



The Foundation
of the Pennsylvania Medical Society

SUMMER
2020

CONNECTIONS

— NEWS FROM THE FOUNDATION OF THE PENNSYLVANIA MEDICAL SOCIETY —

Education. Wellness. Excellence. *Always.*

Beyond burnout: Lasting effects of COVID-19 on physician mental health

By Edwin Kim, MD, MRO

Burnout is an issue familiar to medical professionals long before COVID-19. But the added stress of treating patients during a pandemic has made a huge impact on physician well-being around the country.

According to Maslach and colleagues, who first developed the Maslach Burnout Inventory, burnout is a work-related syndrome involving emotional exhaustion, depersonalization and a sense of reduced personal accomplishment. In studies of both physicians-in-training and practicing physicians, rates of burnout

symptoms now have been shown to exceed 50 percent (West et. al).

As we enter another month of COVID-19, there are still many unknowns and physicians are at risk of experiencing an additional stressor related to their workplace. More importantly, we are anticipating a number of medical professionals on the frontline experiencing traumatic stress. Left unchecked, the traumatic experiences of working in emergency rooms, hospital wards, or intensive care units can manifest as

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2019 Foundation Impact Report Available



Because of your generosity in 2019, the Foundation of the Pennsylvania Medical Society changed lives. Medical students received financial

assistance, physicians struggling with substance use disorders and mental health issues received the help they needed to be well again, and health care professionals received the fair and balanced assessments needed to continue their careers.

Your generosity holds power. Evidence of this can be found in the pages of our 2019 Impact Report. You're funding the future of medicine and ensuring the critical work happening at the Foundation can continue for many years to come.

In order to put your philanthropic donations to work, we have printed a limited supply of reports. Visit www.foundationpamedsoc.org/home/about-us/publications to view the full report. To request a printed copy, email foundation@pamedsoc.org or call (717) 558-7861.

Thank you for your support!



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Connections

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— FROM THE EXECUTIVE DIRECTOR —



We are here for you

We are only half-way through the year, and many are requesting a mulligan for 2020. The COVID-19 pandemic and social injustices coming to light bring uncertainty and deep sadness. The world is unsettled, that is a fact.

The Foundation is not looking for a mulligan. I am proud of our team, navigating these challenges with thoughtfulness and grace. We smoothly transitioned to a remote work environment when stay-at-home orders took place. Physicians' Health Program participants, LifeGuard clients and medical students were served – the work of the Foundation never stopped. Thanks to the preparation of our program leadership, we thoughtfully anticipated the needs of our clients and beneficiaries.

Giving to the Foundation has grown during this unprecedented time. Now, more than ever, the services of the PHP are crucial and relevant – support has remained strong, and we are grateful.

The Foundation of the Pennsylvania Medical Society is working closely with the PAMED to put resources in the hands of our physicians. Members can take advantage of a free subscription to the mindfulness app Headspace for one year. The PHP has created a webpage with a comprehensive array of resources for those facing the stressful effects of treating patients in this pandemic.

Before our Foundation Board meeting on June 19, Board Chair Virginia Hall, MD, posted a statement condemning social injustice and systemic racism. Under the guidance of Foundation trustees Gwendolyn Poles, DO and Lynda Thomas-Mabine, MD, the PHP will explore potential services addressing traumatic events attributed to systemic racism in the medical community and beyond. Our Foundation medical student trustees Anuranita Gupta and John Curtis, will also work with PAMED to help medical students move through unprecedented circumstances.

During this time of remote service and heartbreaking upheaval, I am grateful for the spirit of care, flexibility and innovation shown by our thoughtful trustees and dedicated staff. As we prepare for what comes next, the Foundation is here for you. We are fully operational. Procedures are continually updated to protect the health and well-being of those we work beside and those we serve. We thank you for your critical investments that sustain us and help us to fulfill our daily mission.

Be well,

Heather A. Wilson, MSW, CFRE, CAE | Executive Director

OUR MISSION

The Foundation of the Pennsylvania Medical Society provides programs and services for individual physicians and others that improve the well-being of Pennsylvanians and sustain the future of medicine.

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severe trauma/stressor related disorders including acute stress disorder (ASD) or post-traumatic stress disorder (PTSD).

The diagnostic criteria for ASD and PTSD overlap; however, ASD is diagnosed within the first month after exposure to the trauma. A PTSD diagnosis cannot be given until symptoms have lasted at least one month. While rates of ASD and PTSD vary based on the traumatic experience, survivors can show rates of ASD anywhere between six and 33 percent within one month of the trauma.

While we don't yet know if there is a correlation between the workplace phenomena and mental disorders, we can rest assured that post-traumatic stress in addition to an environment conducive to physician burnout can increase a medical professional's risk for diminished function, dysfunction and distress. Left unmitigated, the effects of either burnout or trauma/stressor-related disorders, such as ASD or PTSD, jeopardize the well-being and safety of physicians in the workplace and at home.

Similarities of burnout and PTSD

In the 11th Revision of the International Classification of Diseases (ICD-11), burnout is characterized by feelings of energy depletion or exhaustion; increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and reduced professional efficacy. While burnout is not yet classified as a medical disorder, signs associated with burnout include feelings of sadness and apathy, or frustration and irritability, which can mimic psychiatric illness.

