



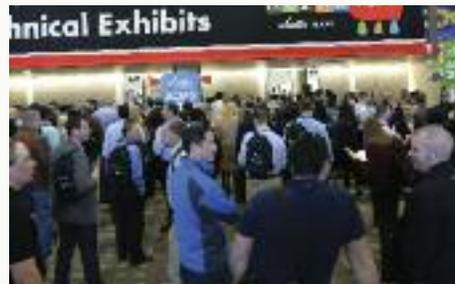
# ACFAS Update

VOLUME 25 ISSUE 1

NEWS from the AMERICAN COLLEGE OF FOOT AND ANKLE SURGEONS

## ACFAS 2018 Exhibit Hall Set to Be a Showstopper

Expect even more to explore at the ACFAS 2018 Exhibit Hall, March 22-25 in Nashville. See the newest products on the market from 150+ vendors, browse through hundreds of scientific posters, enter daily prize drawings, scan your badge, take a lunch break then stay for the HUB.



This year, the HUB will feature new hourly sessions on how to:

- Submit an article to *JFAS*
- Promote yourself in the digital age
- Develop strong relationships with industry
- Prepare your office for when a medical emergency strikes
- Negotiate relative value units after you receive a job offer
- Position yourself as a leader who can help shape the future of ACFAS and the profession

Gain insight and honest feedback from your peers on these topics and more in a casual and comfortable setting that encourages candid discussion.

Visit [acfas.org/nashville](http://acfas.org/nashville) to view the complete HUB listing and Exhibit Hall event schedule so you don't miss a minute of the excitement in store!



## How to Create a Healthy Work Environment



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## “90% OF THE GAME IS HALF MENTAL”

— YOGI BERRA



My favorite thing about this quote is that the numbers don't add up, but the point is made. I see the same situation when it comes to board certification. The numbers don't add up, but the point is made—not every DPM is a surgeon. We have an issue in our profession that keeps coming up, but we don't want to address it—just because you graduated from a college of podiatric medicine does not mean you are a surgeon. This is true in other medical professions; not every graduate from a college of allopathic or osteopathic medicine will become what they desired as their first choice.

There are several reasons why the American Board of Foot and Ankle Surgery (ABFAS) pass rate has recently become an issue. ABFAS is no longer allowing doctors to be board qualified for more than seven years. Before the change, it was possible to extend your qualification status beyond seven years. Let's be honest, would any of you, knowing what you know, want a surgeon, or any doctor, taking care of you who was practicing more than seven years and not board certified? Instead of delaying the inevitable, those doctors who cannot pass the ABFAS exam will be weeded out earlier. I think seven years

is more than fair. In my main hospital, all professions must be board certified within five years to maintain their privileges.

We want to compare our pass rates with other professions, but that is really not comparable. There is overlap between other professions, but that does not mean that they sit for each other's board exams. What would the pass rates look like if dentists took the oral surgery boards or physiatrists took the orthopaedic surgery boards? I doubt the rates would be anywhere near what they are now. I believe those doctors who cannot pass the foot and ankle surgical board exam should take the podiatric medical board exam. There is a reason these boards are available, and their pass rates are much higher. I don't believe there should be “other” surgical boards that have higher pass rates.

ACFAS is the leader in educating foot and ankle surgeons. It is not ACFAS' job to educate doctors on how to pass the board exam—that was supposed to be done at the school and residency levels. Our job is to educate surgeons who are out in practice, that is why ACFAS requires board certification to become a Fellow member of the

College. We know our audience and educate that audience.

Lately, there have been several crises in our profession, and they seem to be about numbers. First, it was the number of unmatched students to surgical residencies, and now we are hearing about the pass rate for the ABFAS exam. We have resolved the residency crisis, so the next barrier to everyone graduating from a college of podiatric medicine and becoming a foot and ankle surgeon (especially a board-certified one) is the pass rate of the board exam. That is not how it is supposed to be—not everyone will be, nor wants to be, a surgeon. Some of you have written to me and told me that I am part of a select group of elitists wanting to make a small profession even smaller. What I want is to define my profession and to secure its reputation. If the filter for being a foot and ankle surgeon is not at the residency selection level or at the board certification level, than where will it be? The numbers don't always add up, but the point is made.

A handwritten signature in black ink that reads "Laurence Rubin". The signature is written in a cursive, flowing style.

**Laurence G. Rubin, DPM, FACFAS**  
ACFAS President

Questions for Dr. Rubin? Write him at [president@acfias.org](mailto:president@acfias.org).

