Governor's Update - July 2020

FROM THE GOVERNOR

“‘I’ve learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.’”

— Maya Angelou

Dear Colleagues,

This year is shaping up to be one of reflection for me; changes at work, home, and completing my last year as your Governor has spurred some introspection over the last few months.
Looking at the CT Chapter, I am truly amazed at all we have done in the last 4 years. We have new awards honoring women and diversity in medicine, we grew a scientific meeting to fill a floor of the convention center and are now pivoting with grace to provide a high-quality virtual meeting, we collaborated with other chapters to write resolutions (sort of like bylaws for the national organization) one of which resulted in a national day of service for internists, and we had one of our own serve as the National President.

I am still in awe of how my path led me to this point in time. I signed up just to be a part of the Early Career Physicians Council for our chapter which led to national opportunities but also the most rewarding: serving as your Governor. And, although I have ¾ of a year left (but who is counting), I hope that this newsletter snags some of your interest and you reach out to join our councils and committees. We have committees on awards (national and local), diversity, scientific program planning, finance, advocacy, medical students, residents and fellows, early-career physicians, and social media.

Before I turn this newsletter over to the committees and national news, I need to point out that we have an unprecedented opportunity right now. Bills are going before the legislature that have not made it into our news cycle on a regular basis. CT will be hearing bills on controlling the cost of insulin and telehealth reimbursement moving forward. Physicians have done the work that was right for the patient—phone calls, emails, portal messages, overbooking….and we now have an opportunity to turn that into compensated work that could help our practices stay afloat. I encourage you to send in statements to your local elected officials…tell them the stories of your patients, your struggles with COVID, how telehealth has allowed you to still care for your patients while keeping them and you safe, and how a simple hormone cannot be priced so high that our diabetic patients cannot afford it. Below is a link to an article featuring our very own Robert McLean and Bill Fox, Chair of the ACP Board of Governors, on telehealth in the pandemic: https://abcnews.go.com/Health/wireStory/pandemic-forces-patients-phone-doctor-visits-71447812.

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**Awards**

*Eric Mazur, MD, MACP | Rosemarie Fischer, MD, MACP*

The Awards Committee of the ACP CT Chapter has been forced to work virtually this year. Nevertheless, it has been a very productive time. Several strong nominees have been identified for both statewide and national awards. However, perhaps most exciting has been the creation of a new award, the CT ACP Chapter Female Physician Leadership Award. This award, formally approved by the CT Governor’s Council this year, honors “outstanding female
physician leaders who have made significant contributions to the 
science and/or practice of internal medicine, medical education or 
medical leadership, thus serving as exemplary role models for other 
female physicians. The overall objective of the Award is to highlight 
the contributions of women in internal medicine and to promote role 
models who will motivate the next generation of female physician 
leaders. The awardee must be an active member, Fellow, or Master 
of the American College of Physicians in Connecticut.” This new 
award formally recognizes the increasing leadership of female 
physicians in internal medicine as well as the leadership roles being 
assumed by women throughout our society. The first recipient of the 
Female Physician Leadership Award will be announced at the CT ACP 
Annual Meeting in October.

In addition to gender diversity, the CT ACP Awards and Diversity 
Committees are developing an award to recognize ACP internists 
who lead in fostering cultural and ethnic diversity, equity and 
inclusion among physicians and ACP members from 
underrepresented minorities. We hope to have this award formally 
approved by the Governor’s Council and announce the first recipient 
this fall.

**Award Highlight: Local Stars**

Congratulations to Dr. Jill Lacy who was the recipient of the 
*Rosemarie L. Fisher MD Award for Excellence in Graduate Medical 
Education*. This award recognizes extraordinary accomplishment in 
Graduate Medical Education. The award is granted annually to a 
member of the Graduate Medical Education Community of Yale New 
Haven Hospital and Yale School who has made substantial 
contributions to advance the training of residents and fellows.

