MARCH 2016

MICHIGAN PA

The Only Informational Resource for Michigan Physician Assistants

MICHIGAN ACADEMY OF PHYSICIAN ASSISTANTS
MAPA

www.michiganpa.org

2016 SPRING CME CONFERENCE

WHAT'S INSIDE

REGISTER TODAY!

See page 9 for details!

Contents

Michigan Academy of Physician Assistants

@MAPA_tweets

MICHIGAN PA

MichiganPA Newsletter • Vol. 37, No. 1 • MARCH 2016

Michigan Academy of Physician Assistants
1390 Eisenhower Place
Ann Arbor, MI 48108
Phone: 734-353-4752
Fax: 734-677-2407
E-mail: mapa@michiganpa.org
Website: www.michiganpa.org

President's Message

Having recently attended the 2016 AAPA Legislative and Advocacy Summit (LAS) in Washington, D.C., I found a new strength and unity of PAs that supports the notion that PAs are innovative and that they provide excellent health care.

Several new ideas were introduced at the Summit, including the evolution of how PAs are referred to and also language that should be used to discuss our role as providers. AAPA has adopted a communications strategy that all but removes the term 'physician assistant' and replaced it with '**PA**.' All historical references to physician assistant will remain, but moving forward, they want to refer to us as PAs. A few constituent organizations have recently adopted this change and Your Academy's BOD is seriously contemplating this change also.

Two other talking points were presented: first, when referring to PAs as part of a larger group, use the term '**healthcare provider**' (not: mid-level, physician extender or advanced practice provider) and second, we '**collaborate**' with physicians. The term 'supervision' is only used in legal and regulatory documents at this time. MAPA is in full support of these two communications strategies.

The other major topic discussed at the 2016 AAPA LAS was the NCCPA recertification examination proposal; this was met with a lot of passion and strong opinions. A survey was sent out by NCCPA in February for your review and comments and MAPA sent out a communication to make you aware of this proposal and for you to review the comments on both sides of the topic prior to completing the survey. A few years ago, the NCCPA changed the type of CME that is required for certification maintenance, PI- and SA-CME, both of which are difficult to understand and grapple with. Now, the NCCPA is adding more of a burden, not only to the PA but also to employers of PAs, with more extensive and multiple examinations to prove competency in the 10-year cycle. The debate on this topic is far from over and both MAPA and AAPA will keep you abreast of the ongoing discussion.

From my perspective on the Capitol Hill visit that we took, PAs are expected to undergo lifelong learning when it comes to patient care; the same can be said of the work that PAs need to do to educate legislative personnel on the PA profession. This education is, again, lifelong and necessary, so that we can practice to our full potential and be included in legislative language.

In Michigan, we have one of the best working environments for PAs in the country. MAPA continues to have a strong representation in Lansing with our Legislative Committee Chair Ron Stavale and our Executive Director/Lobbyist Mike DeGrow. We are always looking to increase our presence, either on legislation or in legislators' perception and knowledge of PAs.

As I previously mentioned, Your Academy is making strides to be more relevant and valuable to you as a PA. We are continuing to improve the MAPA website and seeking ways to give you value for your membership dues and benefits. We would like your input in this process and your assistance; if you could volunteer a few hours a month, it would be appreciated. We want you to invest in Your Academy and this will lead to an investment in your future as a Michigan PA.

Best Regards,

Chris Noth, PA-C, FAPACVS
MAPA President 2015-2016

Your Newsletter Editor's Corner

The excitement and joy of the holiday season is way behind us now, especially now that we are deep into the first quarter already of this year. As you recall, last year was a banner year for MAPA. It was certainly full of accomplished milestones and invigorating growth all around. As we continue moving along and growing professionally, you will have a chance to elect some new faces in our upcoming elections. Please do not miss this opportunity to cast your vote for these various important key leadership positions with the MAPA Board of Directors. Better yet, consider running yourself to continue our momentum by working together with your peers to expand our services and offerings to all our members.

But who says we can't start looking ahead…because just around the corner we will be having our Spring conference again! How time flies – it is already that time of the year again to renew old friendships, make some new ones, etc. Just like last year we have booked great speakers and topics – visit MAPA's website for the full agenda. So mark your calendars and plan to join us for a day and a half of great CME in Frankenmuth, MI.

We also have a great collection of articles in this edition. So get that cup of coffee or chocolate or pop and start enjoying them at your leisure. We covered a wide spectrum of topics.

In closing, as you can see, we at MAPA have not missed a beat. As I said in the last newsletter , this year should be even better than last. Therefore remember one thing: "Spring is the Time of plans and projects" --- Leo Tolstoy, Anna Karenina. Plus, the post-holiday-snooze is over; turn your thoughts to joining or volunteering with your peers in keeping your career on track and strong all year around!