According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), common signs of acute or post-traumatic stress include negative mood, altered sense of oneself or surroundings, and efforts to avoid reminders of traumatic events. Other signs of PTSD include risky

or destructive behavior, overly negative thoughts and assumptions about oneself or the world, exaggerated blame of self or others for causing the trauma, negative affect, decreased interest in activities and feeling isolated.

It is important to note that burnout and post-traumatic disorders may share similar signs and symptoms. Both the occupational stress syndrome and mental disorders can present with poor concentration, sleep disturbance, mood change, irritability or low frustration tolerance, outburst, and a sense of depersonalization or derealization (losing sense of oneself or one's environment, respectively). Finally, problematic substance use can be comorbid with either burnout or post-traumatic stress.

Determining the difference between burnout and PTSD

While ASD and PTSD by definition occurs after exposure to a traumatic event, a red flag for post-traumatic stress is the persistent re-experiencing of traumas in form of nightmares, flashbacks, or emotional and physical reactivity to traumatic reminders.

Symptoms such as hypervigilance, exaggerated startle response, and persistent exaggerated self-blame about events raise concern about the presence of a traumatic/stressors-related disorder.

Furthermore, the depersonalization or derealization one experiences occurs or is heightened when confronted with the trauma or reminders of the events (i.e., people, places, conversations, activities, objects, situations).

The added stress of treating patients during a pandemic has made a huge impact on physician well-being around the country.

What to do if you think you have burnout

If you are concerned about burnout, then evaluate your options as suggested by the Mayo Clinic. First, determine whether you can work with your supervisors to change contributing factors thought to contribute to burnout. These include an inability to control scheduling decisions, work assignments or adjust workload. Clarify job expectations and

your specific role within the treatment team or organization. Lastly, identify any dysfunctional workplace dynamics.

It will be important to seek support from colleagues, family and friends. Actively prioritizing self-care in the form of relaxation, exercise and sleep can help balance the stressors of work and achieve balance with your personal life. The practice of mindfulness meditation can be a strengthening exercise in your resilience. Finally, consult with professionals if the above initial steps do not alleviate the stress.

What to do if you think you're suffering from post-traumatic stress

Research shows that trauma-focused cognitive-behavioral therapy, a type of individual psychotherapy, is an effective, first-line treatment for both ASD and PTSD.

Consulting with a mental health professional will help determine whether therapy or medications can be useful in alleviating the symptoms. It is important to seek consultation or evaluation sooner than later because delaying treatment can prolong the duration of symptoms. Most importantly, keep an open mind and be kind to yourself.

How to seek professional help after you identified the signs or symptoms of either burnout or traumatic stress

What matters most in this situation is not necessarily distinguishing between burnout and ASD or PTSD yourself. Rather, understanding the potential risk and remaining aware of possible signs and symptoms can help change the trajectory of the distress. Both stressors can operate independently or co-exist, exacerbating each other.

The next best step if you have concern about any emerging signs of burnout or PTSD is to reach out to a mental health professional. This can be through a trauma-informed counselor, therapist, psychologist or psychiatrist who specializes in working with medical professionals. If you are part of a larger organization, then some viable options include inquiring with your Employee Assistance Program (EAP), designated

Wellness Officer, or Wellness Committee or Group. Another good resource to find a mental health professional is by referring to the behavioral health coverage included with your medical insurance.

Don't let social distancing protocols deter you from seeking care. For the time being, most clinicians are offering virtual or telemedicine visits which occur mostly by phone or HIPAA-compliant videoconferencing platforms (remember to ask when inquiring about services).

The Pennsylvania Physicians' Health Program (PHP) can also help physicians and other medical professionals, including trainees, physician assistants and dental professionals, by connecting individuals with a list of clinicians in their area who can help assess, diagnose and treat negative symptoms related to the aftermath of the current pandemic. To learn more, you can contact the PHP at (800) 228-7823 or visit www.foundationpamedsoc.org/physicians-health-program/physician-burnout-resources.

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**Keep an open mind
and be kind to yourself.**

Reflections on the War – Then and Now

By Raymond C. Truex Jr., MD, FACS, FAANS and Kristen Sandel, MD, FACEP, FAAEM

Editor's note: There have been many parallels drawn between the coronavirus pandemic and a time of war. Medical professionals have faced decisions and circumstances unprecedented for many of their generation. In the article below, Medical Director Raymond C. Truex, Jr., MD, FACS, FAANS, a Vietnam War veteran and retired neurosurgeon, first shares his war-time experience, explaining the emotions and effects he saw on a generation. Kristen Sandel, MD, FACEP, FAAEM, an emergency room physician and chair of the Berks County Medical Society Executive Council, is on the front lines fighting COVID-19 and shares her experiences in the war on this virus.



Lt. R. Truex, MC USNR
1969



Kristen Sandel, MD, FACEP,
FAAEM
2020

Then

Raymond C. Truex, Jr., MD, FACS, FAANS

We commonly see reference to our current battles as “being at war” with the coronavirus. That, of course, is a metaphorical reference to actual military conflict. Upon consideration, there seem to be many parallels between our current medical struggles with the virus to what I experienced as a military physician in the Vietnam War some 50 years ago.