About Dr. Lacy:

She is a Professor of Internal Medicine. Dr. Lacy became the director 
of the Medical Oncology Fellowship Program at Yale in 1997 and 
remained in this seminal leadership position for the next 23 years, 
overseeing the restructuring of the program into the combined 
Medical Oncology-Hematology Fellowship Program that it is today. 
Under her guidance, the curriculum was redesigned to provide more 
efficient clinical training in specific disease areas with greater 
emphasis on, and opportunities for, translational and clinical 
research. These critical improvements have greatly strengthened our 
program, making it one of the most sought-after medical oncology-
hematology fellowship programs in the country.

About the award:

The award was established in 2017 in Dr. Fisher’s honor in 
recognition of the work she has done for the institution and 
nationally to advance the education, learning environment and
Dear ACP Early Career Physicians,

These have certainly been a unique 6 months of our lives and careers. While we were busy learning about, planning for, and caring for COVID-19’s medical impact, economic wellness was another personal and national concern. The ACP Diversity Council and Early Career Physicians Council had previously planned a live financial wellness event for early-career physicians in March which we had to postpone indefinitely. Your ECP chairs are brainstorming socially responsible ways to connect, network and support each other during this challenging time of our careers. We welcome suggestions as we want to foster meaningful connections and not video fatigue. In the interim, we wanted to share a couple of our favorite resources for financial planning for early-career physicians.

Stay safe, we will get through this together as a community!

Dr. Kang and Dr. Soares

**Dr. Kang’s recommendations:**
Balancing clinical care during a pandemic while simultaneously quarantining, with career building and future planning can feel overwhelming as an early career physician. A couple of recommendations from your early career physicians committee on resources that may be helpful to you. For those of you starting to think about your medical school loans and not sure where to start, you may want to browse the Student Loan Planner website and blog. The CFA/CFPs that run this organization provide free helpful and quite detailed guidance about where to start when managing your student loans. Travis Hornsby, the founder of the organization also has a podcast you can listen to while commuting to work with specific topics about student loans. They also offer a paid service option where you can enlist their help in coming up with a student loan plan. Another free resource with options for extended learning and planning through masterclasses and online courses is Dr. Bonnie Koo’s Wealthy Mom MD. Despite the title, I think her website would be worth the read for both male and female physicians interested in starting to learn about wealth building.

**Dr. Soares’ recommendations:**
As a physician, I would have historically preferred to not think about finances. I wanted to work hard, become the best doctor possible, try to pay off student loans, make smart spending decisions, but also enjoy my life. My biggest advice to students and physicians early in
their careers (this includes you, residents) is to at least learn some of the basics of financial planning now. There are some smart decisions which you can particularly take advantage of early in your careers such as loan repayment, loan consolidation, purchasing disability insurance before you graduate residency to lock-in lower residency group rates, utilizing tax-sheltered retirement benefits early to let the magic of compounding interest take effect over time, even if you are far away from retirement. I’m certainly learning as I go, and I’ve found 2 resources particularly helpful. The White Coat Investor is a popular blog written by an early career physician who gives practical advice through relatable examples in non-financial jargon. This free resource can be used to answer “just-in-time” questions, or as a foundation for understanding your financial future. There is also an expanded version of the blog published as a quick read book with even more financial pearls if you prefer the paperback version. The Physician Philosopher’s Guide to Personal Finance is a similar blog turned book with very pragmatic advice on how to strategically pay down debt and build long term financial wellness. It’s filled with humor, very personal examples from the author, and easy to understand explanations. It’s like a succinct summary that demystifies hyponatremia a master clinician can share that illuminates a complicated topic into something actionable. Whichever media you prefer to consume, check out some of these resources to gain some basic financial planning skills.

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**Social Media**

*Enrique Pacheco, MD*

Hi all, I am Enrique Pacheco, your Social Media Chair for the ACP Connecticut Chapter. Over the next couple of newsletters, I will share with you some basics regarding the proper use of social media for physicians. First, we will go over some of the basics of how to engage more in the conversation.