Cordially yours,
Marcos A. Vargas, MHSA, PA-C / Michigan PA Newsletter Editor

Pb: LEAD

By Chris Noth, PA-C, FAPACVS

Background

Over the past two years, residents of Flint, MI have been grappling with the issue of brown-tinged drinking water with a toxin that was submerged and finally brought into the light of day. This governmental faux pas has attracted the attention of state and national leaders concerned with the egregious handling by Federal agencies. The opinions and relief have been abundant. The problem stemmed from a decision made two years ago, where in order to save money from a financial emergency that Flint faced, the city switched their water supply from Lake Huron (Detroit water) to the Flint River, a temporary cost-saving measure. Soon after the switch, the water looked, smelled and tasted funny. The brown color of the water was actually iron. The Flint River water is highly corrosive, 19 times more than the Lake Huron supply, and this Flint River water was not being treated with an anti-corrosive agent; this water was eroding the iron water mains and turning brown. Adding insult to injury, about half of the water service lines to homes in Flint are made of lead and because of the lack of anti-corrosive treatment, lead began leaching into the water supply. Medicare requires states to keep records of blood lead levels in toddlers, and local pediatricians found that lead levels doubled and even tripled in some cases of Flint toddlers after the water switch.

Exposure

Lead [**Pb** (Latin: plumbum)] is a metal naturally occurring element found in small amounts in the earth's crust. It is found in all parts of our environment - in

Continued on page 6

Pb: LEAD

Continued from page 5

the air, soil, water, and even inside some homes. Exposure to lead affects not only humans, but animals and plants too. Much of the human exposure came from activities that included the use of fossil fuels (i.e. past use of leaded gasoline, some types of industrial facilities, and past use of lead-based paint in homes). Lead and lead compounds have been used in products found in and around our homes from paint, ceramics, and pipes to plumbing material, solders, gasoline, as well as batteries, ammunition and cosmetics. In fact, lead has been used for several millennia and cautioned for just as long.

Since 1980, federal and state regulatory standards have helped to minimize or eliminate the amount of lead in consumer products and occupational settings. Today, the most common sources of lead exposure in the U.S. result either from inhalation or direct ingestion. Common lead sources are:

- Lead-based paint in older homes (suspect if home was built prior to 1978)
- Contaminated soil (increased near mining, smelting, refining facilities and highways)
- Household dust
- Drinking water
- Lead crystal

- Lead-glazed pottery
- Lead bullets, fishing sinkers and curtain weights

NO AMOUNT OF LEAD IS SAFE. In 2012, the CDC advised that any child with more than 5mcg/dL of lead in their blood should be considered at risk and that some health action should be initiated. Children under the age of 6 years old are at an increased risk for lead exposure, due to their rapid growth rate; children's brains and nervous systems are more sensitive to the damaging effects of lead. This is particularly true of children living below the poverty line in older homes. Lead is a cumulative toxicant that affects multiple body systems and is particularly harmful to young children. Babies and young children can also be more highly exposed to lead because they often put their hands and other objects that may have lead from dust and soil on them into their mouths. Exposure also occurs from eating and drinking food or water containing lead or eating lead-based paint flakes or toys made with lead-based paint. A level of 5mcg/dL or higher indicates that the child may have unsafe levels of lead in their blood. If levels become too high- ≥ 45mcg/dL, the child should be treated.

Adults can also be exposed to lead by eating or drinking contaminated water with lead. They can also be exposed through renovations on older homes, hobbies where lead is used, like stained glass, and/or through certain folk remedies. It may take several weeks, months or years for lead to leave the body, even after there is no more exposure. Lead is stored in organs, tissues, bones and teeth.

Continued on page 7

Health Effects and Signs/Symptoms of Lead Exposure

Young Children	- Behavior and Learning Problems - Lower IQ and Hyperactivity - Slowed Growth - Hearing Problems - Anemia
Pregnant Women	- Lead can accumulate in our bodies over time, being stored in bones with Calcium. If a woman does not have enough dietary Calcium, the stored lead will be released from the bones as 'maternal calcium.' This can result in serious deleterious effects to the developing fetus: • reduced growth rate of the fetus • premature birth - Lead can also be transmitted through breast milk
Other Adults	- Cardiovascular effects, elevated blood pressure - Decreased renal function - Reproductive problems (men and women)

Lead poisoning (also known as plumbism, *colica pictorum*, santurnism or painter's colic) can be difficult to detect. Signs and symptoms usually do not appear until dangerous amounts of lead have accumulated.

S/Sx in Children: developmental delays, learning difficulties, irritability, loss of appetite, weight loss, fatigue, abdominal pain, vomiting, constipation, hearing loss

S/Sx in Adults: hypertension, abdominal pain, constipation, joint & muscle pain, declines in mental function, numbness and tingling of extremities, headache, memory loss, mood disorders, decreased sperm count

Sources

Until 1978, lead-based paint was commonly used on the interiors and exteriors of homes in the U.S. Today, the U.S. HUD estimates that about 38 million homes in the U.S. still contain some lead paint. Lead paint that is in intact condition does not pose an immediate concern, but if the paint is allowed to deteriorate, either by flaking or becoming fine particles (dust from renovation sanding), then this now becomes a health hazard.

The past use of leaded gasoline contributed to a large number of cases of childhood lead poisoning. The vehicle emissions that settled in the soils of well-travelled roads and highways were the source of exposure risk to children who played with the tainted soil. Lead content of gasoline in the U.S. was mandated to be decreased in the mid-70's and removed totally by the mid-80's. Lead can leach into drinking water from certain types of plumbing materials (lead pipes, copper

Continued on page 8

Pb: LEAD

Continued from page 7

pipes with lead solder and brass faucets). Since the Safe Drinking Water Act Amendments of 1986, the use of 50-50 (tin-lead) solder in potable water systems has been banned. Today's water filters (either whole house, faucet-based or pitcher forms) can remove up to 99.5% of lead in household water supply. Lead has been removed from solder and paint for many years now and unleaded gasoline has replaced leaded gasoline in the U.S.

The Lead-Based Paint Hazard Reduction Act of 1992, known as Title X (Title Ten), is the law of the land on lead paint. One of the most important requirements is the disclosure of known lead hazards at the time of the sale or lease of a home built before 1978, as required by Title X.

There are several 'kits' offered to consumers that can be used to test paint in a household, on ceramic-ware or on toys, "spot test kit", to see if there is lead in these products or areas. You can also check the drinking water at the faucets with a 'kit' and there are lead inspectors that can be utilized too.

Treatment

Basically the two most important steps are to remove the source of lead and avoid exposure. If treatment is necessary, it consists of chelation therapy- drug administration that binds the lead and helps to remove it through urination. The chelating agents available for treating acute lead poisoning, or severe lead poisoning and encephalopathy are available in two forms, injectable and oral. Injectable forms of chelation therapy for lead poisoning are CaNa2EDTA and dimercaprol (BAL); oral chelation therapy consists of succimer and d-penicillamine. Chelation therapy for chronic lead exposure has been found to be of limited value.

The amount of lead the human body retains can be reduced if you eat right and have a diet that includes plenty of foods that contain iron, calcium and zinc. Conversely, increased lead absorption is associated with deficiencies in iron, calcium and zinc. Washing hands will also help remove tactile sources of lead (dust, soil and paint particles).

Prognosis is often related to the extent and duration of lead exposure. The effects of lead exposure on the kidneys and blood are generally reversible, but the effects on the brain and central nervous system are irreversible; these are mainly found in young children.

MICHIGAN ACADEMY OF PHYSICIAN ASSISTANTS

MAPA

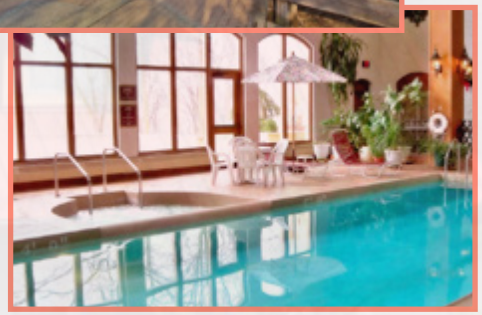
MAPA's Mission

The Michigan Academy of Physician Assistants is the essential resource for the PA profession in Michigan and the primary advocate for PAs in the state.

MAPA's Vision

The Michigan Academy of Physician Assistants is committed to providing quality, cost-effective, and accessible health care through the promotion of professional growth and enhancement of the PA practice environment.

Join us for the MAPA Spring Conference!



Register online at
www.michiganpa.org!

2016 SPRING CONFERENCE

Michigan Academy of Physician Assistants

Bavarian Inn Lodge and Conference Center

APRIL 8-9, 2016 • One Covered Bridge Lane, Frankenmuth, MI 48734

PRESENTATIONS TO INCLUDE:

Fundamental Reimbursement Issues for Physician Assistants - *James A. Kilmark, PA-C*

Hot topics in Reimbursement for Physician Assistants - *James A. Kilmark, PA-C*

PAs and Clinical Compliance - Huh? - *Folusho Ogunfiditimi, DM, MPH, PA-C*

Zika Virus Infection – *Nike Shoyinka, MD*

The "Last Word" in Opioid Prescribing - REMS – *William R. Morrone, DO, MS, ACOFP, ASAM DAAPM*

Current Legislative Initiatives – *Michael DeGrow, Thadd Gormas, Michelle Gormas, PA-C*

Preceptors - Worth their Weight in Gold - *Rose Higgins, MS, PA-C*

Orthopedic Hiccups - *Frank Nysowy MSW,PA*

Current Legal Issues for Michigan Physician Assistants - *Constance Burke, MS, PA-C*

and more!

Friday, April 8, 2016

7:00 AM ..... Registration Opens
8:00 AM - 12:00 PM ..... Speaker Presentations
12:00 PM..... Lunch
1:00 PM - 5:00 PM ..... Speaker Presentations

Saturday, April 9, 2016

7:00 AM ..... Registration Opens
8:00 AM - 12:00 PM ..... Speaker Presentations

Meta-cognition: Toward a Better Clinical Decision-Making Mindset (Part I)

By Marcos A. Vargas, MSHA, PA-C

If you ever wanted to delve more deeply into the mysteries of the human mind in terms of perception and cognition, as well as into how we judge, feel, or how we think or behave as diagnosticians, then Meta-cognition will be the place to start. This new field holds much promise when it comes to patient safety and improving clinical decision making.

