Our ACFAS 2020 keynote speaker, Ben Nemtin, rose to fame when he and three friends committed to achieving everything on their list of “100 things to do before you die” and helping a stranger with something on their list for every item the group accomplished. What started out as a two-week journey became a popular TV show (MTV’s “The Buried Life”), a #1 New York Times best-selling book and an inspiring movement that encourages individuals to realize their dreams and help others in the process.

The mental health and opioid epidemic are overwhelming healthcare providers, and the instability and rapid legislation changes are stressing our healthcare system. Exacerbating this issue is the fact that physicians tend to put other people first which, unfortunately, leaves their own self-care on the backburner, sometimes making it difficult to maintain a positive outlook. (continued on page 10)
THE OPPORTUNITY OF CHANGE

“Great moments are born from great opportunity.” These are the words of Herb Brooks, coach of the 1980 United States Olympic Hockey Team, prior to “The Game” against the Soviet Union. This phrase has been a driving force for me over the years and will certainly be embraced by the College in the coming year. Why?

On May 13, after a 45-year career in association management (the last 16 years as the College’s Executive Director), J.C. (Chris) Mahaffey, MS, CAE, FASAE announced his retirement effective February 28, 2020. While any leadership role has ebbs and flows, Chris has provided the stability, expertise and support that ACFAS required.

A few milestones during the past 16 years include:

- ACFAS became an independent organization
- Membership increased by over 2,000 foot and ankle surgeons
- Revenues and net assets more than doubled without a year-end deficit
- Annual Scientific Conference attendance tripled
- Transformation of the Board of Directors into a strategic, evidence-driven governing body
- And many new initiatives were launched, yet operational costs and staffing stayed below industry means

In his resignation letter, Chris said, “It is time for fresh leadership who can help take the College to even greater heights.” In any endeavor, change is imminent and while Chris will be missed, it is time to take this opportunity to propel ACFAS to the next level.

Executive coach Carol Kinsey states the greatest challenge for leaders is to know the difference between what must be preserved and what needs to be changed. The key is for leaders to be able to preserve an organization’s core values yet change and adapt as times require. The ACFAS Board will keep these words in mind during the process of selecting our next Executive Director.

Following our CEO Succession Plan, our first task was to select the right executive recruiting firm. Korn/Ferry leads the marketplace in high-profile CEO association/nonprofit talent acquisitions, conducting over 100 senior-level nonprofit searches in this arena in the last two years. A significant portion of these searches are in the health and life sciences arenas. The Board worked with Korn/Ferry on the desired candidate qualifications and attributes — and the search is now underway.

Next the Board selected a seven-person Search Committee who will review the candidate credentials, interview the best of them, then recommend a finalist to the Board. The Search Committee includes:

- Scott Nelson, DPM, FACFAS – Chair
- Troy Boffeli, DPM, FACFAS
- Thanh Dinh, DPM, FACFAS
- Christopher Hyer, DPM, FACFAS
- Robert Mendicino, DPM, FACFAS
- Christopher Reeves, DPM, FACFAS
- John Steinberg, DPM, FACFAS

The plan is to approve the new CEO in November and have that individual onboard by February to ensure their presence at the 2020 Annual Scientific Conference in San Antonio.

With change comes the opportunity for creativity, innovation and improvement. Over the years, ACFAS has demonstrated an innate ability to create, adapt and always move forward. It is now time to capitalize on the opportunity presented and choose a new executive leader to support your leadership. Together we will continue to inspire excellence in every foot and ankle surgeon and change patient lives, every day, for years to come.

Questions for Dr. Reeves? Write him at president@acfas.org.

Christopher L. Reeves, MS, DPM, FACFAS
ACFAS President
It was informative, eye-opening and reassuring. But most of all, it was fun and wildly successful. The College’s inaugural Residents’ Day at ACFAS 2019 was so well-received it has already secured a coveted position on the schedule at ACFAS 2020 in San Antonio—February 18, 2020. Residents in attendance can expect to benefit from many of the same kinds of content, with more of what attendees told us they liked and scrubbing the topics that didn’t resonate, all designed to usher you into ACFAS as a peer and make the transition to decision-maker - from resident to doctor.

Networking opportunities with speakers will be available throughout the day—our seasoned professionals are eager to share their “First and Worst” stories, among other experiences, as they welcome residents to ACFAS and the exciting profession they’ve chosen. The day will culminate with an informal Q&A driven networking event, intended to create a lively and meaningful discussion about top-of-mind issues while providing residents with tips and tools to take with them into the next stage of their career. Watch for more information so you can save the date and sign up early. Residents’ Day 2020 is sure to fill up fast!

*To be waitlisted for sold-out courses, contact Maggie Hjelm at hjelm@acfas.org.
Battling Burnout

Burnout — often marked by physical and emotional exhaustion, detachment, and a low sense of personal accomplishment — has been described as reaching epidemic proportions for U.S. physicians.