**What role does social media play in healthcare?**

Currently, all platforms of social media have significant representation from physicians. Whether you’re in clinical medicine or research, social media has become an invaluable tool for active discussion, learning, advocacy, and promotion of events or publications. Some academic institutions are even evaluating ways to take into account these alternative media approaches into consideration of professional activity for career advancement.

Many local, national, and international societies have active channels too. It allows them to actively connect with members and share information about their activities. ACP National and the ACP Connecticut Chapter have a number of communication channels which are listed below.
Right now, you can start connecting with us by following these accounts. I look forward to seeing everyone there for more active discussions about how to use social media in healthcare.

https://www.facebook.com/groups/ctacp/

https://twitter.com/ConnecticutACP

https://www.facebook.com/acpinternists/

https://twitter.com/ACPinternists

**How to engage with others?**

The whole point about the use of social media is to be social, that means engaging with others so don’t be afraid to use it. Before, we used to have a difficult time keeping connected with others and have access to people that share our same interests. Nowadays we can easily engage in conversation with different topics including data results, recommendations from guidelines, personal practice, and in some cases from topics from life itself. You can use @ with the username, hashtags and lists to help curate your information.

During academic sessions and conferences, there is an ongoing interest in having a discussion online. You will also be able to find live video discussions in the form of webinars and audio in the form of podcasts that ask people to submit questions so that people with similar interests can connect online. Twitter is an example of a place for active discussion where different specialists have created a place for collegial discussion for medical topics.

So, don’t be afraid, reach out. Check to see if others online have the same interest and engage in the conversation. You can always reach out to us at our twitter and Facebook channels, or to me @EPachecoMD on Twitter.

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**What is a Hashtag?**

You probably have seen it everywhere “#” but what does it mean? It’s a way to gather different social media posts under the same umbrella. When you use it and connect it to a word opening a way to know others that might be talking about the same topic. All social media networks have the option to search for these. An example of these are #IMproud a phrase that has been used by ACP to feature internal medicine physicians on different networks.

In other cases, the hashtags can be broad regarding what comes back in a search. For example, using #COVID19 can yield a wide variety of results beyond the medical community.
For the upcoming virtual chapter meeting, we will have #CTACP20 so be sure to check in during the meeting. If you have any questions, you can reach out to our channels on Twitter or Facebook, or to me @EPachecoMD on Twitter.

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The other side of social media

Although we have talked about the many uses of social media, just like in life not everything is perfect. People use social media in different ways and one of the reasons I decided to start these small commentaries was to make sure we inform everyone of how to get the most out of it and avoid issues while using it. I want to talk about two key things I consider when using social media.

1. There is no need to be constantly active. Initially, you might feel that it is time-consuming, but it does not have to be. You can simply schedule a time for it or check the discussion during times when it allows it. Don’t feel pressured to always be in the discussion and remember that this should enrich your practice of medicine and not take from it.

2. Practices in social media should follow the same principles from your life. Making clear that your views are not the ones from your employer, and following your workplace policy on social media are key before you start engaging.

These are complex issues so I would not be surprised if you have questions. As always, you can reach out to our channels on Twitter or Facebook, or to me @EPachecoMD on Twitter.

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Annual Meeting Update

Diana Sewell, MD, FACP | Naseema Merchant, MD, FHM, FCCP, FACP

Due to the COVID-19 pandemic, we have decided to host the annual 2020 annual meeting of the Connecticut Chapter virtually. This decision was not an easy one – we all know and appreciate the joys and benefits of an in-person meeting with opportunities to network and enjoy delicious food, but uncertainty about what the fall will look like and limitations to usual activities with restrictions and distancing made this seem more daunting.