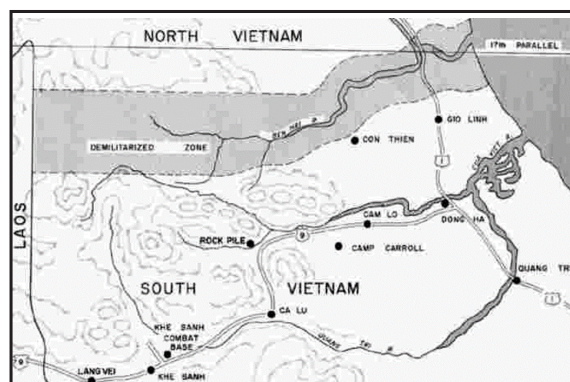
While I can clearly remember my war memories, as a semi-retired physician, I am not on the front lines of the current fight to save lives from the coronavirus, so I have enlisted the experience of Kristen Sandel, MD, an ER physician and current chair of the Berks County Medical Society Executive Council, to compare and contrast what she sees today with my recollections of the past.

In 1969, after completing a rotating internship and a year of general surgery residency, my deferment ran out, and under the Berry Plan, at 27 years of age, I was sworn in as a Lieutenant in the U.S. Navy Medical Corps. I quickly learned that the U.S. Marine Corps is a branch of the U.S. Navy, and that the medical support for the Marines comes from the Navy. By virtue of my surgical training, I was qualified to serve with the

Fleet Marine Force. After six weeks of basic training at Camp Pendleton in California, I shipped out to the Far East. When I arrived in Vietnam, I was assigned to the 3rd Medical Battalion, 3rd Marine Division in Quang Tri, in the northernmost province of Vietnam. This was what we now refer to as a MASH unit. It served as the emergency referral hospital for Marines fighting the North Vietnamese Army regulars in remote outposts along the DMZ, which are legendary in Marine Corps lore, such as Khe Sanh, The Rockpile and Con Thien.



Third Medical Battalion logo



Vietnam map

I was assigned to several duties, on a rotating basis. These duties included working in the triage unit, as a first assistant in one of the four OR's, or being helicoptered into a rural Vietnamese village to provide medical care to the impoverished and poorly served local populace. These forays were called MedCAPS (Medical Civilian Action Program).

Viewing the current viral crisis, as I understand it from the remote vantage point of my home, there are some striking similarities or contrasts between my wartime experiences and what physicians on the front line are facing today:

Triage

In medical school, I was introduced to the concept of triage, but had no practical experience with it. That changed immediately upon my arrival at 3rd Med. Triage is the process of rapidly determining during a mass casualty which of three categories an injured patient falls into:

- Those who will probably live with minimal medical intervention
- Those who will probably die even with aggressive medical intervention
- Those who will possibly live only with aggressive medical intervention



Wartime triage in Vietnam



Medevac Chinook Helicopter, Vietnam

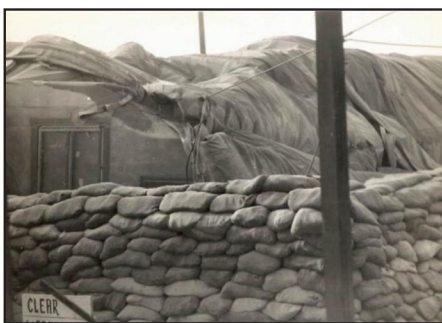
During a mass casualty situation, the number of emergency patients overwhelms the medical resources, and physicians must give priority to those patients in the last category, in order to salvage those with the best chance of survival. During my Vietnam experience, the triage unit could transform from sleepy to overwhelmed in a matter of minutes when a firefight broke out.

The helicopters would start arriving with their casualties, an alert sounded, and it rapidly became an “all hands on deck” situation.



Hooch with sandbag bunker for shelter during rocket attacks

Trying to comfort a mortally wounded Marine, knowing the



Operating room following rocket attack

As a physician, being forced to make life and death decisions is a very psychologically distressing proposition.

situation to be hopeless, cuts to the core. The prevailing ethos in the Vietnam era was to “suck it up” and bury any psychic distress you might be experiencing.

We now know that

this leads to PTSD, common among military veterans of all generations.

Dangerous working conditions

Working at 3rd Med was relatively safe, compared with what the front-line Marines were experiencing on a daily basis. But compared to civilian life, this was dangerous duty. We experienced almost nightly rocket attacks, during which we had to get into our sandbag bunkers and hunker down until the attack subsided. There were times when, while under rocket attack, we would have to perform surgery wearing helmets and flak jackets. There was the always present danger that our compound could be overrun by a massed assault, such as happened during the Tet offensive a year earlier. I slept with a loaded M-16 at my bedside, should that occur.

The invisible enemy

The Vietnam War was the first conflict for the U.S. Military in which the enemy did not wear uniforms. We were basically fighting a guerilla war against the Viet

Cong, who blended into the civilian population. It was impossible to determine who was an enemy and who was a friend. Even small children were enlisted to throw hand grenades into US military vehicles, then disappear into a crowd.

