



North Pacific Surgical Association

Executive Council Meeting Minutes

April 15, 2019

By teleconference

Councilors attending (*indicated)

- *Allen Hayashi, MD, President (Victoria/Alberta)
- *John Mayberry, MD, President Ex-Officio (Spokane/Idaho)
- Sam Wiseman, MD, FACS FRC (Vancouver)
- *John Waldhausen, MD, Vice President (Seattle)
- *Kenneth Gow, MD, Secretary-Treasurer (Seattle)
- *Nathalie Johnson, MD, Senior Councilor (Portland)
- *Robert Rush, MD, Junior Councilor (Tacoma)
- Martin Schreiber, MD, Delegate to ACS Board of Governors (Portland)
- *Matt Martin, MD, Recorder (Tacoma)
- *Nis Schmidt, MD, Historian (Vancouver)

Others in Attendance

Harvey Gail, MBA, NPSA Administrator
 Timothy Bax, MD, Program Chair 2018

1. Welcome – Dr. Hayashi

Dr. Hayashi welcomed the group at 6:02 pm noting councilors that might not be able to call in.

2. Approval of Minutes, Executive Council Meeting, November 8, 2018

Dr. Hayashi asked for any comments on the meeting minutes from the November council meeting.

PASSED

Motion to approve the minutes of the November 8, 2018 executive council meeting. MM Dr. Hayashi; MS Dr. Waldhausen. Motion carried.

3. Secretary/Treasurer’s Report – Dr. Gow

Dr. Hayashi asked if everyone had an opportunity to review the financial reports. He said, overall NPSA has a healthy bank balance and that for the most part, expenses from the meeting seem to be covered by the meeting fees. He reviewed the bank and investment balances.

Balances as of April 11, 2019

Checking, Wells Fargo	\$3,737.50
Merrill Lynch Investments	\$148,231.42
Pre-Paid Expenses	<u>\$16,561.54</u>
Total	\$168,530.46

Dr. Hayashi noted for 2018, membership dues income was roughly \$27,000, sponsor fees were \$35,000 and attendee registration income was \$32,175. So, financially we are in good shape. A question was asked whether the organization should be audited on a regular basis. Harvey Gail said our CPA does act as a neutral third party and reviews our finances every year. Dr. Gow said he's confident that the Merrill Lynch investment account will rebound. He noted switching to the electronic subscription for the *American Journal of Surgery* saved us money and membership dues collection seems to be going well.

Dr. Hayashi said we had a negative net income of \$11,000 last year and a loss of about \$10,000 the year before. He noted there is a need to look at the financial numbers over a six-year cycle to determine overall trends as some meetings are more positive than others. Dr. Gow felt concerned that NPSA has run a deficit of about \$20,000 in the last two years. He commented that NPSA needs to make sure exhibitor lists are current and that our sponsor fees and grants are maximized since this is the most straight forward way of keeping our financial balances in check.

Dr. Gow said it may be worth while forming an ad hoc group of people who work with sponsors. He felt it is asking a lot to have the president handle all the sponsor outreach and that a group would provide more consistency. Dr. Waldhausen also felt it would be a good idea to have a sponsor committee. Dr. Hayashi said he has been meeting with the surgical reps in person, often more than once. He said the higher-ups want to ensure they are getting their money's worth. Dr. Mayberry said he started working on sponsor recruitment over a year before. He noted he worked mostly from a list for vendors from the previous year. In his communications, they would refer him to someone else in many cases because the location of the meeting changes who the contact person will be. Dr. Gow recommended said the sponsor group should actually be two groups: one for the U.S. and another for Canadian firms.

Dr. Waldhausen said some organizations have a development fund, which could be useful for NPSA to pitch to our members to raise a little extra money. It was noted we discussed starting a foundation in the past, but the idea didn't game much traction. Dr. Waldhausen clarified that he was referring to a fund, but not a separate foundation.

Harvey Gail said his role is to keep track of the sponsors, including a running list of vendors that NPSA has had over the last several years. He said the current list is about 150 contacts and that often there are several people for the same company. Dr. Hayashi said councilors should review the list to ensure sure the contacts are current.

Gail said he has entered a draft budget into the Quickbooks accounting system, but he noted the numbers for the Victoria meeting are an estimate based on the previous meeting in 2013. He will prepare a budget to actual report for comparison. Gail noted its important to have a financial target, especially for income, so the council can anticipate the results of the meeting in advance and have an opportunity to make adjustments as we get closer to the meeting.

4. Annual Meeting

A. Victoria meeting 2019 – Dr. Hayashi

Dr. Hayashi reminded the group of the details on the venue for the meeting in Victoria. He said NPSA is doing reasonably well with sponsor funding and he was hopefully we would get good representation this year. He said he is working on a value proposition to provide to the vendors and he would like the

meeting to be able to offer more value for sponsors. So, we may have to step up our recognition of sponsors and allow more opportunities for the reps to address the members.

Dr. Hayashi said he wants to create an atmosphere of collaboration and make the meeting more resident-focused. He mentioned adding a job fair or other programs of interest to residents that would demonstrate the value of being involved in NPSA. He said the website could be used for videos showcasing master surgeons. He suggested we call this, the “NPSA Academy Awards.”

Dr. Hayashi also noted one issue we have been talking about is surgeon burnout. He suggested NPSA consider sending out an anonymous survey that looks at health, wellness, happiness and other topics. He felt a survey like this could provide more activities for NPSA throughout the year and we could present the results at the business meeting. Dr. Waldhausen said we should continue this discussion, and he said the Washington Medical Association’s leadership conference will feature similar topics. Dr. Hayashi said he is planning a program for spouses, as well that will be held within our meeting. He said topics could include retirement or mindfulness or other such topics. Several agreed those are a good idea.

B. Seattle meeting 2020 – Dr. Waldhausen

Dr. Waldhausen reminded the group that the meeting will be held at the Fairmont Olympic Hotel. He added that the dinner will be at the Seattle Art Museum where we can view the galleries. The dinner itself will be in an amazing room with Chinese statues. He said the Friday lunch speaker will be from Microsoft, speaking on artificial intelligence. The second lunch could be the historian’s lecture and Dr. Schmidt confirmed he will need at least a half hour for the historian’s talk. Dr. Waldhausen asked for input on the timing of the Historian’s talk. Dr. Schmidt and Dr. Johnson both preferred the historian’s talk during the lunch.

Dr Hayashi said the historian’s lecture will be over lunch this year. Dr Schmidt said for 2019 he is working on a talk about the history of endoscopic surgery.

Dr Waldhausen said Dr. Rebecca Stark will be the program chair in 2021. He is also considering adding e-poster sessions that would be three minutes in length. Dr. Waldhausen noted he is working on topic ideas for a panel on the second day.

Dr. Waldhausen asked if councilors would like to have a band at the banquet. Several chimed in, some said the formal music is nice during the reception, but music was not favored during the meal. Dr. Hayashi said to motivate residents to come to the banquet it would be nice to have a band. Dr. Mayberry said many enjoy the dancing.

5. Membership Report – Dr. Hayashi

Gail read the report. Hayashi said the numbers show Portland has good member representation, where Seattle does not. Dr. Waldhausen said this is a reflection on the support shown by administrators at OHSU and lack of it at the University of Washington. Dr. Bax said we should make an effort to provide value for residents. He said a resident-friendly meeting may draw in more members. Dr. Hayashi asked if it would be worth speaking to the UW administration. Dr. Waldhausen said the small surgical societies like ours might not survive over the long run if they don’t receive the support from medical schools. He also pointed out they tend to support the specialty societies. It was suggested we also talk to the residency directors.

6. Recorder's Report – Dr. Martin

Dr. Martin said we are doing well with the papers from the 2018 meeting. We decided not to publish the discussants comments. We have 34 ready to go into the *AJS*. It includes a write up of the panel with the Fred and Gene Moore. Dr. Martin noted Dr. Laszlo Kiraly has expressed interest in taking over as recorder and that the plan is to work together this year, then hand it over for 2020.

Dr. Schmidt asked how long ago NPSA and *AJS* came to an agreement of submitting publications. Some noted it has been a long time; certainly before 1998. He asked if the members are on the mailing list for the *AJS*. Gail said last year several people asked how to get the electronic subscription to *AJS*. Gail said the process involves setting up and logging into an account at Elsevier, the publisher. Gail prepared an instruction sheet and has sent it out, but he will send a copy with the minutes.

7. Old Business

A. Issue Regarding Duplicate Abstract Submission

Dr. Hayashi framed the discussion on this topic and Dr. Martin described what happened in a bit more detail, noting that the *AJS* pulled the publication due to their interpretation that it was largely a duplicate submission. He felt that from NPSA's standpoint, we are agreeing with the Journal's decision. He said the authors have a one-year ban, but no other sanctions. It was felt the parties involved need to respond directly to the *AJS*.

B. Strategic Planning

Gail described the format for the worksheet on the strategic initiatives. Several felt everybody should be asked to participate including specific suggestions from each of the caucus areas. Dr. Waldhausen said strategic planning is one of the things he's using to engage people. Dr. Hayashi suggested residents should be involved and Dr. Waldhausen felt a broad representation was needed which would include residents. Dr. Johnson concurred it's a great way to get people engaged and she suggested a resident's committee could be pulled together and made up of people who presented in the last two years. The NPSA member who presented with the resident could also be involved. This would also be a great way to get residents to talk about their experiences.

Gail recommended that each strategic initiative should have a small committee and that Dr. Hayashi could appoint a person to lead each of the three the initiative committees. Gail also suggested that the council should strive to have a draft of each initiative's goals, objectives and tactics by the next council meeting and be prepared to provide a report at the annual business meeting in November. Dr. Hayashi said the next step is to draft a letter that asks people to be involved in the process.

8. Historian's Report – Dr. Schmidt

Dr. Schmidt said he is working up the topic of endoscopic surgery and there is some interesting material there. He said he is comfortable to have the discussion over lunch. Schmidt asked if he could submit the lecture as a historical paper. Schmidt said he is working on getting a collection of annual meeting programs going back into the 1920's. He noted he is working a presentation on this for the Seattle

meeting. He will need to do some research, but there should not be any significant monetary cost. He would like to send a note to people who might have some programs in their boxes. He will make a list of missing years. He made a list of the most important surgical advances by each decade.

9. Governor's Report ACS – Dr. Schreiber

Dr. Martin Schreiber was not on the call, but he provided a written report. He is the chair of the ACS's advocacy working group and that they are seeking input on a panel discussion for the 2020 Clinical Congress. Dr. Hayashi noted that in the document physician burnout and workplace fatigue were raised as issues. He felt the survey mentioned earlier in the meeting may shine some light on this and whether we should be spending any time on the topic ourselves. Dr. Waldhausen referred to a publication called, "Why Jonny Can't Operate," which deals with the failure rate on medical board exams. Are we training as good a product as we used to? He felt this would be worth discussing and he may consider this topic for the Seattle meeting in 2021.

10. Administrator's Report – Harvey Gail, NPSA Executive Director

Gail said he will be working on setting up the abstract collection process in the coming weeks. Normally, the call goes out the first of May with a due date of the end of June. Often we extend it for a couple of weeks. Gail said a draft of the CME application has been started and submitted to the program chair. It was suggested a copy of last year's application also be sent, as the comments are often similar, other than topic specific references.

11. New Business

Dr. Hayashi said he wants to make the NPSA an association that is relevant for more than one weekend a year for the average member. He noted people have asked what NPSA's value is throughout the year. He noted NPSA should try to extend the association's influence through the website. He noted the discussion on our network of master's in surgery and he suggested a section could be added for Master Surgeons on the website.

Dr. Hayashi said NPSA should have a more collaborative and collegial feel to the organization. He suggested NPSA invite surgeons from Anchorage, AK to the meeting. He commented that they seem to be distanced away from the other surgical centers, other than national meetings and may be interested in a more local conference. Dr. Waldhausen said that was a great idea.

Dr. Johnson suggested some topics for our website including, how to deal with difficult patients, taking pictures on the operating room, or how to deliver bad news. She noted these topics are not often addressed otherwise. Dr. Waldhausen said the pediatric surgery association has a video component, but in reality, he clarified that it's a huge effort involving a review committee and it would be a much larger undertaking than we realize. Several agreed there are a lot of logistics. It was suggested we get a list of resources that are already out there and post those on the website.

Dr. Hayashi said we could offer value to residents at our annual meeting by assigning a member from each caucus to be a point person to be available to talk to resident's about jobs in the areas. The person assigned to be a point person would spend time researching the opportunities in their caucus area. Dr. Hayashi described how that could work in Victoria. Hayashi asked about holding a "speed dating" event

for job search, or networking opportunities in each region. This has been done for mentoring session in the past. Dr. Bax said it would be nice to be able to give residents a list of people they could call.

12. Next Meeting Date

Gail said the council typically has a meeting in early September. He will send a doodle poll for a date in the first two weeks of the month.

13. Adjournment

Dr. Hayashi called the meeting to a close at 7:34 pm.

Minutes taken by Harvey Gail, NPSA Executive Director