Our initial disappointment was quickly replaced with excitement as we realized that the virtual meeting may offer more opportunities for participation and flexibility. We are planning a virtual meeting that will take place over 3 days from Friday, October 16, 2020, to Sunday, October 18, 2020.
New this year is a Diversity Story Telling Hour hosted by the chapter's Diversity Committee. This pre-meeting (one-hour lunch event) will take place on Thursday, October 15, 2020 at noon. For this event, physicians and medical trainees from across the state will have an opportunity to enter their submissions and if selected, will share their stories live. This is the first event of its kind and we hope to see many submissions and participation from the ACP community. Please be on the lookout for flyers about this special event. We look forward to hearing about people's experiences.

The annual meeting will kick off on Friday morning with the virtual abstract session. Posters that have made it past the peer review process and into the first round will be judged and those advancing to the next round will be announced over the course of the weekend. Finalists will have the opportunity to present live to our audience on the final day of the meeting, Sunday, October 18, 2020.

Friday will also feature multiple didactic sessions that will run in parallel tracks similar to what we have done in the past, only virtually. Lunch will feature an excellent speaker, Nina Pirrottini, a nationally prominent attorney who practices in New Haven. She was named 2020 Lawyer of the Year for employment litigation, New Haven, by Best Lawyers, and serves on various national and state committees. She will address a topic that is fitting for our current climate - workplace disparities, retaliation, and harassment disparities in pay and in academic advancement for women physicians.

Saturday morning will feature several enjoyable and all-time favorite offerings. The annual Women in Medicine Networking breakfast will kick off the morning. We will welcome back attorney Nina Pirrottini who will share her perspectives on disparities in pay and in academic advancement for women physicians. Bring your coffee and breakfast and join us for this fun and motivating event. The networking event will be followed by concurrent sessions on Hospital Medicine and Internal Medicine SEP modules.

The meeting will end on Sunday with the much-loved Doctor's Dilemma, final poster presentations, the award ceremony, and the annual business meeting.

While not our typical meeting, we are excited about what virtual capabilities have made possible --- participating from home, the flexibility to move around, and hopefully, increased attendance.

Reasons why you should attend the Connecticut ACP Chapter meeting:

1. High-quality education and information sharing, and networking from your home or office
2. Flexibility – No need to take the entire workday off. You can attend as many or as few live sessions and still have access to
3. Attend and participate in two new exclusive sessions - Diversity Story Telling Hour and the keynote session featuring a well-respected attorney, Nina Pirrotti
4. No travel needs which for some may be a limiting factor
5. Reconnect with your chapter colleagues
6. Exclusive access to view recorded sessions at any time after the meeting

We look forward to having everyone join and experience this together. So, mark your calendars! Residents and medical students, prepare your abstracts! Writers, compose your stories! We can’t wait to share this weekend with you!

We would like to thank our administrative staff, Theresa Barrett and Kris Samara who are working tirelessly with us to learn about the virtual platform and plan this meeting.

Be well!

Diana and Naseema

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**Medical Student Council**

Congrats to the three medical student recipients of the **ACP Internal Medicine Graduation Award**! All three are at Internal Medicine Residency Programs in Connecticut.

**Yale:** Ysabel Ilagan-Ying

**Quinnipiac:** Vithya Thambiaiyah

**UCONN:** Sonali Rodrigues

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**Diversity Committee**

*Sujata Prasad, MD (member) | Enrique Pacheco, MD (member) | Amir Mohammad, MD (chair) | Naseema Merchant, MD (chair)*

We hope that all of you are doing well and staying safe. As you all know, the COVID-19 pandemic has affected all of us at many levels. Due to the negative impact of the ongoing pandemic and the need to maintain social distancing, we have had to adjust several of our planned activities for 2020, many of which have been canceled, postponed, or modified.

Last year, our committee, in collaboration with the VITAS organization, hosted an engaging live in-person discussion on “approach to patients with end of life issues.” The event was well
attended by both academic and private physicians. While we had plans to offer a similar session this year, we are putting a hold on this live session due to the restrictions imposed by the COVID-19 pandemic.