The World Health Organization created a new definition for this syndrome, specifically tying it to workplace stress as an “occupational phenomenon.” For physicians, recent studies have indicated electronic health record systems and increased reporting requirements, combined with hectic schedules, have contributed to the issue.

ACFAS Practice Management Committee chairperson Danielle Butto, DPM, FACFAS, of Saint Francis Hospital and Medical Center (Hartford, CT) and third year Resident, Catherine Jacobs, DPM, also of Saint Francis Hospital and Medical Center, shared their thoughts on the causes, and prevention, of burnout from the DPM view.

What causes physician burnout?

DB: It can be caused by multiple different factors that compound over time to eventually lead to burnout — the stress of your job, home life, increase demands by your employer in less time, keeping up with medical records.

CJ: The idea and principle of putting the patient first is imperative to creating a good physician. However, many physicians and residents find themselves self-sacrificing too much to do so. I think the number one thing that causes physician burnout is time. Too much time at the hospital, working on charts and notes at home, thinking about patients during your “off time.” The hours can add up and seem relentless especially when there is not a good team environment or support system in the specialty’s group. A lack of team environment or isolation in the group can also contribute to burnout.

What are the signs of physician burnout, and how can you spot them early on before they really take a toll?

DB: Exhaustion, loss of passion for your job, lack of efficacy – just to name a few. When you start to get the feeling of “I hate my job” or “I’m always tired” take a step back and think about the true reasons why that is.

CJ: The signs of burnout are similar to signs of depression and these signs are usually just brushed off as “just a tired resident.” The expectation that residents are going to work long hours and be tired and that is just part of the process contributes to furthering the burn out incidence. A person that goes home from the hospital and goes straight to sleep, does not engage in activities with friends or activities they once found enjoyable are some of the first signs of burn out.

Why does physician burnout seem more prevalent today among all medical specialties?

DB: Electronic medical records and other requirements (MACRA, MIPS) have contributed a lot. It takes longer to see patients and chart on them. Physicians are expected to see the same amount or more patients with less time.

CJ: I think physician burn out has always been prevalent, but there is now a push to address it. I don’t think society knew how common burn out was or how to address it.

What are the widespread effects of physician burnout? How does it affect patients, the economy, etc.?

DB: The most drastic effect is suicide. Physician suicide rates have increased. Additionally, when a physician is burnt out patient care at some point can suffer.

DB: Physicians that are burned out are more likely to make mistakes. They may be less attentive to their patients or less empathetic as they may not have much more to give of themselves to the patient. More mistakes cost society more money — more admissions, more diagnostic imaging, longer hospital stays.
What can foot and ankle surgeons do to avoid physician burnout?

**DB:** Try to take a step back and evaluate how much you are involved in things outside of your practice — hospital committees, etc. Do you have time to be involved in all these activities? As hard as it is to do, take time off. While a week off can be hard to fit in, a break is sometimes what you need.

**CJ:** When not at the hospital, try not to think about work. Try to take time to enjoy activities that make you happy. When on vacation, try to reset yourself so you come back to work as refreshed as possible. Adhere to the duty hour policies at the hospital. Try to remember that you will make mistakes, you are human and you can only do your best. Try to learn from your mistakes so they can help you grow as a person and physician.

How much does talking to peers about stressors help alleviate possible physician burnout?

**DB:** Building a network is very important. "Going at it alone" can contribute to burnout. Talking to colleagues about cases, treatment or even your general feelings of being overwhelmed can help relieve stress.

**CJ:** Medicine can be an extremely lonely specialty and talking to others makes you feel less alone. It reminds you that you are not the only person going through this — feeling exhausted, overworked, underappreciated. Everyone in a high-stress environment needs a safe space to vent among peers.

In your opinion, what needs to change in healthcare/medical workplaces to prevent or address physician burnout?

**DB:** If asked to do things outside of your job, there needs to be time in your schedule to do so. My hospital has me on FTE. I am expected to be in the office 80 percent of the time and participating in committees and the residency 20 percent of the time. This is built in to my schedule, so I never feel overwhelmed by having the committee appointments compounded on my patient care time.

**CJ:** Physicians should be viewed first as humans, then as physicians. There is a huge risk and constant pressure put on physicians today; they try their best but sometimes mistakes can happen. It is expected that physicians are always around, working and able to see patients. This stops them from being able to have the necessary vacation or off time to reset so he or she can offer the best patient care possible. A stronger push needs to be made for vacation time.

“As hard as it is to do, take time off. While a week off can be hard to fit in, a break is sometimes what you need.”

— Danielle Butto DPM, FACFAS
Dr. Brett Sachs discovered early on in his practice how helpful it was to use the College’s marketing tools to boost his office and his career.

Infographics in particular “are pretty good conversation starters,” when patients first come in, said Dr. Sachs, DPM, FACFAS. He uses the online resource—and other ACFAS tools—to promote his co-owned practice in Wheat Ridge, Colorado.

Dr. Sachs uses the ACFAS Marketing Toolbox’s infographics in his office and hands them out as part of an information packet whenever he is speaking to other physicians and at community events.

“I print them out and leave them in my office waiting room for reading material—both for patients and for the people bringing in patients,” he said.

The infographics “tend to disappear” from the check in desk as patients take them for the information they provide and for future reference, Dr. Sachs said. He often finds they need to be reprinted to keep up with patient demand, he added.

Most popular for his office, Dr. Sachs said, are the seasonal infographics like *Keep Your Feet Safe at the Beach* and *Keep Your Feet Safe from Lawnmower Accidents*. Second to those are the infographics specifically focused on kids and helping parents determine current or prevent future problems, like *5 Signs of Kids’ Foot Problems* and *Back-to-School Shoe Shopping Tips*. Tips for athletes, like *Prevent Foot & Ankle Running Injuries*, are also popular.

The customizable infographics—PDF documents each practice can customize with a practice name, phone number, address and website information—are also perfect when attending business and organization lunches and dinners. Whether presenting at these events or just trading information with others, Dr. Sachs uses the ACFAS infographics as part of his marketing packet.

“We print them out and put them in with our pamphlets and business cards as marketing tools for primary care referrals—to keep our name at the top of their list,” for seasonal and sports-related injuries, Dr. Sachs said.

With their bright graphics and easy-to-digest information, Infographics are also perfect for sharing on social media platforms—Facebook, Twitter, and Instagram. Online audiences can repost the infographics from the practice’s page, helping to market your office to your followers’ friends.
He encourages ACFAS members who may not have looked at the Marketing Toolbox in a while to check out all the online, practice-building marketing tools available. “Infographics, FootHealthFacts.org, the FootNotes newsletter: there are all kinds of tools for you that just make marketing a lot easier. They are already set-up, are easy to read and gives people some quick tips on what to do and not to do when marketing their practices,” he said.

The more a foot and ankle surgeon can connect with other physicians, other people and their community with information like the infographics and the other tools available at acfas.org, the better it will be for their practice, Sachs said. “It helps to establish your name and your reputation. Instead of going ‘Hi, I am Dr. Sachs!’ I had something to provide to patients and referring docs to help me keep my name out there.”

Attending those business lunches with handouts and putting branded flyers into the community with infographics are a great way to build relationships in the community and bring in new patients, too.

“Connecting with community is a good way to build your brand and market your practice,” Dr. Sachs said.

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– Jonathan Blum, DPM, FACFAS, Orthopaedic Associates of Osceola, Kissimmee, FL

Q: Do print ads still bring in patients?
A: It is difficult to say if print ads bring in patients because there is no direct tie to people actually coming into a practice. You can only estimate the number of potential “eyeballs” that have seen the ad based on the publication’s circulation numbers.

For more practice marketing tools, visit acfas.org/marketing.
Thinking about how to grow your practice either through referrals from other health care providers or by marketing directly to potential patients? Then you should take another look at “Take a New Look at Foot and Ankle Surgeons.” The College developed this comprehensive and award-winning marketing program specifically to raise awareness of foot and ankle surgeons and educate both the healthcare provider and patient audiences about the benefits of working with a true specialist.

A wide variety of materials are available for download in the Marketing Toolbox at acfas.org/marketing. There are two versions—one for healthcare providers and one for patients—of a professionally produced, high-quality video that features interviews with referral partners attesting to the success they’ve had referring patients to foot and ankle surgeons for specialized care. This video is a strong and persuasive tool when shared with healthcare providers in a professional setting or when shown on a continuous loop in your waiting room. There is also a beautifully designed PowerPoint presentation that details, in a compelling manner, the education, training and skill level of foot and ankle surgeons, which can be customized to include your own partnership and patient success stories. There are several informational fact sheets and referral guides, including some specific to the diabetic patient, which can be shared as leave-behinds after meetings with or presentations to healthcare providers. There is also an in-depth webinar, led by ACFAS members, that provides deeper insight into how to use these tools to build your practice.

When combined with the many other practice-building materials available at acfas.org/marketing, you have all the tools you need to design a marketing program that will increase your visibility with both referral partners and potential patients. It’s all downloadable and easy to use. Practice building success is just a few clicks away!
The Ripple Effect Of “Radical Possibility”
(continued from cover)

Ben’s message of ripple effect, combined with his “5 Steps to Make the Impossible Possible,” leaves people inspired and equipped to tackle the seemingly insurmountable. He’ll discuss how his system of achieving any impossible goal starts with demystifying daunting tasks (like marketing and growing your practice) and turns ‘dreams’ into ‘projects’ by creating a digestible pathway to success.

Ben will connect his “pay it forward” approach to your commitment to providing excellent care for your patients, and how building your best practice advances that commitment. Through it all, Ben reminds us that it’s never too late to start your list and leave a lasting impact on others. Be sure to catch Ben Nemtin and all that ACFAS 2020 and San Antonio have to offer this coming February.
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– Gary M. Lepow, DPM, MS, FACFAS, Houston, TX


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Take Another Look at "Take a New Look"

MARKETING TOOLBOX TALK

Infographics Work!