# Update Your Headshot at ACFAS 2018

They say a picture is worth a thousand words. Make sure yours speaks volumes by visiting Booth No. 148 near the Job Fair in the ACFAS 2018 Exhibit Hall in Nashville to have your headshot taken for free by a professional photographer. Your photo session will include a brief touchup with a makeup artist, and you will also receive a hard copy and digital version of your

headshot the same day. Add your new photo to your resume and social media profiles and put your best face forward in 2018.

## HeadShot™ Booth Hours

Friday, March 23  
9:30am–4pm

Saturday, March 24  
9:30am–2pm

# A Trio of Preconference Workshops to Play the Intro to ACFAS 2018

Come to Nashville a day early on March 21 for three new preconference workshops that will give you a peek behind the curtain at ACFAS 2018. Choose from:

## Coding and Billing for the Foot and Ankle Surgeon

(7:30am–5:30pm, 8 CE contact hours)

Learn how to maximize your surgical billing processes and increase your reimbursement.

## Tendon Transfers: Common to Complex

(7am–Noon, 4 CE contact hours,  
includes wet lab)

Master several tendon transfer techniques to better manage common deformities.

## Common Corrective/ Realignment Osteotomies

(Noon–5pm, 4 CE contact hours,  
includes wet lab)

Perform common forefoot and rearfoot osteotomies one on one with expert faculty.

Register now at [acfas.org/nashville](http://acfas.org/nashville) and take your coding and surgical skills from gold to multiplatinum!

## 2018 EDUCATION PROGRAMS

### April 20–21, 2018 (Friday/Saturday) ACFAS on the Road—In the Trenches Workshop & Seminar

Charlotte Marriott SouthPark  
Charlotte, NC

### May 4–5, 2018 (Friday/Saturday) ACFAS on the Road—In the Trenches Workshop & Seminar

Detroit Marriott Southfield  
Southfield, MI

### June 2–3, 2018 (Saturday/Sunday) Foot & Ankle Arthroscopy

Orthopaedic Learning Center  
Chicago, IL

SOLD  
OUT

### August 11–12, 2018 (Saturday/Sunday) Foot & Ankle Arthroscopy

Orthopaedic Learning Center  
Chicago, IL

### September 29–30, 2018 (Saturday/Sunday) Foot & Ankle Arthroscopy

Orthopaedic Learning Center  
Chicago, IL

### December 16–17, 2018 (Sunday/Monday) Foot & Ankle Arthroscopy

Orthopaedic Learning Center  
Chicago, IL

\*To be waitlisted for sold-out courses,  
contact Maggie Hjelm at [hjelm@acfas.org](mailto:hjelm@acfas.org).

## ACFAS' New Nine Local Regions Open for Business

The redistricting process for ACFAS' 14 local Divisions into nine Regions is complete and as of January 1, the new Regions are up and running! To find out which Region you belong to:

1. Log into [acfas.org](http://acfas.org) and view your profile. Region assignments are listed on your profile's cover page.
2. Visit [acfas.org/regions](http://acfas.org/regions) to see the new map and links to each of the local Regions.

Watch your email for future announcements of events and local support from your local Region. If you are attending the 2018 Annual Scientific Conference in Nashville, put your Region's membership meeting on your calendar to hear from the new slate of officers about their plans for the upcoming year. All meetings will be held on the Exhibit Hall floor during lunch hours:

### Thursday, March 22, 1-2pm

- Mid-Atlantic Region  
(MD, NC, SC, TN, VA, DC, WV)  
President: Roland Ramdass, DPM, FACFAS
- Tri-State Region  
(DE, NJ, PA)  
President: Keith Cook, DPM, FACFAS



### Friday, March 23, 1-2pm

- Northeast Region  
(CT, ME, MA, NH, NY, ON, QC, RI, VT)  
President: Robert Fridman, DPM, FACFAS
- Pacific Region  
(AK, CA, GU, HI, OR, WA, BC)  
President: David Aungst, DPM, FACFAS

### Saturday, March 24, Noon-1pm

- Midwest Region  
(IL, IA, MN, MO, WI)  
President: Bill Finn, DPM, FACFAS
- Great Lakes Region  
(IN, KY, MI, OH)  
President: Bruce Kaczander, DPM, FACFAS
- Southeast Region  
(FL, GA, PR)  
President: Alan MacGill, DPM, FACFAS

### Saturday, March 24, 1-2pm

- Big West Region  
(AB, AZ, CO, ID, KS, MT, NE, NV, NM, ND, SD, UT, WY)  
President: Fred Mechanik, DPM, FACFAS
- Gulf States Region  
(AL, AR, LA, MS, OK, TX)  
President: Javier LaFontaine, DPM, FACFAS

## Update Your Resume in Time for the Fifth Annual ACFAS Job Fair!

If you are looking for a new job or plan to expand your practice's staff, be sure to bring your resume to ACFAS 2018 at the Gaylord Opryland Hotel in Nashville and come to the ACFAS Job Fair, sponsored by ACFAS Benefits Partner PodiatryCareers.org.

Located in the Exhibit Hall, the **ACFAS Job Fair** will give you the opportunity to post your resume and open positions and to arrange onsite interviews through PodiatryCareers.org's online scheduling tool.

Make sure your resume properly represents your best assets by scheduling one-on-one time with the professional resume reviewer. The reviewer will offer appointments for the first two days of the conference during Exhibit Hall hours to advise you on how to stand out from other candidates.

A photographer and makeup artist will also be available this year to take free professional headshots for your resume and social media profiles.

ACFAS members receive reduced rates on online job postings and can display their available positions on the Job Fair bulletin boards at no cost. If you cannot make it to Nashville this year, note that all positions and resumes received will be posted on PodiatryCareers.org before the conference.

# Recap: “Take a New Look at Practice Building” Webinar

Foot and ankle surgeons from across the country “took a new look” at how to generate referrals, promote their practice and recruit new patients during the free ACFAS webinar, *Take a New Look at Practice Building*, held the evening of January 17.

Christopher Reeves, DPM, FACFAS; Amber Shane, DPM, FACFAS; John Steinberg, DPM, FACFAS; and Melissa Matusek, CAE, ACFAS director of Marketing and Communications, explained how to take full advantage of the materials created for the *Take a New Look at Foot and Ankle Surgeons* campaign as well as the resources available in the ACFAS Marketing Toolbox. They also shared valuable tips for identifying target audiences, such as:

- Nurse practitioners
- Family physicians
- Diabetes educators
- Internists
- Emergency department physicians
- Hospitalists
- Doctors and referral coordinators at urgent care centers

and gave concrete examples of how to best build professional relationships with these providers.

They noted why it might be necessary for foot and ankle surgeons to rethink their identity before embarking on any outreach efforts to ensure that the core message—why they are the experts in foot and ankle surgery—is clear. Most importantly, they emphasized that marketing to patients and other healthcare providers need not take an all-or-nothing approach. Testing a few tools at a time to see what works best can often lead to the creation of a full-scale practice marketing plan that can be easily adjusted from year to year.

Log in to [acfas.org](http://acfas.org) then visit [acfas.org/practicebuilding](http://acfas.org/practicebuilding) to access the recorded webinar.

Visit [acfas.org/marketing](http://acfas.org/marketing) to access these tools and to get a head start on increasing your referrals in the new year!

## How to Put the Tools in Action

- Print out infographics or fact sheets to share at local health fairs.
- Host a booth at local marathons or 5K races.
- Speak at community events and share brochures.
- Be active on social media.
- Leverage press release templates to share information about your practice.
- Direct patients to [FootHealthFacts.org](http://FootHealthFacts.org) for more information.

[acfas.org/practicebuilding](http://acfas.org/practicebuilding)



PAST  
PRESIDENT  
PROFILE

## Seymour Z. Beiser, DPM, FACFAS

Past ACFAS President Seymour Z. Beiser, DPM, FACFAS, was a junior high school student when he decided to become a podiatrist and eventually a foot and ankle surgeon. His mother had suffered from foot problems for most of her life, and he wanted to help others avoid the same fate.

After graduating from Temple University School of Podiatric Medicine in 1958, he was selected for Dr. Earl G. Kaplan's residency program at Civic Hospital in Detroit, the first and only podiatric teaching hospital in the United States at that time. This invaluable experience and Dr. Kaplan's passion for the College and the profession inspired Dr. Beiser to join ACFAS and to get involved.

"I saw how much Dr. Kaplan cared for the College and how dedicated he was to his patients. In fact, it was Dr. Kaplan who, while I was a resident at Civic Hospital, operated on

my mom's bunions, and I assisted," shares Dr. Beiser. "I was so fortunate to have him as a mentor, confidant and influence throughout my life, and I will always be grateful and thankful for Dr. Kaplan."