Our first event of the year was scheduled for March 2020 and was titled “Financial Planning for Residents and Early Career Physicians”. The purpose of this event was to allow our young physicians to learn more about financial and investment skills but unfortunately, it had to be canceled. We do, however, plan to host this event in the near future when it’s safe and appropriate.

In the summer of 2019, we hosted our first-ever picnic at the Hammonasset Beach State Park in Madison, CT to provide an opportunity for all members and nonmembers to get together with their families and network, mingle and relax at a perfect summer venue. This year, our plans to host another annual picnic at the state park for late summer had to be canceled as a precaution. However, we plan to host this event annually when it’s safe and appropriate.

Despite certain programs being canceled, we have plans to host two exciting events at the annual chapter meeting in October 2020 which will be offered live this year. Our first, newest, and very exciting event is the “Storytelling Hour” which is the first event of its kind for our chapter. The chapter will be sending solicitation emails to members, nonmembers, physicians, residents, fellows, and medical students to share stories on how diversity has impacted them in their personal and professional lives. Selected stories will be read live by their respective authors using zoom as a platform. This event is scheduled to be offered as a pre-meeting event on October 15, 2020 at noon prior to the official start of the annual Connecticut Chapter Meeting scheduled for October 16-18, 2020. The second event is our annual Women in Medicine networking breakfast which will also be offered live via zoom on Saturday, October 17, 2020, as part of the annual meeting program. Our guest speaker will be Nina Pirrotti, a nationally prominent attorney, who practices in New Haven. She was named 2020 Lawyer of the Year for employment litigation, New Haven, by Best Lawyers, and serves on various national and state committees. She will share her perspectives on disparities in pay and in academic advancement for women physicians.

The Diversity Committee along with the CT ACP leadership and other chapter committees will continue to work hard on finding creative ways to continue to promote professional and educational development through diversified activities and events. We encourage your input and ideas.

If you are interested in being on the committee, please reach out to us at diversityctacp@gmail.com.

Meet your committee:
PERSPECTIVES

This newsletter has the last of the perspective pieces that were sent in. These were some of my favorite articles to include over the course of COVID-19. I hope all of you writers have your pens out and are ready for our Diversity storytelling event. Details on Twitter and Facebook.

COVID Dreams: Part II

Jon Steinmetz PGY2, UConn Categorical Internal Medicine

51,970/875

It is too early to predict the everlasting effects of the COVID-19 pandemic on the psyche of our civilization. But we do know what it is currently doing to the minds of millions nationwide.

The number of cases has cracked the fifty-thousand mark in the United States.

The news is all COVID, all the time. TV, radio, and print.

Here in the clinic, all walk-in or follow up visits for the rest of March and April have been rescheduled as telehealth appointments.

Residents in our clinic have traded in their stethoscopes for telephone headsets. We swung back in our chairs like telemarketers of health, peddling medical advice, and social distancing.

Just as we are finishing up one day, a patient calls the clinic and asks if she could speak to one of the providers urgently. I open the patient’s chart prior to returning the call and see that she is a relatively healthy woman. She had been seen in our clinic twice before and did not have any chronic illnesses nor was she on any daily medications.

I call, unsure of what to expect on the other end of the line.

“I have red lines in my eyes, doctor, and I’ve never seen them before!”

She expands on that quickly once I hesitate.
“I got up this morning and saw these red lines in my eyes and I googled it and I think I have conjunctivitis!”

She denies any diffuse eye redness, eye pain, discharge, wateriness, itchiness, vision change, diplopia, cold symptoms, or allergy symptoms.

“Is anyone at home with you?” I ask.

Her daughter.

“Go look at your daughter’s eyes closely. Are these small red lines in her eyes, too?”

After a brief pause, she lets out a loud groan, followed by “Yes she has them too!”

“I think those are just your normal veins you’re seeing, miss” I tell her gently.

She had never noticed them before. Or at least hadn’t had the time to notice.

Later that evening, on-call for the clinic, I was sleeping lightly through another dystopian COVID dream.

My pager lets out a high-pitched beep. I turn over in bed and pick up my phone off the nightstand. It’s just past 2:00 am. I sit up, still half asleep, before reaching over for a pad and pen and returning the call.

It’s a forty-five-year-old female with a history of pelvic inflammatory disease and recurrent BV.

She states that she is in agony, and I believe it. I can hear her wince between sentences.

Her lower abdominal pain started earlier this afternoon but has climbed to its peak sometime after midnight. The pain is sharp and shooting downwards.

“I think you may need to be seen in the ER,” I warn after hearing her story. “There are some serious things I would want to make sure you don’t have.”

“No, I won’t go,” she asserts.

“I have a sixteen-year-old son,” she cries. “I can’t lose him.”

Her wails become heavier and I ask why she thinks she’s going to lose him. She’s a healthy person, I reiterate.

“If I go out, I’ll get it. I know I’ll catch it.
I won't lose my son.
I can't go. I just can't go.”

These are the healthy patients in a COVID-19 world. No shortness of breath, no cough, no fever. Only a persistent sense of fear and apprehension living in the houses among all those staying home.

749,203/19,815

The number of cases in Connecticut is nearing twenty thousand by the time I begin my month in the COVID ICU, and three-quarters of a million nationwide.

My first week in the ICU came at the peak of COVID-19 deaths in our state.

And it showed.

In fact, for the first seven days I was in the ICU, we did not extubate anyone unless it was a terminal extubation.

I had strolled into the COVID-19 ICU at 6:30 am on Monday morning as he was being rolled in.

He, the first patient I saw that week, was a sixty-year-old male with a medical history of hypertension alone. He was just intubated in the emergency department for quickly progressing hypoxia. His COVID-19 test was still pending, but there was no doubt in our mind.

I called his daughter later that afternoon as I did every day that week. Each day I call and review everything that occurred over the previous twenty-four hours. The ventilator changes, sedation adjustments, necessity for pressor support. We gained phone consent for blood, plasma, and investigative treatments. His daughter told me that she is never without her phone for one second of the day—waiting for the call.

Within hours of starting on the unit, I got paged to a second patient’s room. The patient’s nurse told me that she was going to pass soon and that the family would like me to video call them once more beforehand, to see her just one last time.

With my phone wrapped in plastic at the bedside, there were screams and wails and tears in between Spanish exclamations. You did not have to speak the language to understand, though. This was universal.

This was a commonplace procedure for the staff here.
The rest of the week was a roller coaster for my first patient, as well as for us and certainly for his daughter. He had gone through steroids, diuretics, investigative treatments, each time we were able to wean his oxygen he had a new setback.

But it was now Sunday, 6:00 pm, and the week was ending. He was doing much better today. His sedation was removed. His oxygen requirements were at a minimum. I went into his room and asked him if he was ready to have the tube removed, and he nodded yes violently.

With his nurse, respiratory therapist, and doctors at the bedside, he was removed from the ventilator. He coughed and when asked to tell us his name, he did so in a whisper.

I immediately called his daughter once again.

I heard her holding her breath as I spoke. I didn’t usually call this late.

We were able to remove the breathing tube, I told her. He’s breathing on his own.

And she broke down into tears.

And we broke down together.

Ultimately, when I reflect on my time as a resident during this pandemic when we go back to our ordinary lives and our normal jobs, when we talk about the trauma and pain this caused so many, this is the moment I will choose to remember.

https://www.facebook.com/groups/ctacp/
https://twitter.com/ConnecticutACP

“Life is not measured by the number of breaths you take but by the moments that take your breath away.”

― Maya Angelou

Respectfully,

Rebecca Andrews, MD, FACP - Governor
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