What is Meta-cognition?

It can be said that ***Meta-cognition*** (Cognitive Psychology) is the science or road map that examines how clinicians reason, formulate judgments and make their decisions. This new way of conscious clinical thinking and self-examination focuses on a new paradigm of clinical practice: one that disciplines your clinical mind to identify, overcome and sidestep common thinking traps that we all fall prey to when engaging ourselves in the hurried day-to-day diagnostic process.

How does it work?

By studying and recognizing the varied array of cognitive pitfalls (biases) in diagnostic reasoning, this gives us the opportunity to see where our misleading intuitions or faulty reasoning leads us astray in the clinical medical decision process. Thus, many behavioral psychologists believe that most medical errors in faulty diagnostic thinking arise from these unconsciously employed shortcuts in reasoning, referred to as medical *Heuristics*.

These heuristics basically derail clinicians from using a higher sense of reflection or scrutiny of their very own clinical decision making process. So by us being able to identify current or anticipated diagnostic biases, we would ascertain that our diagnostic reasoning would be a more thorough and objective process. This will enhance our diagnostic accuracy and lead us to improved diagnostic impressions, not to mention reducing our liability risk exposures.

Therefore, potential hasty or faulty clinical judgments based on our own or others' incorrect biases would be much less and lessen the chances of landing in legal hot water.

Once this new level of critical analysis and disciplined thought is thoroughly embraced and implemented by the clinician facing either simple or complex diagnostic clinical challenges, they will realize how much more simpler it becomes to rid themselves of these risky practices.

Continued on page 11

Heuristic Types (presumptive biases) to always avoid

The following list represents a small sampling of these hardwired clinical biases:

Affective Error: The applied bias toward the most hopeful alternative.

Anchoring: When the clinician latches onto a single option/idea, thus failing to see other possibilities in the overall picture, leading us astray in the clinical-medical-decision process. In other words, the clinician becomes fixed on a clinical impression by ordering tests to confirm the initial wrong impression, while failing to explore other alternatives.

Availability: The tendency to judge the likelihood of a diagnosis based on how readily similar relevant examples come to mind.

Attribution: We all hold stereotypes in our minds which sometimes we're very quick to attribute with similar patient encounters, even though they might just be coincidental.

Diagnosis Momentum: This heuristic basically derails clinicians from starting a new diagnostic process because they continue with the same reasoning path that other wrongful clinicians pursued prior to theirs.

Confirmation Bias: An unconscious tendency to confirm what one expects to find by selectively accepting or ignoring certain readily available information to consider.

Representativeness: Refers to estimating the likelihood of a diagnosis based on how well the patient fits the prototype of that condition/ailment. Basically involves arriving at an erroneous conclusion based on a wrong initial presentation (i.e. STEMI vs. Pericarditis vs. Early repolarization vs.GERD).

Search Satisfaction: This cognitive pitfall (bias) in diagnostic reasoning comes about when the clinician's search ceases after something is found. AKA: Premature closing, when a final decision is arrived before a decision is completely verified by a researcher.

Sunk-cost bias: The unwillingness to abandon a diagnosis in which considerable time and effort has been expended.

In our next segment, you will be presented with (part II) a real case, so keep this piece handy and available to see how this situation can play itself out in your practice(s).

Student Perspectives... of a Weekend in D.C.

My experience at AAPA's 2016 Leadership and Advocacy Summit:

Attending the 2016 AAPA Leadership and Advocacy Summit was not only an amazing opportunity to network, but it was also a step outside my comfort zone. It was a week of becoming immersed in the land of lobbying and the art of becoming a leader within the PA profession.

As the first morning of the conference began, I had the gnawing feeling in my gut that I was in over my head. I felt totally unprepared for what I signed up for. However, as the morning progressed, we were coached on the legislation being brought through Congress and how we, even as first year PA students, could make an impact on legislation. As we completed each meeting with Congressmen and their staffers, I was surprised to find it easy telling them my story, and educating them on current issues within the PA profession. At the end of a long day on the "Hill" I was overcome with a sense of satisfaction and inspiration. I was proud to be a part of the movement in bettering patient outcomes through legislation.

At the conference, I was very fortunate to meet other like-minded PA students and practicing PAs, all of whom have a passion for leadership. United, we celebrated in the successes of our peers while becoming involved in the advancement of our profession. As a PA student, the information gathered during the lectures, combined with the experience of networking and lobbying, will be extremely valuable when we finally get out into the "real world". I would encourage other students to participate in future AAPA and MAPA events based on my experience at both AAPA's LAS and MAPA's Fall Conference. It was not only a fun weekend; it was also an invaluable learning experience, one that you cannot get inside the classroom.

Chelsea Luzum, PA-S
1st Year WMU PA Student

From left to right - Taylor Kasper, PA-S, Chris Noth, PA-C MAPA President, Chelsea Luzum, PA-S and Michigan State Representative Dan Kildee

This was an awesome opportunity to network and meet PAs who are making a difference for our profession. The first day of the conference was a fun experience, to hear the most up to date information affecting PAs and then actually be able to partake and talk face to face with congressmen at the capitol.

As a student, it was very interesting to talk to PAs from different specialties and learn about their career paths and to get advice on how to avoid mistakes they may have made. It was an eye opening experience into the world of politics and what it takes to try and improve our profession and to become a more effective leader and advocate.

For me, it was a motivating experience that made me want to get involved with AAPA and MAPA, to try to make a difference. I learned a lot about what it takes to play an active role in my workplace and I took away valuable information from the breakout sessions as to what avenues to take to make an impact in my work environment.

Taylor Kasper, PA-S
1st Year WMU PA Student

Continued on page 13

Continued from page 12

My experience at AAPA's 2016 Leadership and Advocacy Summit (LAS) was a landmark in my PA education. I was out of my comfort zone and, in turn, discovered the great impact even a first-year PA student can make.

I began the first morning of the conference ruminating in my political naivety, after being coached on the tact of speaking to legislative personnel. I felt the familiar feeling of inadequacy and fear rising in my throat as I thought to myself, "I don't think I am qualified to do this." Like so many times before, I pressed on, following my group of peers and experienced PAs through the busy streets surrounding Capitol Hill. As we completed each meeting with congressional personnel, I found it surprisingly easy to speak freely about PAs and their essential role in the healthcare system. After nearly three semesters of didactic lectures, a welcomed rejuvenation of inspiration found me here. I could clearly see what a great change PAs were making in the lives of their patients, and I was proud to be a part of this group.

As we completed each meeting with congressional personnel, I found it surprisingly easy to speak freely about PAs and their essential role in the healthcare system.

I met many passionate PA leaders at LAS, every one of them friendly and knowledgeable. All of these professionals were celebrating each other's success. It was wonderful to see such unity amongst a profession. I attended various lectures about the qualities needed to be a leader and an advocate. As a future PA, I found this information imperative to a great practice and a fulfilling career. As a student, these lessons provided valuable principles that can be used when interviewing for a job, interacting with a healthcare team and establishing rapport with patients. I would encourage other PA students to participate in future Leadership and Advocacy Summits. Not only will you have fun, you will walk away with so much more than you came with and an appreciation for what has been accomplished and still needs to be addressed for our future profession.

Lauren Duggan, PA-S
1st Year EMU PA Student

Four Michigan PA students were selected by MAPA to attend this year's AAPA Leadership and Advocacy Summit (LAS) held in Washington, D.C. This event provided us with invaluable experience that cannot be taught in the classroom.

Alongside experienced PAs, we were able to meet with staff representing our congressmen and Senators and educate them on the role of PAs. Furthermore, we discussed the importance of mental health and opioid addiction, not only in Michigan, but nationwide. We explained that in order to decrease barriers to care, PAs must be allowed to practice to the full scope of their licenses. We asked our legislatures to remember to include PAs as listed providers in any future mental health legislation, as well as granting us authority to prescribe buprenorphine for the treatment of opioid addiction. In addition to our meetings on Capitol Hill, we attended several lectures discussing ways to advocate for the PA profession and how to become leaders in our respective states.

The 2016 LAS was an amazing experience and I recommend that future PA students should attend this event so they can see firsthand how we can directly fight for our right to practice medicine and to network with leaders in the PA world. I am thankful for having had the opportunity to meet practicing PAs and PA students from across the country and to learn how we can all work together to ensure the prosperity of our profession for years to come.

Michael Moore, PA-S
2nd Year WSU PA Student

Continued on page 14

Continued from page 13

A Leader's Perspective of LAS...

As MAPA's President, I had the honor of accompanying four Michigan PA students to the 2016 AAPA LAS in Washington, D.C.; these students were sponsored by MAPA. This annual event showcases our passion and advocacy might as a profession to our legislators in the nation's capitol. This was my first time at this summit, but it will not be my last. As a leader of a constituent organization, you advocate for the PAs in your state and guide the academy in a direction that is most beneficial to your peers and future colleagues. Listening to and engaging in conversations with other PAs in practice or leadership roles at this summit, you soon realize that we all are facing the same issues and that progressing towards a PA utopia takes time. You first have to be recognized, then respected and finally appreciated as a group of healthcare providers, for your voice to be heard.

From left to right - Lauren Duggan, PA-S, Taylor Kasper, PA-S, Michael Moore, PA-S, Chelsea Luzum, PA-S, John McGinnity, PA-C Immediate Past-President of AAPA, Chris Noth, PA-C MAPA President and Folusho Ogunfiditimi, PA-C

The main point of the Capitol Hill visits was to be recognized as a group of healthcare providers, be respected for the work we perform and appreciated for the health care we provide to our patients. On the visits, we reinforced the point that as a group, PAs want to be included in the thought process, in that, we increase access to health care for patients' and to be included in the legislative language for health care.

