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## Joy of Practice for Surgeons

Two recent issues of the *New England Journal of Medicine* caught my attention: January 25 and March 1, 2018. Both issues included thoughtful and provocative discussions of physician burnout and its sequelae.

In the January issue, Wright and Katz discuss the negative impact of electronic health records (EHRs) on patient care and physician satisfaction. Over half of US physicians report symptoms of burnout, such as emotional exhaustion, depersonalization or a poor sense of accomplishment. While primary care seems to be at highest risk, surgeons are heavily affected. Burnout is associated with higher rates of depression, suicidal thoughts and substance abuse. It can be measured and it can be reduced by supporting team-based models of care, monitoring regulatory burdens on our faculty and taking other steps to restore the "joy of practice."

In that same issue, Dzau et al. note that burnout has serious consequences, notably a real human cost as well as various health system problems. The authors report that mental illness has reached a crisis level in our practitioners – and, hence the National Academy of Medicine, has launched an Action Collaboration on Clinician Well-Being and Resilience. The four central goals are: (1) increase the visibility of clinician stress and burnout, (2) understand the challenges inherent in clinician well-being, (3) identify evidence-based solutions and (4) monitor the effectiveness of such solutions.

We clearly have seen the effects of overwork, inefficiency and mental turmoil in our department. The March 1 issue of the NEJM features a thought-provoking and courageous perspective article by our own Dr. Michael Weinstein, one of our superb trauma surgeons. In this article entitled "Out of the Straitjacket," Dr. Weinstein describes his training, hard work, descent into deep depression and multi-pronged recovery. He is very involved with our educational and clinical missions, and his messages of recovery, appreciating life, mindfulness and self-care merit our unwavering support. He ends his article with the comment "I believe that by deploying tools for reflection and self-care and working together in a brave and disciplined way, we can remove our restraints and isolation – both figurative and literal." We all should assist the Action Collaborative on Clinical Well-Being and Resilience as it seeks to address these critical issues.

Please enjoy the various articles which compose this issue and keep up with our news on [Facebook.com/JeffersonSurgery](https://www.facebook.com/JeffersonSurgery) and [Twitter@JEFFsurgery](https://twitter.com/JEFFsurgery) in between issues.

1 Wright AW and Katz IT. NEJM 378:309-311, 2018.

2 Dzau V et al. NEJM 378:312-314, 2018.

3 Weinstein, MS. NEJM 378:793-795, 2018.



After completing two years of general surgery residency in June 2015, Heather Logghe, MD, started the #ILookLikeASurgeon movement on Twitter to promote inclusivity in the traditionally male-dominated field. The hashtag went viral (with 1 billion impressions to date) and led to the #NYerORCoverChallenge in April 2017, which solicited photos of female surgical teams from around the world.

## Getting 'Social': Surgeons Use Online Networks to Share Science, Educate Patients and Improve Public Health

When Heather Logghe, MD, emerged as an expert in why and how surgeons can use social media channels, Rajesh Aggarwal, MD, PhD, (See Innovation) recruited her to Jefferson as a Surgical Research Fellow. In addition to founding the #ILookLikeASurgeon movement, Dr. Logghe is a co-author of "Best Practices for Surgeons' Social Media Use: Statement of the Resident and Associate Society of the American College of Surgeons." She also serves as the Society's social media chair.

Dr. Logghe explains that encouraging surgeons to embrace social media is a relatively new trend. In the earliest days of social networks, all physicians were advised to completely avoid Facebook and Twitter. Among the fears: physicians breaching patient confidentiality, patients asking for medical advice and photos showing physicians behaving unprofessionally. By 2015, however, the American College of Surgeons began debating whether social media is a threat to professionalism or an essential part of surgical practice.

"As a result of that, many surgeons realized that social media is here to stay and offers a lot of potential benefits," Dr. Logghe says. "It behooves us to figure out how to do it safely and professionally."

Working under the direction of Dr. Aggarwal, Dr. Logghe is studying how surgical departments can use social media. She notes that most now have a Facebook and Twitter presence, but departments may focus

those accounts in different ways. Some engage with patients, some with other medical professionals. Other departments use the channels to support recruiting. There is also variation in who is managing these departmental accounts.

"We'll be looking at the approaches and benefits," Dr. Logghe says. "In addition to conducting a survey, we're doing a literature review on whether patient commentary on social media reflects the findings of more traditional patient surveys."

She says that beyond departmental use, individual surgeons can benefit from using the channels to highlight their scientific work, share other important studies and educate and engage with patients. It can also help surgeons in rural areas feel less isolated – while providing all surgeons a unique window into the patient experience through the candid comments and stories patients share on social platforms.

In short, social media's benefits now outweigh potential risks so long as surgeons are mindful of how these channels blend personal and professional.

"For doctors, professionalism is nothing new," she says. "Any physician who can conduct himself or herself appropriately on a crowded hospital elevator can do the same on social media. If you wouldn't be comfortable saying something in a crowded elevator, it probably isn't appropriate on Facebook or Twitter, either."

Logghe HJ et al. JACS 226(3) 317-327. 2018

## Please Welcome



**Neeta Chaudhary, MD, PhD** (left), completed the Medical Scientist Training Program at the University of Buffalo, a General Surgery residency at Stony Brook University School of Medicine and an Acute Care Surgery fellowship at Vanderbilt University School of Medicine. She is dual certified in General Surgery and Surgical Critical Care.

**Annika Storey, DO** (right), graduated from Lake Erie College of Osteopathic Medicine in Erie, PA, before completing a General Surgery residency at Grandview Medical Center in Dayton, OH, and an Acute Care Surgery fellowship at Indiana University School of Medicine. She is dual certified by the American Osteopathic Board of Surgery in General Surgery and Critical Care.

The Department is pleased to welcome 2 new acute care surgeons to the Level I Regional Resource Trauma Center at Jefferson. Both accomplished fellowship-trained surgeons joined the faculty in October as clinical assistant professors. Please welcome: