In This Issue...

Facing burnout among women and residents

The pressures that come with training as a plastic surgery resident and/or balancing motherhood with a demanding surgical career can exert a negative impact on practitioners in each of these cohorts. Left unaddressed, these stresses can lead to physician burnout, which, according to multiple studies, is affecting these groups at a greater rate than their established, male colleagues. One plastic surgery residency program director organized a retreat after receiving the shocking results of a survey of her trainees—yet others in positions of leadership may simply be unaware—or unwilling to recognize—that the women and young surgeons in their hospitals may be more troubled than they imagine.

PRS Celebrates 70 Years of Innovation

The journal Plastic and Reconstructive Surgery is renowned throughout the medical publishing field for its legacy of innovation and excellence. Like the specialty it serves, PRS has continually adapted to change in both society and medicine. PRS Editor-in-Chief Rod Rohrich, MD, sits down with PSN to provide a retrospective on 70 years of scientific publishing—from its post-WWII roots to the journal’s current place in the digital age—and a glimpse into what the future may hold.

ASPS Member’s Art Exhibited in Paris

Steven Cohen, MD, La Jolla, Calif., has been painting for more than 30 years and developed a unique style that has led to his artwork being displayed in galleries since the 1980s—including a recent exhibition in Paris. Though his art is a labor of love, sales of Dr. Cohen’s paintings last year alone netted $40,000—all of which the plastic surgeon donates to charity, including funding reconstructive surgery for children in need.

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Society Honors Calvin Peters, MD

Coding for two docs, one surgery

Correcting operative notes

Report on private practice

SRC Residents Day coming to L.A.

Slate of Candidates

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Plastic surgeons share the good, the bad and the ugly impact of reality TV

By Kendra Y. Mims

When “Extreme Makeover” first hit the airwaves in December 2002, ASPS had no objection to its members participating in the groundbreaking reality series—as long as producers maintained the integrity of the doctor-patient relationship and the show’s patient-selection process did not devolve into a contest.

The Society, however, did not offer the same support or approval when the inevitable copycat cosmetic surgery shows began to debut—each one seemingly more outrageous than the last, and many of them sparking ethical debates in the plastic surgery community over inaccurate representations of the specialty in comparison to the positive image portrayed in “Extreme Makeover.” Series such as “The Swan,” in which women contestants (judged as unattractive “ugly ducklings”) competed for extreme surgical makeovers in hopes of becoming “beautiful” and “I Want a Famous Face,” in which young patients underwent surgery to transform their features to look like their favorite celebrity, received backlash.

While many of these series were short-lived, the appeal of plastic surgery—and plastic surgeons—on television proved to have staying power (see sidebar on page 29). But while some ASPS members still see reality television as an opportunity to raise public awareness about the profession, others feel it tarnishes the specialty’s reputation and distorts what plastic surgeons actually do. Today, worldwide audiences tune in regularly to watch plastic surgeons perform cosmetic procedures on popular shows such as “Botched” and “Celebrity Plastic Surgeons of Beverly Hills.” Though these TV series often garner millions of viewers and expose the general public to cosmetic operations, critics express concern about the portrayal of plastic surgery on reality TV—specifically programs in which patient safety and education appear to take a backseat to drama and ratings.

“I think these shows give mixed messages; having plastic surgery in mainstream media (continued on page 28)
Reality TV helps people realize it's perfectly fine to see a plastic surgeon for aesthetic surgery," says Public Education Committee Chair Ashit Patel, MD, FACS. "The downside is the public can get the wrong idea, particularly with reality TV that shows people on the extreme end of the spectrum."

He disagrees with the age-old adage that no good deed goes unpunished. "Laypeople and even other physicians watch these shows and think that's how plastic surgeons behave," he says. "Plastic surgeons do a wonderful job, but the media can give the impression that we only do aesthetic surgery as opposed to taking care of burn patients or performing pediatric craniofacial surgery." says ASPS member who does reconstructive and aesthetic surgery. That's the double-edge sword of these reality shows. There's a positive, but there are a lot of negatives that come along with it as well.

'Reality TV is not reality'

A study published in Plastic and Reconstructive Surgery reports that plastic surgery-focused reality television plays a significant role in first-time cosmetic surgery patients' decision to have a procedure done; patients who watched reality TV shows were more likely to undergo cosmetic surgery even after controlling for patient characteristics. The study's authors explain that the shows are not a reliable source of information for those considering cosmetic surgery.

"When patients watch reality TV shows, they have to understand that a lot of what is edited for TV, so not everything will be perfectly accurate," he says. "It's reality TV, not reality. Reality TV is for entertainment, not for education." He emphasizes that while it's important to educate patients about the potential complications and risks of plastic surgery, reality TV shows should not be considered a reliable source of information.

Marcus Crawford, MD, marks a patient during an episode of "Atlanta Plastic"

Tales from the dark side

Dr. Ellenbogen says the series exposed him to the ugly side of reality TV. Although the show brought exposure to his practice, he says he disapproved of the producers' tactics to boost ratings, such as incorporating patients' personal lives in the show without their consent. Despite these concerns, he believes that reality TV has the potential to educate the public about plastic surgery and its safety.

"It is demeaning to most plastic surgeons to select surgeons who are not board-certified and misrepresent their training," he says. "I felt that I was one of the only regular, real plastic surgeons on the show. My training was peerless. I did charity work in Mexico, and I worked in Beverly Hills, I think they selected me because I stabilized the show from some of the doctors who are the only thing left to plastic surgeons. They brought me in to show what a real plastic surgeon does."

"Dr. Ellenbogen is an experienced surgeon in the field of plastic surgery," says ASPS member Richard Ellenbogen, MD, Los Angeles, who appeared as a featured surgeon on the E! channel's popular "Dr. 90210" for its depiction of a mis-leading edit nearly derailed his career. The producers wanted to take what he thought was a harmless closet shot of him in Mexico drinking a cup of coffee with the sunset in the background. When he saw the title of the episode in TV Guide and other television magazines listed as "Dr. Ellenbogen retires in Mexico," however, he felt duped by the producers and refused to continue. "That's a good example of how the media can give the impression that plastic surgery is not a serious profession." He says the show did not show real plastic surgery, the advances of science, the people who do good, the joy people have from their surgery, and how long they stay in anymore. "It was a good, plastic surgery. They did not respect it. They would rather have the 'show' factor. They did not want to show real plastic surgery, the advances of science, the people who do good, the joy people have from their surgery, and how long they stay."

Potential to educate

As the genre of reality television has matured, plastic surgeons considering inviting cameras into their consultations and operating rooms have grown more savvy. ASPS member Marcus Crawford, MD, who currently stars in Lifetime's docuseries "Atlanta Plastic," says the majority of the show's patients have over-the-top and colorful personalities for entertainment purposes; however, he says the show does not edit the episodes to mislead viewers or change the actual event.

"Ours isn't a typical reality show where they stand around waiting for something to happen because they want to get ratings up," says Dr. Crawford. "The producers want to develop a story around the patient and show their journey through plastic surgery. There is some editing but it's mainly just to meet the time constraints for the show and to sum up the whole creative side for the patient. It's really done to try to make a more cohesive story per episode."

"It is a great opportunity for plastic surgeons to be on TV," he says. "I think it's a great thing for plastic surgeons to have their friends and family see what they do for a living. It's a great way to educate the public about plastic surgery and its safety."
erful and used for good,” says Dr. Nazarian, who has appeared on “The Doctors” and recently performed a fat-freezing procedure on “Inside Edition” for reality TV star Mama June Shannon.

“When you’re in the operating room you are helping people, but you are helping one person at a time,” says Nazarian. When you have the platform that Sanjay Gupta has, for example, you’re able to communicate and educate the masses and touch more than one life at a time. When a properly certified plastic surgeon is on TV providing legitimate information, it is beneficial for plastic surgery as a whole.”

**Honor the Code**

Although the Society’s Code of Ethics does not have specific guidelines pertaining to reality television, it does state that members may be subject to disciplinary action, including expulsion, if they participate in a charitable raffle, fund-raising event, contest or other promotion in which the prize is any procedure/medical service that requires an incision (e.g., facelift, breast augmentation, blepharoplasty, liposuction, etc.).

Reality competition shows built on the premise of “The Swan” or “Bravoplasty” – in which contestants compete to win a plastic surgery procedure – could be interpreted as violating the Society’s ethics code and prohibit members from participating. However, today’s plastic surgery-centric reality shows are rarely based on contests, allowing members to participate without disciplinary action as long as they act in accord with the General and Specific Principles of the Code of Ethics of ASPS in all contacts with patients, peers and the general public. Members are expected to use their discretion.

“The guidelines allowing members to participate in contests were rescinded in 2008, subsequently, the Code of Ethics underwent internal review and were revised to the current version in 2012, so it became unethical to perform free surgery as part of a content. That’s our definition based on our ethics,” says Ethics Committee Chair and PSN Chief Medical Editor Anu Bajaj, MD.

“From an ethical standpoint, the main issue is plastic surgeons have to ensure that patients have given proper informed consent and there is no degree of coercion. Surgeons have to make sure they are staying within the guidelines of the Code of Ethics of our Society and the American Board of Plastic Surgery as well.”

Despite the misrepresentation of plastic surgeons on television over the years, not all reality series are detrimental to the profession. Dr. Song commends educational programs on the Discovery Health Channel that show viewers a realistic portrayal of a cosmetic surgical procedure in its entirety – series that allow plastic surgeons to weigh in on the editorial process. Creating a membership guideline that places a complete ban on all reality television would include documents and guidelines that are not only beneficial for the public and make a positive impact. It’s an option Dr. Song describes as “too harsh.”

“There are wonderful TV shows that definitely help our Society, our members and our patients. There are documentaries that some members do where they have the ability to contribute to the editing process. But the vast majority of reality TV shows aren’t going to give you that editorial oversight,” Dr. Song says. “I think the latter is dangerous because someone else is editing it for other purposes as opposed to the message you are trying to get across about patient safety and doing real plastic surgery instead of reality TV plastic surgery. That’s where members have to be cautious and very concerned about how they’re portrayed, how their patients are portrayed and how our specialty is portrayed.”

ASPS members – both those in favor of and against reality television – still grapple with the歌舞 and downside of cosmetic surgery shows. Los Angeles Society of Plastic Surgeons (LASSP) President Peter Grossman, MD, FACS, says the Society does not condemn quality and credible representation in the media, even in the form of a reality series. LASSP recognizes the benefits of appearing on cosmetic surgery shows from a public relations and economic perspective, but the Society does have concerns, he adds.

“What we have concerns about is when plastic surgeons present themselves more as entertainers than physicians and are willing to compromise patient dignity for the sake of ratings,” he says. “I don’t believe all shows are that way. I think there have been very good, responsible shows that showcase different aspects of plastic surgery as well as other medical specialties that can be informative and entertaining, but also representative of our field. But there are others, like ‘Botched’ or ‘Celebrity Plastic Surgeons of Beverly Hills,’ that are really a misrepresentation of the hard work, professionalism and compassion that board-certified plastic surgeons generally try to display to their patients. They make us look like we are simply concerned about our own ego or our own pocketbook. As a rule, we take our oath of profession a lot more seriously than that, and that’s what bothers me about it.”

Dr. Ellenbogen believes shows like “Botched” make a mockery of plastic surgery.

“It doesn’t show botched operations. It shows people who want to look crazy. They show surgeons who go along with it. It makes us look easily swayed to people’s wildest, deepest fantasies rather than focusing on the good that plastic surgery does,” he says. “It should show how we help people.”

Dr. Bajaj advises members to follow their own judgment use their best clinical judgement and remember that they are doctors first – not actors.

“They need to make sure that if they are participating in these shows, they are preserving the integrity of that doctor-patient relationship and they don’t do things that make them uncomfortable,” she says. From a professional standpoint, members need to make sure they understand and follow the guidelines outlined in the Code of Ethics. And they should always act in a professional manner to make us all look good and not bad.”

**The world is watching**

Dr. Nazarian has no qualms about turning down opportunities that do not align with her vision. She declined the request to appear on the “Real Housewives of Beverly Hills” without a second thought. She recently filmed a television show pilot and will feature her alongside other female plastic surgeons performing reconstructive and cosmetic surgeries. Similar to “Atlanta Plastic,” the producers will not film Dr. Nazarian’s personal life. The show will focus on her surgical practice. “It’s going to show that what we do can change people’s quality of life,” she says.

“I’ve been practicing for two-and-a-half years. Being so young in my career, I’ve tried to accept certain opportunities and turn down others that are not going to show me or my reputation in a light I don’t want to be seen in. It doesn’t have to be ‘Dr. 90210’ or ‘The Swan.’ It can be done well and tastefully... like ‘Extreme Makeover.’” Dr. Nazarian says. “You have to understand the rest of the world is watching and you are representing plastic surgery as a whole. You just have to make sure you do it the right way, and that might mean saying no to certain opportunities.”

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In many cases it’s right back to ‘Mom’ as soon as you put your bag down at home; you’re off to make dinner, help with homework, and be ‘on’ at the end of a long day. “This is the ‘Mom’ role,” Dr. Puic says. “And while I wouldn’t have it any other way—I’m so glad that I’m the ‘go-to’ parent—the demands of young motherhood and professional burnout can be absolutely tremendous,” she says.

Dr. Puic says that the ability to have an open dialog with program directors would benefit both residents in balancing their professional and personal lives as they pursue their career—and may be helpful to women residents and young surgeons struggling to find balance today.

“I see an environment that gives validation to physicians who are young women, whether or not they have young families,” Dr. Puic says. “That validation would start with an acknowledgement of their issues. We feel vulnerable in our early days in plastic surgery—and we still handle the jobs we’re given—but if our institutions were to validate the additional expectations and demands placed upon younger women plastic surgeons, they essentially would be giving us permission to bring up our issues. I think we need more communication,” she adds, “but having that conversation acknowledges that we’re being heard by our supervisors,” including training program directors. “That’s very important.”

If the program director’s response is to push back, women should “stand their ground in a respectful fashion.” Dr. Puic wishes she could do this more often. “When the day is free from those mindfields and the other woman speaks, you’re expected to be able to switch from doctor to parent on a dime, and sometimes, you don’t really have the time to change your role, so you’re just not as available as you need to be.”

Residency TV

A powerful tool

The biggest challenge Dr. Nazarian faces about her career path is that of being a non-resident of her peers. While she understands their skepticism, she believes “times are changing and everyone has a different voice.”

Residency TV gets a bad rap, but that doesn’t mean it’s not a powerful tool, she says.

“Maybe just getting the patient through the front door is the first step. They realize it’s okay to see a plastic surgeon. Even if there wasn’t an unrealistic expectation, hopefully they’ll see a good plastic surgeon who will give them reasonable expectations and explain the recovery phase. At least it gets the conversation going and gets people thinking about possibilities,” she says.

Dr. Nazarian is not building a platform than expose. That’s her driving force. She says television is the best platform for legitimate plastic surgeons to disseminate accurate information. As a specialty, plastic surgeons should actively seek those opportunities, she tells FSN.

“I’m not doing it for my career. I have a greater vision. If I drive 100 people to consider breast augmentation, that’s fine. I’m okay with that. As long as I’m giving the platform to educate them,” she says.

For Dr. Crawford, the biggest benefit of participating in reality television is having a local, national and international platform. He credits the media for exposing the general public to plastic surgery over allocation of time allowed under the Family Medical Leave Act, but when she returned, a higher-up felt that she should lose her O.R. time—due to decreased block-time utilization. “I’m a second-year resident, and I’ve protected leave for three months post-birth,” Dr. Hultman successively fought for the reinstatement of physician’s O.R. schedule, which was significantly better but not what she needed. She was no longer in training, and junior surgeons requires vigilance. In fact, he had to consult with the health-care system’s head legal counsel, to protect O.R. time that belonged to her.

“Beyond the potential FMLA violations, the ‘optics’ looked terrible,” he add. “What message is sent to the rest of the faculty and residents who are young mothers or trying to build a family?

“It shocked me that although we’re trying to develop a culture of openness and awareness to prevent burnout, I met this level of resistance on an institutional level,” Dr. Hultman says. “So I don’t think we’ve arrived. Overall, we’re all just beginning to learn how to talk about burnout, and it’s quite critical that we maintain this discussion.”

Dr. Hultman agrees with Dr. Puic’s approach that residents and other “mini-professionals” should claim the ground to which they’re entitled, adding that even one may be early in her or his career, taking a stand may be the only proper course of action.

“An incredible tool is to have an ombud- woman, if one exists, or the formalized reporting system that residents can work with to get their concerns and complaints,” he says.

“One of the problems of the physician culture is the asymmetric power distribution. This limits the junior physicians in the ways that they can report on situations. Investigate what resources are available – or confer in trusted senior faculty, if that becomes your only avenue.”

“I don’t say it lightly,” Dr. Hultman advises young surgeons. “If you have a problem or issue, have it addressed. We want our residents to stay in our programs and to not feel severe burnout. As leadership we’ll do whatever is appropriate and in our power to help.”

Residents troubled

Few would argue that young physicians are stressed under any professional stress. What catch their program directors off-guard, however, is that while their trainees may appear to be calm, capable and handling the demands of life and plastic surgery that outward appearance may be masking dark thoughts that include suicide.

A UNC study on residents and burnout revealed that about 70 percent of its resi- dents met criteria for burnout, with general surgery residents the highest at 89 percent. “We can’t continue to ignore this problem of (young) physician (resident) burnout,” Emily Houston, MD, then chief resident in Psychiatry at UNC, told Medscape for the article “Medical resident burnout reaches epidemic levels,” printed in Medscape’s, Nov. 1, 2015.

The article stated that the greatest contri- butors to resident burnout, in order, were lack of time to exercise, take care of oneself, and/or engage in enjoyable activities outside conflicting responsibilities between work, home and family; and (inordinate) time spent on electronic records and documentation. Dr. Kieserman has also commented on the fire from the mother of Greg Feldman, MD, a 33-year-old who had recently finished a general surgery residency at Stanford and was serving his five-month locum tenens training in vascular surgery in Chicago when he took his own life.

“It is long overdue that the medical profession take a cold hard look in the mirror and acknowledge the brutal and often thankless road of medical training,” wrote Dr. Feldman’s mother, Rhoda, and one of his mentors at Stanford, Ralph Greco, MD, in the online magazine article “Why the toxic treatment of doctors needs to change,” published Aug. 31, 2015. “It should surprise no one that a hierarchical program, where excellence is not mandatory, would breed abusive behavior. Stress and burnout are now deeply embed- ded in the medical profession.”

Is all really well in your program?

Michelle Curtis Roughton, MD, plastic sur- gery residency program director at UNC, says she was so surprised by the results of a survey that revealed a high level of burnout in general surgery that she launched a simi- lar study for her plastic surgery residents.

“I had found that her left handed,

“But I also know that young people don’t know what our residents are feeling until we ask — so I did. And I was shocked,” Dr. Roughton says. “People need to take physician burnout and physician wellness very seriously. I think the problem will get worse nationally before it gets better.”

In the wake of this troubling data, Dr. Roughton organized the First Annual UNC Plastic and Burnout Retreat, a full (and covered) day devoted to wellness, relaxation and open discussion that evolved into a productive troubleshooting session encompassing wellness and other light physical activities at the UNC football field, followed by interpersonal and team-building exercises.

“We were able to spend quality time with one another, which was important because our duties occasionally require us to work with others who we don’t know,” she says. “We have the same mission, but we often don’t know much about the others we work with. That was enlightening. We also brain- stormed on ways to improve the division — and we found one in particular that will be a massive help.”

The event provided an opportunity to delve more deeply into finding additional administrative and “psych-behavior” solutions, which may both hidden and poten- tially highly beneficial.

“Hopefully, our retreat will be stimulus for others to plan something bigger and bet- ter,” Dr. Roughton says.

Mitigate, avoid or address

The approach to combatting burnout con- tains many approaches, including but not limited to physical outlets, simply saying “no” to compounding or unreasonable requests of time and/or attention, and going off the “for want” and “sick call” when the demands become too much.

“i’m making judicious use of the ‘Yes’ commitment, and when I’m expected to be somewhere or attend an event, I’m very...