There were other unseen enemies. We had to take Dapsone and Chloroquine tablets to prevent mosquito bite-induced Malaria, and Typhoid fever was endemic in the area. Almost everyone at some point battled “jungle rot,” a tropical fungal skin disease.

Lack of supplies

The U.S. Marine Corps prides itself on doing more with less, relying on esprit de corps, discipline and courage of the individual marine to complete the mission. On the medical side, however, this presented a difficult problem, as we were often faced with shortages of medical supplies, particularly antibiotics. We had Pen VK and Tetracycline, and that was pretty much it. If a Marine had a serious injury infection requiring more sophisticated antimicrobial therapy, we would have to medevac him to an offshore US Navy hospital ship, or to a Navy hospital in Japan.

Disruption of personal life

The military veterans of most wars, and certainly of mine, experienced the separation of the physician from his family and personal support network. There were no “accompanied tours” in the Vietnam combat zone. Further, we had no cell phones to communicate with the home front. For us, we had only snail mail, the delivery of which was haphazard and always delayed. There were no female nurses; their function was assumed by Navy Hospital Corpsmen.

Psychological trauma and drug use

The stresses of war, both for the soldier and for the military physician, were both immediate and long-lasting. The Vietnam War introduced to the civilian U.S. population what would become today’s “War on Drugs,” primarily by way of returning Vietnam War veterans who used and became addicted to marijuana and heroin.

The use of these drugs was a mechanism by which those psychologically traumatized by war could deal with that stress. The delayed stress effects came to be

known as PTSD, but that was a term or phenomenon that we were not familiar with at the time. It remains to be seen how the stress of dealing with the coronavirus may manifest as future addictive disorders in today’s front-line health care workers.

Thank you for your service

During the Vietnam era, there was extreme division of public opinion between those opposed to the war and those who supported it. After a public revelation of a military massacre of innocent civilians at My Lai, many in the public came to see the military draftees, many of whom were forced to participate in the war against their will, as “baby killers.”

The resulting disrespect for returning Vietnam veterans, plus the failure to put a U.S. stamp of victory on the war, led most veterans to feel resentful at this lack of public appreciation for their fulfilling of their patriotic duty. Fortunately, the tide of public opinion has corrected with the passage of time, so that the country for the most part now appreciates more what the Vietnam veterans endured.

Civil disobedience

During the late 1960s, public opinion about the validity of the war effort became divided, to some degree, along generational lines, pitting the “Baby Boomers,” who were against the war, against their parents, “the Greatest Generation,” who had fought and won World War II and tended toward unquestioning patriotism.

Civil disobedience for the first time became common in ways never seen previously, such as burning of the flag and draft cards, and by the riots in the streets during the Chicago Democratic Convention in 1968. The Vietnam War became the focal point in time where Americans began to distrust their government, and to push back to express their disagreement with unjust public policy.

I will be very interested to hear how Dr. Sandel compares or contrasts these takeaway issues from the Vietnam War to the current struggles in the treatment of the coronavirus, or if she identifies any additional areas of similarity.

Now

Kristen Sandel, MD, FACEM

Thank you Dr. Truex for your service and for being one of the best physicians and individuals that I have ever known. Your candor is invaluable, and much appreciated, as we can only learn from experiences such as yours while encountering situations such as this pandemic.

As I reflect on the past few months during the COVID-19 pandemic, there have been numerous articles written about the virus itself, epidemiology, treatment protocols and breaking medical research. What has been lacking in some of these assessments is how this novel virus has affected the way we see each other in health care as well as some of the lessons learned about our patients and community.

In speaking with emergency health care workers across the spectrum (nurses, medics, patient care assistants, advanced practice providers, physicians, etc.), we agree that we have become a more cohesive unit as a whole. The amount of empathy and compassion that we now show each other is more than we have ever seen in our careers.

In the past, while we appreciated everyone's role on the team, we did not always express our respect for each other. We also noticed a sizable improvement in our communication amongst the team. From triaging a patient with the paramedics in the ambulance bay to assessing for virus risk to working to resuscitate a patient, we have been more cognizant of our verbal and non-verbal communication, ensuring that the patient and each member of the team remain safe.

Need to triage

The days of the traditional triage that I was accustomed to over the past 20 years in Emergency medicine are over. During the pandemic, we had to first triage if the patient (whether in the emergency department entrance or the ambulance bay) was at risk for the COVID-19 virus, and then triage the acuity of the illness.

As one legend in emergency medicine has said, "there is no emergency in a pandemic." Each member of the team needs to ensure they are protected before assisting others. As the pandemic endured, many staff members decided to wear their protected gear for every patient encounter. As Dr. Truex mentioned, this is an invisible enemy and even those we think of at low risk could be and are infected.

Dangerous working conditions

We learn early as emergency medicine residents to be prepared for the worst. At times, there is very little notice of dangerous situations that arise in the emergency department. Our medical schools and residencies try to prepare us for these types of situations, but until you are immersed in this environment, it is very difficult to understand or simulate.

The wonderful thing about emergency medicine is that the staff in the department is very adaptive, nimble, and can change protocols and processes quickly, sometimes daily or hourly. This trait ensures that both patients and staff are as safe as possible at all times.

One of the challenging things with this virus is that we are learning more about it each day, meaning our medical treatment changes day to day. Fortunately, we are all trained for this and we are able to adapt quickly.

The invisible enemy

As I mentioned previously, we know we have invisible enemies. We deal with them on a daily basis. This novel virus is very difficult to detect and to predict. What was known in February is not nearly what we know today.

We learned that at some point, we have to assume that everyone has been exposed or infected, and have to prepare and protect ourselves and our other patients. Most of our staff early on decided to wear masks, gloves, eye protection and gowns for each patient, knowing that later in the encounter, we will discover they actually were experiencing COVID-19 symptoms.

Lack of supplies

As you may have seen in the news, it is well known that there has been a lack of personal protective equipment in the medical community. That being said, I cannot say enough about the community efforts to ensure we have adequate personal protective equipment if we have a shortage in our institutions. Clearly, it is very difficult for any health care facility to purchase and store enough personal protective equipment to be utilized not to mention last for their staff through a pandemic.

The community has really rallied and donated supplies, whether it was masks and gloves, or 3D-printed items. The amount of love and support from these companies and individuals was greatly appreciated and will forever be remembered.

Disruption of personal life

As you may have read in other articles, health care workers' personal lives have been greatly disrupted. Many have self-isolated for weeks and months as to not spread the virus to their families, friends or community members. This action has left many feeling isolated and lonely.

Fortunately, we have had a wonderful group of coworkers and friends to rely on to be our rocks during this time of need. For me personally, I have relied on virtual meetings with friends from high school, college, medical school and residency to help keep me grounded and mentally well. An unexpected positive from this pandemic is that I was able to connect with friends I have not heard from in years due to our busy lives and they have been angels in my world.

Our emergency department patients

We have also learned a great deal about our patient population. The emergency department treats many older adults who have hearing disabilities and rely heavily on reading our lips. Only when we donned masks at all times did we realize the extent of this issue within a large segment of our patient population.

We also were more mindful of our dementia patients who now have a team of professionals in full personal

protective equipment caring for them, but do not understand why we are wearing these items. The emergency department may have seemed like a scarier and less friendly environment to these patients if we did not communicate extensively with them and make them feel safe and secure.

We learned that there were fewer "medical emergencies" with more patients calling the emergency department to assess if their symptoms warranted a visit, rather than dialing an ambulance or immediately coming by car. Patients did not want to be exposed or expose others to this debilitating virus and many sought care in alternate environments with telemedicine visits or in urgent care settings. Patients who did seek care in our department were extremely kind, many thanking us for everything that we do on a daily basis.

Thank you for your service

We learned that the community really appreciated our efforts as frontline providers and were very generous in their support. Whether it was car parades, candlelights, cards with words of encouragement and thanks, or the tremendous amount of food that was provided, the community rallied around the hospitals giving us hope and support when we needed it the most.

Civil disobedience

Fortunately, we have not seen the violent civil disobedience that Dr. Truex and the rest of America experienced during the war. We have seen protests, mostly peaceful, regarding the stay-at-home orders, as well as the closing of many businesses trying to flatten the curve. The economic hardship that many citizens are going through was a very steep price to pay to try to keep the public healthy and safe.

The pandemic has forever changed the landscape of health care, but there are many positives that will be taken away from this time. Although we do not know what will be written medically about this pandemic in the years to come, we did learn to better appreciate each other, each patient and our community as a whole.

Final thoughts

Raymond C. Truex, Jr., MD, FACS, FAANS

Some of the observations we have made are obvious and timeless. Working with invisible infectious agents has presented danger to the physician from the time of the Bubonic Plague in the 14th Century, for example. We may be able to decode the DNA sequence now, but the risk to the physician remains.

Other of the observations represent a sea change in the way Americans see things and react to what they see, an example of this being the willingness of our fellow citizens to criticize public policy and push back with civil disobedience against what they perceive as injustice. This type of behavior would have been anathema to my parents' generation and is a direct consequence of the Vietnam War.

Some of the changes are overdue. The recognition of the sacrifices of front-line health care workers has evolved from the public recognition that injustice was done to the returning Vietnam veterans, who returned from combat only to be vilified.

Finally, the current pandemic, like the Vietnam War, may bring permanent changes in the way we think and in the way we act. The "new normal" may be telemedicine, or it may be in the way we stockpile masks and ventilators and prepare for future pandemics.

It has been a very interesting exercise for Dr. Sandel and me to develop our thoughts about the issues confronting medicine on the frontlines over time, and we hope that you find our observations to be interesting and thought provoking. Or perhaps you disagree or have other thoughts about what the future may bring. In any case, we hope to hear from you.

Please note: This article was submitted for publication prior to the civil unrest surrounding the alarming social injustices brought to light in our country in June 2020. Within this article, the authors referred to the mild protests regarding the reopening of our economy. The severity of the events that have occurred since are not taken lightly. The Foundation of the Pennsylvania Medical Society Board of Trustees stands with staff, supporters, donors, beneficiaries and clients who are taking a stand against systemic racism that permeates all sectors of society. Political injustice and lack of economic opportunity are abhorrent to all humans' rights. The Foundation stands as an authentic ally for a civil society that supports dignity and humanity for all individuals.

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Gateway Medical Society celebrates new star: A history of supporting African American youth

By Amelia A. Paré, MD, FACS

This article also appears in the July issue of the Allegheny County Medical Society Bulletin magazine. Reprinted with permission.

These past weeks have brought peaceful protests that have been riddled with riotous activity. As our country emerges from the haze of a pandemic, we awaken into a realization that our country is not what we expected it to be. Our best hope is for peace for the youth of the nation allowing them to be prosperous.

One group, the Gateway Medical Society (GMS), has been mentoring youth in Pittsburgh for over a decade in the Journey to Medicine Program. One participant, Odell Minniefield III, will be entering the University of Pittsburgh medical school this fall. The GMS originated because of racism; African American physicians were not allowed to join the Allegheny County Medical Society (ACMS) until the 1970s.

The GMS was organized in 1963. Some of the founding organizers are Earl B. Smith, MD, Oswald Nickens, MD, and Charles Bookert, MD. The goal of the GMS is to promote healthcare and general welfare of minority and socio-economically challenged populations in Southwestern Pennsylvania primarily through education. This education may be through mentorship programs, community programs, networking, CME, or scholarships. GMS is affiliated with the National Medical Association, which was founded in 1895, a time when African American doctors were not allowed to join the American Medical Society and were barred from most medical schools.

GMS addresses issues that affect minorities, for example: chronic illnesses, COVID susceptibility/death, poor nutrition and social bias.

“African Americans have the highest incidence of SIDS (sudden infant death syndrome), of AIDS, the highest death rate of heart disease, of diabetes, of almost any kind of cancer,” said William Simmons, MD, anesthesiologist at Shadyside and a previous president of Gateway and creator of a new mentoring program that will incorporate trades and other occupations by partnering with other groups across that state.

The GMS has been active in advancing youth education. In 2010, the Journey to Medicine Program was initiated, with

15 sixth-grade young men, including Odell Minniefield. The goal of the Journey to Medicine Program is to develop a strong confidence in pre-adolescent participants, to stress the early importance of achievement in mathematics and science, and to introduce all disciplines of medicine and allied health professions. The program also hopes to inspire and guide participants as they matriculate through secondary education and beyond. Ultimately, the goal is for some students to enter the field of medicine and allied health professions. All students are mentored by a combination of physician mentors, residents and medical students. Field trips and tutoring sessions are made available to students who may experience any academic difficulties.

“To get those 15, I interview more than 60 kids,” said Morris Turner Jr., Gateway’s Youth Mentorship Program coordinator, adding that they look for a 3.0 grade point average, but that strong math and science grades are more important. The initial candidates are recommended by school principals and science and math teachers. Each boy must have signed permission from a parent or guardian to participate.

“And we don’t want to lose them in college,” said Anita Edwards, MD. “As long as they stay with us, we’ll stay with them.”

“This is not a quick fix,” conceded Jan Madison, MD. She acknowledged that the interrelated factors that influence the decline of black men in medicine are multiple and complex, but that all research seemed to indicate that an early start predicted better outcomes. “We’re hoping to catch them at a young age and fill that pipeline,” she said.

Of the 300 million people in the United States in 2010, 12.7 percent were black, according to the Census Bureau. According to data physicians reported to the American Medical Association (AMA), 37,833 doctors were black, constituting 3.8 percent of the nation’s 985,375 physicians. The number peaked in the 1990s and now has declined. Black male doctors accounted for two percent of the overall total, according to the AMA.

“So, we are trying to directly address the problem of

diminished presence,” Dr. Simmons said. The Journey to Medicine students meet at least twice a month for workshops ranging from emergency medicine to cardiology and to work in simulations with interactive mannequins and CPR training.

Most of the funding for the program has come from the Heinz Endowments, which provided a \$75,000 grant for the first two years of the program; Heinz recently awarded another two-year grant for \$150,000.

“The Heinz grants were given in collaboration with Heinz’s African-American Men and Boys Task Force,” said Doug Root, spokesman for the endowments. The Heinz Endowments has generously supported efforts to make southwestern Pennsylvania a premier place to live and work, with educational excellence, and diversity.

Other Journey to Medicine supporters include the University of Pittsburgh, Highmark BlueCross BlueShield and the Allegheny County Medical Society.

“Not only do we try to encourage and engage (the students), but we’re also trying to make sure they have all the tools and training they need to get into medical schools,” Dr. Edwards said. “You know, it’s not a quick fix, but we’re hoping over time we’ll be able to help our community grow by providing caregiving from African Americans, which will help with the disparity in health care, which is how we get to closing the gap.”

“Why do we need African American doctors?” asked Dr. Simmons. “Because they are more likely to serve minority and economically disadvantaged communities; they’re more invested in improving the lives of African American people. And if we keep losing boys the way we are, they’ll all be left behind.”

“But we want the program to be fun. We don’t want the kids to think of it as more school,” Turner said. Gateway also has partnered with Investing Now, a University of Pittsburgh School of Engineering college preparatory program for students from groups that are underrepresented in science, technology, engineering and math.

“In a typical class at the University of Pittsburgh, we usually have 16 or 20 African American students entering medical school, in a class of 150,” he said. “This year, four of them are male.”

“A lot of programs out there are for ‘at-risk’ young men, and those programs are needed,” Dr. Madison said. “But these kids need to be rewarded, too. They’re doing well, and people recognize that.” All the boys’ grade point



Odell Minniefield III

averages have improved, with some even averaging 4.0, or straight As.

Dr. Simmons said the Journey to Medicine program attempts to address some of the many reasons why so few African American men become physicians.

“We need to tell these boys, ‘It’s OK to be smart, it’s OK to do well in school,’” said Dr. Simmons, who pointed to stereotypes and a lack of exposure and role models as significant factors.

“Some of these boys haven’t seen many African Americans who are professionals or physicians,” he said. “They can’t imagine going to medical school, it’s not part of their experience.”

Dr. Edwards stressed the importance of quality education as another factor at work.

“A lot is just academics. Our young men are not prepared. A lot of avenues are closed to them, because of economics, because of attending public schools that may not be serving them,” she said.

But she indicated that cultural factors may play a role, too.

“I don’t think African American boys get the financial and emotional support from families that females do,” she said. “And I think a lot of parents still don’t grasp the importance of education.”

The problems were difficult, she said, but as physicians, the members of Gateway had little choice about getting involved.

“You either sit on the sidelines and say, ‘I’ll do nothing,’ or you try to change it,” Dr. Edwards said. “Diversity is the solution to race issues by recognizing that racial discrimination and embrace the racial differences because educated communities are self-sustaining.”

In 1850, Pittsburgh native Martin Delany was born a free man in West Virginia, was educated in Pennsylvania and enrolled in Harvard Medical school. White protests forced him to leave, and he finished his education as an apprentice under Dr. Edward Gazzam, a prominent Pittsburgh

physician. Dr. Delany joined the Union Army during the Civil War and was commissioned the first black combat major – the highest-ranked African American at that time.

Nearly three decades later, Dr. George Turfley was the first registered physician in Allegheny County after training in Ohio in 1879. He was the only African American doctor in Pittsburgh for more than a decade.

Dr. Albert Gilbert Gant was the first African American graduate of the University of Pittsburgh Medical School in 1901 and practiced in Pittsburgh for 50 years.

In 1943, Dr. Charles Joseph Burke graduated second in his class but could not find a residency in Pittsburgh. He completed a residency in St. Louis and served in the Armed Forces before returning to Pittsburgh to practice.

In 1967, Dr. Peter Safar developed partnerships on the Hill district to bring together ambulance services and train African American residents to provide services known as Freedom Ambulance Services. This program became a model for emergency services throughout the nation.

This fall, Journey to Medicine graduate Odell Minniefield III, born in Hazelwood, graduate of Taylor Alderdice and Tuskegee University will enter the University of Pittsburgh Medical school to become an anesthesiologist. His grandfather was his first role model: hardworking and centered on family. His father and mother worked to allow him to study but also participate in sports and travel to a rural Historically Black college where he interacted with the community around Tuskegee University that was different than his experience in Pittsburgh.

Minniefield developed strong friendships that supported each other in the rigorous academics but also enjoyed each other's success.

"I grew up to be more responsible and appreciate my parents when I was away. It was a risk, but I learned, and people gave me more responsibility," he said.

He enjoyed meeting students from all over the country and bringing those experiences back to Pittsburgh. The University of Pittsburgh tuition is nearly \$80,000 per year. Minniefield has received \$15,000 in scholarships but he is determined to become a physician despite the cost. He recognizes his father's hard work ethic and understands that he will have to work for everything. There have been helpful programs along the way such as Experience Pittsburgh and University of Pittsburgh summer programs. His advice to younger men is "to enjoy every step along the way, enjoy all of your experiences, no matter how tough

they are: join clubs, play sports, help others, but don't forget to keep your grades up. Challenge yourself. Make yourself the best, and lastly, seek out help. You will never know everything and someday, you will help others."

As we reflect on these past months, and the wisdom of Minniefield, graduate of the Journey to Medicine program, I hope that we will all be better physicians and better community members.

"We are all in this together," Minniefield said. "I can't wait to start (medical school)."

All of the members of the state and county medical society salute the men and women who care for patients every day, but also those physicians who broke barriers and made things better for the generations that followed. Finally, we thank those participants of the Journey to Medicine for giving us all hope that we can live in peace and that we have to support each other.

Every story has a beginning, middle and an end. Many of us during quarantine have had more time to ponder what is important. I am amazed at all of the outstanding answers in the world in our newspapers, internet and friends (often the youngest ones are the wisest). Looking forward, we would be naïve to think that this will all be easy, and I agree with Mr. Rogers "to look for the helpers," but as physicians, nothing creates more hope than listening to the story of a young doctor.

Dr. Paré is a plastic surgeon and associate editor of the ACMS Bulletin. She can be reached at apare@acms.org.

Foundation Education Award for a qualified underrepresented minority medical student

Thanks to contributions from the Foundation of the Pennsylvania Medical Society's Board of Directors and other Pennsylvania physicians, the Foundation Education Award scholarship will be awarded to a qualified underrepresented minority medical student attending an accredited Pennsylvania medical school for the 2020-2021 academic year.

