org](mailto:info@mp-accs.org)



## Meanderings from A Wandering Surgeon

Shannon Marie Foster, MD, FACS  
Keystone Chapter President

### *Irreplaceable?*

If you had to use a simple term to define your professional self – what would it be? Surgeon? Physician? Clinician? How about...Practitioner? Provider? Vendor? Payee?

The former is what I began my career thinking of myself, the latter is what we now are labeled and has become common-speak whether liked or not. By insurers, by employers, and by the politicians that determine many of the details for both how we work and how we get paid. Furthermore – those labels are not for us alone but used interchangeably for the growing number of other trained health care professionals who provide many of the very same services for which we have spent such long and arduous years to claim expertise.

Why visit the limited availability and more expensive office/clinic/outpatient procedure suite of the surgeon when a different specialty procedural physician or an advanced practice professional is more available and costs less? For inpatients, what is the surgeon contributing to daily rounds or non-operative patients that cannot be achieved by an APP? In pre-operative or follow-up visits are patients visiting with the surgeon or one of the supporting APP or nursing staff? Why would the employer, government or insurance company pay more for a surgeon (or hire additional surgeons) if another can easily fulfill the task? Such is the rapid shift of practice and the self-assessing questions we must face – due to an ever-expanding population and a surgeon workforce shortage in all specialties and geographies - time and skill utilization are at a premium and costs are skyrocketing. In that limited availability our clinical tasks have been filled, and successfully, by others. And let us face it – we do not come cheap. On paper and in most

billers/payors' eyes – we have become interchangeable with other “providers.” And they cost less.

Historically and continually areas of general surgical expertise and focus have disappeared or are fading from our purview – GI owns scopes, IR owns percutaneous approaches and tumor ablations/cryotherapy (and gains ever further into vascular and neurosurgical arenas), Cardiology performs complex revascularization – I only name an obvious few (each of you could add to this list easily in your area of specialization!) - and now – certified nurses and physician assistants are consulting, diagnosing, excising ‘lumps and bumps’, performing biopsies, etc. completely independently.

Diverticulitis more often than not requires no surgical intervention, and CODA and others now prove the same for appendicitis. Many tumors and cancers are best approached through a nonsurgical treatment pathway. Trauma surgeons are not needed on most injury patterns. Critical Care providers come from multiple training avenues, but all perform most of their own procedures – not just lines and ultrasound, but a growing number also including tracheostomy and complex wound care.

So where are we?

Surgeons must focus practice pattern and prove worth. Divide and delegate to other team members where the surgeon is not truly needed. A number of subspecialties have carved highly tailored skills, honed efficiency, team flow, and earned validation. But many of us are struggling. With so many variants – how to define? Why train residents for skills or procedures they will not use in practice? Why maintain skills or procedures that another specialty does exclusively and likely better? If we do not continue to clearly define WHO we are, WHAT we do, HOW we are different – and ensure that is understood, respected, and needed – we will be replaced. There are many other **providers** ready.

Shannon Marie Foster, MD, FACS is President of the Keystone Chapter. She also serves at the national level as a Governor-at-Large, Executive Committee Board of Governors, Communications Pillar Lead, and liaison to both the Women in Surgery (WIS) and the Trauma (COT) Committees.

**RENEW YOUR  
MEMBERSHIP**



## 2022 Dues Renewal Time

All members in the Keystone and Metro Philly Chapters will receive their initial dues renewal notification by December 5th. Dues remittance must be received at the Chapter office by January 31, 2022, to maintain active status.

Go to your member portal to remit payment online using your credit or debit card. You are also able to download an invoice to submit to your accounting department for payment.

While in your membership portal, make sure your contact information, including your email, are accurate. An extensive reconciliation with the ACS member portal was recently completed. Make sure we are able to stay connected!

If you do not receive an email, check your spam, and call your Chapter office for assistance (717-220-5255).

*Thank you!*

*Dr. Enrique Hernandez*



The Metro Philly Chapter Council extends our gratitude to Dr. Enrique Hernandez for his many years of service to the Chapter and the surgical community. Dr. Hernandez

has served on the Chapter Council for many years and recently completed his nine-year term as a Board of Regent for the ACS.

Check out the December issue of *Pennsylvania Surgical News* for an in-depth interview with Dr. Hernandez as we ask him his thoughts on changes in the surgical practice, his pathway to service at the ACS and the Board of Regents, would he have chosen a different path, and what surgeons should be doing to ensure the future of their profession and practice.



ACS Division of Advocacy & Health Policy is extremely concerned that without imminent congressional action, Medicare payment cuts of approximately 9% will take effect on January 1, 2022. Congress needs to hear from surgeons **today** that stopping these cuts is a top priority, and if the cuts go into effect, surgery and surgical patients will be significantly impacted.