Once Dr. Beiser became an ACFAS member, he jumped feet first into the College's activities and committees and eventually assumed the position of ACFAS president in 1972 while also serving as president of the Florida Podiatric Medical Association. During his term as ACFAS president, Dr. Beiser focused on helping DPMs obtain hospital privileges. He also supported the improvement of the oral exam requirement for board exams and helped modify case history protocol.

After his term ended in 1973, Dr. Beiser continued to support the profession by mentoring students and residents at his practice in Miami. "My office was always open to anyone

who wanted to learn, and I offered a two-week externship so they could shadow me in the office and hospital. Several of the colleges sent students to participate in my program," says Dr. Beiser. "When I attended ACFAS 75 in Las Vegas, a colleague stopped me and said he came to my office 35 years ago for my two-week program and how much that meant to him," he adds. "It means so much to me whenever I hear this from colleagues today."

Today, as he celebrates and enters his 59<sup>th</sup> year of practice, Dr. Beiser still maintains an open-door policy and goes into the office twice a week. He only just recently stopped performing surgery but closely follows trends and changes in the profession and appreciates how foot and ankle surgery has evolved over the past 45 years. "I was part of the first residency in podiatric foot and ankle surgery, so it makes me proud to see how many young

**"My office was always open to anyone who wanted to learn, and I offered a two-week externship so they could shadow me in the office and hospital. Several of the colleges sent students to participate in my program."**

— Seymour Z. Beiser, DPM, FACFAS

**“If you become a podiatric foot and ankle surgeon, you’ll never be bored, and you’ll always enjoy the results of your work.”** — Seymour Z. Beiser, DPM, FACFAS



residents come out of their programs so well trained and well prepared for the next stage of their career,” he says.

He believes foot and ankle surgeons’ role has expanded in the sense that they more frequently collaborate with other specialties and are an integral part of the patient care team. He would like the profession and ACFAS to continue to strive for professional parity and to assist DPMs who work in VA hospitals.

For those who are new to the profession, Dr. Beiser recommends getting involved and giving back as much as you can when you can. “Donate your time and expertise as much as possible, and be sure to join ACFAS as well as local, state and national organizations to stay informed of new

developments in podiatric foot and ankle surgery,” he advises.

His advice for those approaching retirement is simple. “Keep working and don’t fully retire,” he says. “Just cut back on your hours.” Dr. Beiser now practices with a colleague, Barry Tuvel, DPM, FACFAS, who he says reminds him of himself 30 or 35 years ago. Dr. Tuvel welcomes residents to the office and teaches them almost daily. “This too,” notes Dr. Beiser, “has been a wonderful experience.”

As he reflects on his own career, Dr. Beiser credits his past colleagues, namely Drs. Earl G. Kaplan, Charles Turchin, Irvin Kanat, Bill Cope and Samuel Moskow, among others, for their mentorship, friendship and inspiration and for helping him achieve nearly 60 years of podiatric medical practice. He also

considers foot and ankle surgery a good fit for anyone interested in and motivated by helping patients in need.

“If you become a podiatric foot and ankle surgeon, you’ll never be bored, and you’ll always enjoy the results of your work,” Dr. Beiser attests. In line with the adage that if you love what you do, it is not work, he takes great pleasure in seeing patients improve and is grateful to still be practicing. “It has been an honor to serve the profession, and I look forward to seeing it grow even more in the years to come.”

*Dr. Beiser and his wife Lois reside in Miami and recently celebrated their 60<sup>th</sup> wedding anniversary. They have four children and seven grandchildren.*

**“It has been an honor to serve the profession, and I look forward to seeing it grow even more in the years to come.”** — Seymour Z. Beiser, DPM, FACFAS

# A Healthy Work Environment = Happy Employees & Patients

You and your office staff work hard to provide your patients with the best service and care, but are you doing enough to nurture a healthy work environment in your office?

For Marnell Moore, DPM, FACFAS, owner of Happy Feet Podiatry LLC in East Orange and West Orange, New Jersey, and Kyle Vaughn, DPM, AACFAS, owner of Paradise Valley Foot & Ankle in Phoenix, a healthy work environment starts with mutual respect. This means doctors and staff treat each other as peers, and patients are considered clients whose needs always come first. A respectful workplace also makes patients feel welcome and comfortable. “Patients can easily detect tensions among staff and doctors in the office, especially when a doctor talks down to or berates a staff member,” notes Dr. Moore. “A simple and sincere ‘please’ or ‘thank you’ can go a long way in keeping the office atmosphere pleasant and inviting for patients.”