To learn more about this opportunity, visit www.foundationpamedsoc.org/student-financial-services/scholarships.



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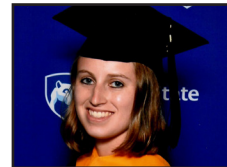
The Foundation of the Pennsylvania Medical Society

CONGRATULATIONS TO THE 2020 AMES RECIPIENTS



Ashlyn Brown

Drexel University College of Medicine
Class of 2021
Barbara Prendergast Award – **\$2,500**



Meaghan Dougher

Penn State University College of Medicine
Class of 2022
\$2,500



Matthew Duda

Perelman School of Medicine, University of Pennsylvania
Class of 2021
Robert and Arlene Oyler Award – **\$3,000**



Leah Goldberg

Lewis Katz School of Medicine, Temple University
Class of 2022
DCMSA Award – **\$2,500**



Kim Firn

Perelman School of Medicine, University of Pennsylvania
Class of 2021
Dr. William J. West Jr. Award – **\$3,000**



McKayla Mawn

Lewis Katz School of Medicine, Temple University
Class of 2022
\$2,500

**In 2020, the Alliance Medical Education Scholarship awarded a total of \$16,000 to six students.
Since 2003, a total of 161 scholarships have been awarded to 131 students totaling \$397,000.**

Working for You

THIS REGULAR FEATURE IN CONNECTIONS INTRODUCES STAFF MEMBERS FROM THE FOUNDATION OF THE PENNSYLVANIA MEDICAL SOCIETY.



Name: Alice Dunkin, NAP4

Title: Assistant Case Manager

When did you join the PHP?

February 24, 2020

Tell us a little bit about your career experience.

I was employed for 16.5 years in the Partial Hospitalization Program, with Pennsylvania Psychiatric Institute. I worked in the group rooms with children and adolescents, and I worked as a resource coordinator for the program. I earned certification as a Nationally Certified Psychiatric Technician Level 4.

What do you do at the PHP?

As the assistant case manager, I support the daily activities of the case managers. I will be starting drug testing, checking for test frequency accuracy, process and review results, inform team of results, and other duties to support the PHP team.

Why do you think the work being done at the PHP is so important?

The PHP team works together to support participants and help participants succeed returning to a healthy lifestyle, as well as returning to their chosen health care careers. When the participants are healthy, they can provide safe and effective care to the public.

Please share a personal “fun fact.”

For the last six years, I have been involved in working with Stand For the Silent, by educating the community regarding bullying. In 2015, my husband and I started the non-profit Crusaders Against Bullying – SFTS. Also, I am involved with Fogleman’s Wounded Warrior Music Festival, which is a yearly event to raise funds to support the Pennsylvania Wounded Warriors Project. I have been volunteering since the event started in 2013. I enjoy being creative, baking, gardening, canning food, and spending time with my family and friends.

Apply Now for These Scholarships Through September 30

Please apply online at www.foundationpamedsoc.org/student-financial-services/scholarships

Allegheny County Medical Society Medical Student Scholarship – **\$4,000**

Blair County Medical Society Medical Student Scholarship – **\$2,500**

Endowment for South Asian Students of Indian Descent Scholarship – **\$3,000**

Foundation Education Award Scholarship – (two) **\$2,276**

Lehigh County Medical Auxiliary’s Scholarship and Educational Fund – **\$2,500**

Lycoming County Medical Society Scholarship – (three) **\$3,000**

Montgomery County Medical Society—William W. Lander, MD, Medical Student Scholarship – (two) **\$2,000**

Myrtle Siegfried, MD, and Michael Vigilante, MD, Scholarship – **\$2,000**

Scott A. Gunder, MD, DCMS Presidential Scholarship – **\$1,500**

Shah Family Scholarship – (two) **\$5,000**



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FALL 2020 VIRTUAL CME OFFERINGS

OPIOID AND CONTROLLED SUBSTANCES PRESCRIBING COURSE & EDUCATION PROGRAM SEPTEMBER 28-29, 2020

The Opioid and Controlled Substances Prescribing Course and Education Program is presented by LifeGuard, a nationally recognized physician assessment program. This two-day, virtual program covers prescribing issues for physicians to become more comfortable with controlled substances and opioid guidelines.

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education through the joint providership of the Pennsylvania Medical Society and the Foundation of the Pennsylvania Medical Society. The Pennsylvania Medical Society is accredited by the ACCME to provide continuing medical education for physicians. The Pennsylvania Medical Society designates this live activity for a maximum of 20 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the educational activity.

MEDICAL RECORD DOCUMENTATION COURSE OCTOBER 26-27, 2020

The Medical Record Documentation course, a collaborative effort between LifeGuard and KSTAR, is a two-day, virtual program designed for physicians to increase their ability to effectively maintain medical records. Maintaining proper medical records reduces risk to the provider, enhances quality of care and assists in meeting compliance standards.

Texas A&M Health Science Center Coastal Bend Health Education Center is accredited by the Texas Medical Association to provide continuing medical education for physicians. Texas A&M Health Science Center Coastal Bend Health Education Center designates this activity for a maximum of 16.0 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

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