- [Calling your elected officials and urge them to stop Medicare payment cuts!](#) (*talking points and detailed instructions provided*)
- [Writing your senators and representative to urge congressional leadership to stop Medicare payment cuts!](#)

**Today is the day to inundate lawmakers' offices and ensure surgery's voice is heard!**



# American College of Surgeons News & Updates



## ACS Clinical Congress Wrap-Up

It is a wrap for the ACS Clinical Congress 2021. Great lectures, sessions, and honors bestowed to many during the five-day event. [Visit](#) the Clinical Congress site for additional information.

Were you registered but not able to participate in all the sessions and lectures? Recorded events and lectures will be available to all registered attendees through February 28, 2022. The full calendar of events can be found [HERE](#).

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## American College of Surgeons Launches New Quality Improvement Course to Educate Surgical Care Teams on Surgical Quality and Safety

*The online course is self-paced and takes about 20 hours to complete*

A new course designed to ensure surgeons and their team members are well-educated on the basic principles of surgical quality and safety was recently released by the American College of Surgeons (ACS). The ACS Quality Improvement Course: The Basics is a self-paced online course intended for surgeons and anyone else working in a surgical care setting with an interest in learning the foundations of quality improvement.

[Read more](#)

## What Brings You Joy? Share Your Interests with Colleagues

The ACS Surgeon Well-Being Program is looking for ACS members to feature throughout the month of January to highlight the importance of activities and interests beyond being a surgeon. Maybe you have a favorite TV show, love to read, are physically active, make art, play music, enjoy cooking, complete puzzles, play cards, love to watch movies, or some other activity. We want to feature you and your go-to hobby that helps you re-energize yourself and maintain well-being.

We are looking for members who are willing to record a two- to three-minute video about their hobby/interest and how it supports their well-being. If you are interested in participating in a short video, let us know!

Share more about you and your hobby [here!](#)

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## Legislative Bill Activity in PA

The Pennsylvania Chapters continue to work with ACS' Government Relations division to monitor legislative activity and protect the physician/patient relationship. Currently, [45 bills](#) are moving through the Pennsylvania legislative process and 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.

## November Well-Being



Do you suffer from “Tech Neck”? I am sure most, if not all of us, after a long day staring at a computer screen or other electronic equipment feels the, well, “pain in the neck.”

Here are ten tips, including stretches, that will help sooth “Tech Neck,” according to a recent article in

[\*Everyday Health\*](#). The article recommends aiming to do each tip 10 times, one to three times per day.

As a reminder, you should not experience pain when stretching. If you are performing a neck or posture stretch, your symptoms worsen, or you feel new pain, stop, and see your doctor.

1. **Chin tucks.** Start standing or sitting with your spine straight. Draw your head straight back like you are making a double chin. In this position you offset the effects of constantly thrusting your head forward (as you may do while looking at a screen). Make sure not to tilt your head back when doing this. Keep your chin tucked in, but still parallel to the floor. Hold for five seconds, release. Then repeat.
2. **‘Hand to ear’ stretch.** Place your right hand flat against the right side of your head. Try to tilt your head to your right shoulder while pushing against your hand. Hold for five seconds, release slowly, and repeat on the other side.

3. **“Hands to forehead’ stretch.** Place both hands on your forehead, and while keeping your chin parallel to the floor, try to push your head forward while also pushing your head back with your hands. Hold for five seconds and repeat.
4. **The cobra pose.** Start lying down on the floor on your belly with your head looking down. Lift your head and upper chest off the ground with only minimal support from your hands. Hold for 15 to 30 seconds. It stretches the back and neck in the opposite position to the one that causes “tech neck,” therefore helping counter the imbalance.
5. **Try some Super(wo)mans.** Lie on your stomach and alternately raise your right arm and left leg off the ground, then left arm and right leg. Hold for a second or two, lower, and repeat.
6. **Check your spine alignment.** To keep your spine aligned, hold your phone, or place your computer, at level and make sure you are not looking down at your devices? Check yourself multiple times throughout the day to ensure you have not slipped into an old, not-so-healthy posture.
7. **Use a standing desk.** Or better yet, use a treadmill desk. Either one will encourage more continuous small movements throughout the day — whether it is fidgeting at your standing desk or walking on the treadmill desk. That small amount of movement can help to keep you from clamping down on your neck muscles. The article states, “Movement is your friend.”
8. **Take a break.** At least once an hour, get up and move around. Do a few stretches and roll your neck to loosen up tight muscles, which will help prevent the spasms and stiffness that lead to “tech neck.”
9. **Roll your shoulders back.** Throughout the day, roll your shoulders up and back as you shift

your head back. This keeps muscles moving and repositions your body in a healthful way.

10. **Limit screen time.** Your job may require you to spend much of the day in front of a screen. If this is you, try to use your nonwork time doing things that do not require you to be in front of a screen. Use that time for something fun that is also good for your physical and mental health, like going for a walk, hanging out with friends face-to-face, or taking a nap. Your neck will thank you.

Make time to focus on your well-being every day!

The following article is shared from the ACS' daily *Articles of Interest* from November 29, 2021. The *Articles of Interest* submissions are a service brought to you by the ACS *Division of Integrated Communications*.