I wanted to let the students who attended this summit speak first and let the reader appreciate their sincerity and honesty from their experience at this summit. Although all of us were anxious to say the right thing and present ourselves well to our legislators, I feel that as a state, we were well represented and made a lasting political impression. I also want to thank the other Michigan PA students who attended: Haneen Elder, Jen Binkard, Fahtme Ab-dullah and Lindsay Al-waldi, along with Folusho Ogunfiditimi, PA-C and John McGinnity, PA-C for visiting the 'Hill.'

MAPA Values

- PAs are advocates of accessible and compassionate health care
- PAs promote improved health in our communities through a team-based approach
- PAs have a commitment to lifelong personal and professional learning
- PAs adhere to the AAPA Code of Ethical Conduct
- Promote the acceptance and utilization of PAs
- Instill the values of accountability and transparency in the work environment
- Promote excellence and equity in the delivery of cost effective quality health care
- Foster mutual support and inclusion of all PAs

From Program to Practice: Experience the "50 Shades of Green"

By R. David Doan, III, Ms, PA-C

As a PA, there eventually comes a point where you stop asking your colleagues for advice and instead they begin to ask you. I can't recall exactly when this occurred in my career, but I do remember that it happened seemingly without warning and was accompanied by panic. This fall will mark my 10th year as a practicing Family Practice PA, and despite the years of CMEs, conferences, practice and refinement of my skills and knowledge base, I still feel that I don't nearly know enough information or know the information thoroughly to be an adequate source of information for inquiring colleagues. It is a little known fact that I fear that my colleagues, students and patients will find out I'm a fraud and know nothing at all! However, I am often pleasantly surprised by the apparent knowledge I actually do have when asked. Apparently, I may know more than I give myself credit for; after all, I did pass the PANCE and PANRE, so I've got that going for me, which is nice.

I have the unique privilege to be in a situation where I can work alongside PAs that are practicing medicine at all ranges of experience. I work with new graduates, those who have worked from roughly 5 to 20 years, and one PA that has practiced more than 30 years. I see first year PA students in my role of Part Time Faculty at WMU, and I am married to a second year PA student who is currently on rotations. I see first-hand the mixed emotions of second year PA students who are excited, yet scared on rotations. I also see what the students don't see, the growth of confidence and constant learning of the PAs in practice across the "years of experience" spectrum. The common thread with all these wonderful students and PAs alike appears to be "feeling green."

I have precepted numerous PA students during their second year rotations over the years. All of my students have gone on and done well and I am proud to call them colleagues. While working with these students for 8 week rotations, I have made great friendships. Many have shared their concerns and uncertainty in their readiness to practice. I have also seen their triumphs and watched many grow in their skills and become great PAs. I have also heard their fears; being married to a second year PA student has obviously given me a more intimate insight into the mind of an anxious PA student. I have made close friendships with her classmates as well and have shared their joy over each accomplishment and have counseled them when they struggled. For the sake of my marriage, I won't divulge my wife's most intimate thoughts, but I can say that many of her classmates feel as she does… a little nervous and apprehensive to "go it alone" after graduation.

When I started working in 2006, I too felt nervous and apprehensive. I asked my poor supervising physician what must have felt like 1,000 questions per day. At some point, I think he just nodded in agreement to get me to leave him alone. After a while, I realized that most of my questions were really just a way of looking for affirmation that I am doing the right thing. With time, the number of questions for my supervising physician decreased, but never stopped completely. In those early few years, I was very "green." I was just feeling out what it

Continued on page 16

 Continued from page 15

really meant to be a PA. In my opinion, PA school doesn't make you a PA, it only pushes you in the general direction of what you can become. In PA school, I learned about diseases, treatments, medications, pathophysiology, exam skills and the technical aspects of what a PA does. On rotations, I was given an opportunity to practice my newly learned skills and knowledge and to observe different styles of care by different providers (MDs, DOs, PAs and NPs).

I learned that different styles were needed for different patients to guide them to the best medical outcomes. As a student on rotation, it could be frustrating at times. Some rotations allowed you to do so much more than others, but even in those that you were a "shadow" for a month, you could learn about empathy, body language, eye contact and all those "intangibles" that make the best providers to patients. By the time I started practicing, I still was very green (A dark forest green if you will…) but I had tools from PA school to work with. It took about 3 years of practice for me to feel more comfortable, and my shade of green became a lighter shade (perhaps a Kermit the Frog green; it's not easy being green…).

I changed jobs after five years of practice at my first Family Practice office. I took a job closer to home in another Family Practice group and just like that, the questions were coming at me instead of from me. Apparently my colleagues thought that five years under my belt made me a seasoned veteran of sorts (perhaps Kermit green was wrong; perhaps I looked like a Yoda green, a PA Jedi master?). I now find myself approaching year five at this job, my tenth year as a PA. I feel more comfortable in many areas of Family Practice; but truth be told, I still feel like I don't know enough. Among the PAs who have practiced longer in my group, I am sure they feel the same.

I am no longer nervous or apprehensive about my knowledge base, rather, I am more self- aware of the need to continue learning and I know when to ask others for advice. Many of us in practice tend to be "experts" in certain areas that pique our interest and are weak in other areas. That's okay! Medicine is too big to be an expert at everything. A PA wanting to be successful (and sane) knows when to ask for help or where to look for the answers.

By looking back at my career thus far, I have concluded that we never really stop being "green," but instead, we slowly become a lighter shade of green. My advice to the second year PA students, my wife included, is to embrace the "green" and take in what you can on rotations. Take solace in the knowledge that you are not expected to know everything, and that all of medicine cannot be learned in two years. Your "training" to be a PA doesn't end at graduation. The first several years in practice will help mold you into the PA you will become. You will need to experience the good and bad days in practice, the unforeseen deaths and miraculous recoveries, and the relationships with patients that will shape your PA identity. With any luck, by retirement, your shade of green will turn to a light yellow as you walk off into the sunset.

R. David Doan III, MS, PA-C *is an alumni of the University of Saint Francis PA Program (Fort Wayne, IN) and is a practicing Family Practice PA in Portage & Richland, MI for ProMed Family Practice. He also works part-time for WMU's PA Program and precepts students regularly. He is currently the MAPA President-Elect, Interim Membership Committee Chair and an active member of many MAPA committees. He can be found "Rowing the Boat" at most WMU football home games and can be reached at davedoanpac@gmail.com or on twitter @rd3_pac.*

CALL FOR CANDIDATES

To the 2016-2017 MAPA Board of Directors

Are you interested in becoming involved in Michigan's PA leadership? If so, MAPA Wants You! There is no better way to develop both personal and professional leadership skills than by serving on the Michigan Academy of Physician Assistants Board of Directors. This volunteer leadership commitment challenges you to go beyond the required ideals for your profession and provide ideas and solutions that make an impact to the academy that represents Michigan PAs. Board service allows you to hear different perspectives on issues and helps you form contacts for your professional growth. Volunteer participation on MAPA's board will allow you to meet and work with professionals who have similar interests and help to advance our state academy.

MAPA is seeking nominations for the offices of President-Elect and Treasurer. Additionally, nominations are being sought for elected Regional Representatives to the MAPA BOD from Regions 2, 4 and 6.

Candidates seeking to be placed on the election ballot must submit a statement of interest to the MAPA office that includes biographical data, eligibility for office, credentials and election platform by **April 1, 2016**. This information can be submitted in the form of a cover letter with resume and will be distributed electronically to the voting MAPA members along with the ballot.

A candidate for the office of **MAPA President-Elect** must have been a fellow member of MAPA for at least three of the last five years and a current AAPA fellow member. The proposed nominee must have accumulated during the past five years, two distinct years of experience as a member of the board of directors, or either as a MAPA delegate to the HOD, on any of MAPA's standing committees or accumulated the necessary experience deemed appropriate by the Nominations Committee.

A candidate for the office of **MAPA Treasurer** must have been a fellow member of MAPA for at least two of the last five years, current AAPA fellow member and/or accumulated the necessary experience deemed appropriate by the Nominations Committee.

Candidates for **MAPA Regional Representative** from region(s) **2, 4 and 6** must be a fellow member of MAPA in good standing and live in the region they seek to represent. You can refer to the MAPA website to view the MAPA regional map and see the region you live in.

MAPA is also seeking nominations for **Chief Delegate, delegates and alternates to the 2016 AAPA House of Delegates (HOD)**. All candidates for MAPA Chief Delegate/delegate/alternate to AAPA HOD must be current members of AAPA and fellow MAPA members for the year preceding candidacy. All candidates for MAPA Chief Delegate shall have served at least one term as a delegate with the Michigan delegation. All candidates for MAPA delegate to the AAPA HOD shall have served one term as an alternate delegate with the Michigan delegation. The term for delegates/alternates from Michigan to the AAPA House of Delegates shall be one year and begins on July 15th of the year of election. Delegates and alternates will serve as representatives of the MAPA membership at the AAPA House of Delegates.

To sustain the atmosphere of MAPA's BOD, we need creative and energetic individuals that will help promote quality health care delivery and the PA profession in the state of Michigan. **Nominations are due to the MAPA office no later than April 1, 2016**. New nominations criteria are available on MAPA's website for review.

E-mail your completed submissions to: ssurprenant@managedbyamr.com

Or mail paperwork to:

MAPA
C/O Academy Administrator
1390 Eisenhower Place
Ann Arbor, MI 48108

CALL FOR SPEAKERS

MICHIGAN ACADEMY OF PHYSICIAN ASSISTANTS
FALL CME CONFERENCE OCTOBER 13-16, 2016
GRAND TRAVERSE RESORT AND SPA

MAPA is seeking speakers for the upcoming Fall CME Conference. The fall conference has long been Michigan's premier conference for PAs, and Michigan providers and clinicians highly value the presentations made by clinical leaders and industry experts, as well as the excellent networking opportunities provided by MAPA.

Potential speakers include PAs, physicians, and other health care professionals. Potential topics include:

- Board review of any system
- Physical exam of any system
- New guidelines of any system
- Cardiology
- CHF
- Childcare
- Concussion
- COPD
- Critical care
- Diabetes treatment
- Eldercare
- End of life
- ER care
- Hematology
- Hypertension
- ICD 10
- Lead poisoning
- Legal issues
- Mental health
- New procedures
- New treatments
- Obesity
- Oncology
- Pain
- Pharmacology
- Readmission diagnoses
- Reimbursement
- Relationship of dental health
- Stroke
- Other PA or health care issues

Presentations are generally 40-45 minutes long plus ten minutes for questions. To submit a presentation for consideration, **please click here**. Please be prepared to list your presentation title, short biography, and 3-4 learning objectives that describe your presentation's content. These are required to apply for CME credit.

All submissions must be received by April 30, 2016. Questions? Please contact CME co-chairs Donna Hines, PA-C (nadda200@aol.com) or Jeff Collinson, PA-C (gafir1@gmail.com).

Stephanie Urbanowicz: Healer in Heaven

By Theresa Bacon-Baguley

Stephanie Urbanowicz was admitted to the Grand Valley State University's Physician Assistant Studies Program in the fall of 2013 with a prospective graduation date of December 2015. Reflecting on who she was and what impact she had on others is both inspiring and emotional. Therefore, I will begin by describing Stephanie's life from a historical perspective before expanding on her inspirational and emotional impact.

She was born in Illinois with her most recent residence in Muskegon, Michigan. She obtained her undergraduate degree in chemistry at Central Michigan University and worked as a radiology technician and phlebotomist at Mercy Hospital in Muskegon. In 2012 at the age of 27, she was diagnosed with metastatic breast cancer, had bilateral mastectomies, and received chemotherapy. Shortly before attending classes for the physician assistant program in the fall of 2013, she received information that metastatic tumors were found in her lungs. Throughout the following 16 months of the physician assistant program, she received traditional chemotherapy treatment, as well as treatment through a clinical trial. Her cancer did not respond and she passed away at home on February 28, 2015.

I first met Stephanie in a graduate course that I taught. It was not until the end of the first week of classes that she informed me that she would be receiving her chemotherapy treatments on Fridays, but would plan on being in class on Monday. This schedule (chemotherapy on Fridays) continued for nearly the entire three semester's I had Stephanie in class. It was a rare occasion that her treatment kept her out of the classroom. She did not dwell on the side effects of treatment but rather on the positive aspects of her life: her parents, siblings, exchange students, classmates, education, and her faith. Stephanie's faith was exemplified by her activity in her church's music ministry, and in how she viewed each day of her life.

She only talked about her condition if you asked her, and even a few students in her class did not know about her condition until a few months before her passing. Her humility was like none other that I have seen: she did not ask for exceptions, favors, or special treatment.

1985-2015

Tears come to my eyes as I think about putting together words to describe how inspirational Stephanie was: She was an inspiration to all of those around her, including me. In an age of immediate gratification and materialistic means, Stephanie exhibited neither. All she wanted was another day of life, and to eventually help those who were inflicted with the same cancer that took her life. During her education she expressed desire to help others who had cancer by working as an oncology physician assistant.

Stephanie's legacy of vibrant life and desire to help others will live on in those that knew her. I will forever be grateful to be touched by Stephanie's life.

Lynne Marie Beals, PA-C

March 15, 1966 to February 15, 2016

1966-2016

Lynne Beals, PA-C went to be with her Lord on Monday morning, February 15. Lynne fought a valiant fight against cancer for about 4 years. She died with her children, Katrina and Max, beside her at home. Lynne was a graduate of Western Michigan University's PA program in 1990. Prior to that, she had graduated with honors from Alma College and was valedictorian at Cedar Springs high school in 1984.

Lynne joined the Plainfield Medical Center on Grand Rapids' NE side immediately after graduating and becoming certified as a PA-C – and she never left. She transitioned with them from Plainfield Medical Center to MMPC and lastly to SHMG. She is a well-remembered clinical supervisor of Family Practice rotations by many PA students from both GVSU and WMU during the past 25+ years. Lynne Beals will always be remembered for her beautiful smile and her contribution and dedication to the Physician Assistant profession.

Memorial contributions may be made at her request to Oasis of Hope Center; 522 Leonard St. NW; Grand Rapids, MI 49504

MAPA PLANNER

EVENTS/CONFERENCES

MAPA Spring CME Conference

DATE: April 8-9, 2016
SITE: Bavarian Inn Lodge
Frankenmuth, Michigan
INFO: www.michiganpa.org
or call 1-877-YES-MAPA

AAPA Conference 2016

DATE: May 14-18, 2016
SITE: San Antonio, Texas
INFO: www.aapaconference.org

MAPA Fall CME Conference

DATE: October 13-16, 2016
SITE: Grand Traverse Resort & Spa
Traverse City, Michigan