But even the healthiest workplaces can fall victim to negativity. Poor communication, employee dissatisfaction with workloads, schedules or pay and high turnover can lower morale and in effect create a toxic work environment. To combat this, Dr. Vaughn recommends instilling rigid and well-communicated office policies right from the start. “This will often help eliminate negative factors long before they become an issue,” he says.

Dr. Moore suggests examining which issues have the greatest return on investment to improve employee satisfaction and to address those first. One way to do this is to offer all staff equal opportunity to participate in professional and personal development. Dr. Vaughn points out that if you send your biller or office manager to a coding or practice management workshop, you should also give your x-ray technician the chance to acquire further advanced skills or CME credit.



Marnell Moore  
DPM, FACFAS



Kyle Vaughn  
DPM, AACFAS

Sometimes, however, even the best intentions to improve a practice’s work environment can cause more harm than good. For example, leadership should not guess at what problems need to be addressed—they should speak with employees directly. “Interview employees to find out what is bothering them and what they feel would help improve their personal satisfaction at work,” says Dr. Moore. She indicates this approach allows for goals and measurable outcomes to be determined before any changes are made in the practice.

Another common mistake, according to Dr. Vaughn, is when doctors or administrators treat their staff too much like friends instead of employees. “You can be respectful and kind while still maintaining a distinct boundary between staff and leadership,” he says.

New healthcare policies and legislation can also cause stress and tension within a medical practice as doctors and staff try to

**“Patients can easily detect tensions among staff and doctors in the office, especially when a doctor talks down to or berates a staff member.”**

— Marnell Moore, DPM, FACFAS



keep up with new or changing standards. To prepare for and manage such changes while keeping the work environment balanced and productive, communication between doctors and staff is key. In her practice, Dr. Moore takes time to explain why office policies and processes are changing and which corresponding regulations prompted the changes. “Getting buy-in from everyone in the office helps implementation go more smoothly,” she says.

Dr. Vaughn highlights the importance of communicating to staff how their roles may evolve as policies and mandates change. He also advises leadership to evenly distribute new tasks and responsibilities as they arise to reduce any “that’s not my job” responses from employees.

Both Drs. Moore and Vaughn agree that doctors and staff who are new to a medical practice can do much early on to contribute to the work environment in a positive way. Dr. Vaughn appreciates how a new doctor or staff member can look at a practice with a fresh pair of eyes and recognize any long-standing deficiencies s/he can help address. Dr. Moore makes sure to harness a new employee’s enthusiasm during training so s/he is folded into the current structure, feels welcome and learns how to follow the practice’s rules and procedures. “This is an easier prospect,” Dr. Moore notes, “when current employees also follow those office policies, and everyone feels valued and appreciated for their contributions.”

To encourage buy-in among doctors and staff when it comes to creating a healthy

work environment, Drs. Moore and Vaughn recommend the following:

- Explain that no one can thrive in healthcare alone—it is a team effort.
- Reward behavior that promotes mutual respect and professionalism.
- Provide frequent feedback and consistent performance evaluations that stress respectful and professional behavior.
- Do not tolerate any behavior that berates or demeans other employees.

“Employees should understand that how they treat their coworkers and patients is not only a reflection of themselves, but a reflection of the practice,” Dr. Moore closes. “Establish this as a core value, and your practice will always enjoy a healthy work environment.”

**“You can be respectful and kind while still maintaining a distinct boundary between staff and leadership.”** — Kyle Vaughn, DPM, AACFAS

## In Memory

John R. Cowden,  
DPM, FACFAS  
Cincinnati, OH

Jerry K. Erben,  
DPM, MS, FACFAS  
Martinez, CA

Jared P. Frankel,  
DPM, FACFAS  
Elmhurst, IL

Douglas Guthrie,  
DPM, FACFAS  
Waco, TX

Thomas A. Hassenfratz,  
DPM, FACFAS  
Buffalo, NY

Milton Lapoff,  
DPM, FACFAS  
Boynton Beach, FL

Vincent M. Wojtak,  
DPM, FACFAS  
Peoria, AZ

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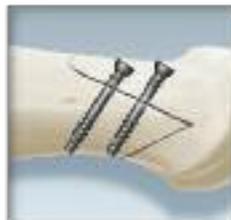
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# ACFAS Update

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