## What Is a Surgeon 'Supposed' to Look Like?

— *Gender bias makes an already challenging field that much tougher*

by Alessandra Colaianni, MD, MPhil Nov. 27, 2021



Three years ago, I was applying for a fellowship in head and neck surgical oncology and microvascular reconstruction. I flew around the country, visited different academic departments, and interviewed with esteemed academic surgeons -- all the while hoping I would be judged worthy of their mentorship. It was a tough but exciting time.

[impostor syndrome](#) for

years, and had found the reassurance from my program director and faculty mentors -- all of whom supported my decision to pursue fellowship training -- only transiently soothing.

During one interview, the chair of a particularly prestigious department looked across his desk at me and said something I'd been unconsciously worrying about for years.

"I'm going to give it to you straight," he said. "Do you realize you're going to need to be three times as good of a surgeon as your peers?" I stayed quiet, and he went on: "You're a woman, so you need to be twice as good; and you do this writing stuff instead of research, so you need to be three times as good. You need to be beyond reproach."

Though this was the first time anyone had acknowledged this truth so bluntly, the concept that women have more to prove in surgery is not new, and the wincing smile with which I responded to him wasn't either. When the department chair gave a voice to the gaslighting I'd been doing to myself for years, I felt, perhaps paradoxically, gratitude toward him. He acknowledged that there is an imperfect system in place that not only makes it more difficult for women to succeed in surgery but asks them to be better than their male peers if they want the same opportunities. While I appreciated that he recognized that truth, I only wish this had led us to a conversation about how to change the status quo.

When I eventually wrapped up my interviews and began my fellowship, this "status quo" was all too prevalent. Not infrequently, I encounter disbelief from patients or staff when they find out I'm the attending surgeon. There are countless examples, but a particularly egregious one sticks out in my mind. During fellowship, I was preparing to perform a total laryngectomy with bilateral neck dissections -- an all-day case. As I opened a cabinet to get my surgical gloves, a staff member in the room asked

whether I was the new medical student on service and warned me not to touch the sterile table. She doubled down when I gently told her I was the attending, and said, "Well, you don't look old enough to be out of medical school!" I usually dismiss these types of comments with a self-deprecating, "Oh, you just can't see my gray hair under this cap -- I'm older than I look!" But in this case, her words stung. I was already feeling anxious about the case, already wondering whether I was good enough to do it. (Spoiler alert: the case went fine, and the patient did well).

In those first-impression moments, what people are really saying is that I don't look like what they think an attending surgeon should look like.

This bias has significant implications. Earlier this month, *JAMA* published [a study](#) of nearly 40 million referrals to American surgeons, finding that male physicians referred their patients preferentially to male surgeons, and that female surgeons received non-operative referrals more often than their male counterparts. When female surgeons aren't given the same level of professional courtesy as their male peers, they don't operate as much and the feeling of not being as busy as their peers can become a self-fulfilling prophecy. This has implications for female surgeons' surgical skill development as well as their ability to advance in academic departments. In my specialty, women are paid only [77 cents on the dollar](#) compared to their male counterparts. Although gender parity is getting better within otolaryngology on the whole, head and neck surgical oncology and microvascular reconstruction [remains mostly male](#).

A life in surgery is a difficult one -- full of long days, weighty decisions, and serious implications for mistakes. It's hard enough for anyone to do without worrying that, by virtue of their sex, they have something additional to prove. It's time to change the status quo.

*Alessandra Colaianni, MD, MPhil, is a writer and an otolaryngologist-head and neck surgeon at Oregon Health and Science University who specializes in the treatment of patients with head and neck cancer.*



**Do you** find value in the monthly newsletter? Is there additional content we could provide that would make it even more enjoyable?

Have an article, tip, or announcement you would like to see printed in an upcoming issue? Email our Executive Director, Robbi Cook ([rcook@rmcmanagementsolutions.com](mailto:rcook@rmcmanagementsolutions.com)) and let us know how we are doing.

Make sure your contact information is correct and you have an active email to continue receiving the *Pennsylvania Surgical News*. Go to your Chapter's website, log in, and update your contact information.

Keystone – [www.kc-accs.org](http://www.kc-accs.org)  
Metro Philly – [www.mp-accs.org](http://www.mp-accs.org)

# Why Join Your Local ACS Chapter?

**Your local chapters are stronger than ever.** The COVID pandemic created opportunities to expand how your local chapters provide educational content, networking, and resources. It also opened new collaboration efforts with other ACS chapters and surgical societies throughout Pennsylvania. If you are not a current member, or your membership is in lapse status, make a commitment today to join or renew.

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## NETWORKING



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## VISIBILITY



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## REPUTATION



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## LEARNING

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

**Gain a say in what happens in healthcare through government advocacy efforts.**

**Have a voice!**

**Stand out and get noticed in your community!**

**Raise your reputation through professional membership!**

**Get a competitive edge over non-members with low cost and free training and educational opportunities.**

**JOIN OR RENEW YOUR MEMBERSHIP TODAY!**