

December 2013



*The Only Informational Resource
for Michigan Physician Assistants*

Michigan PA

Performance Enhancing Drugs

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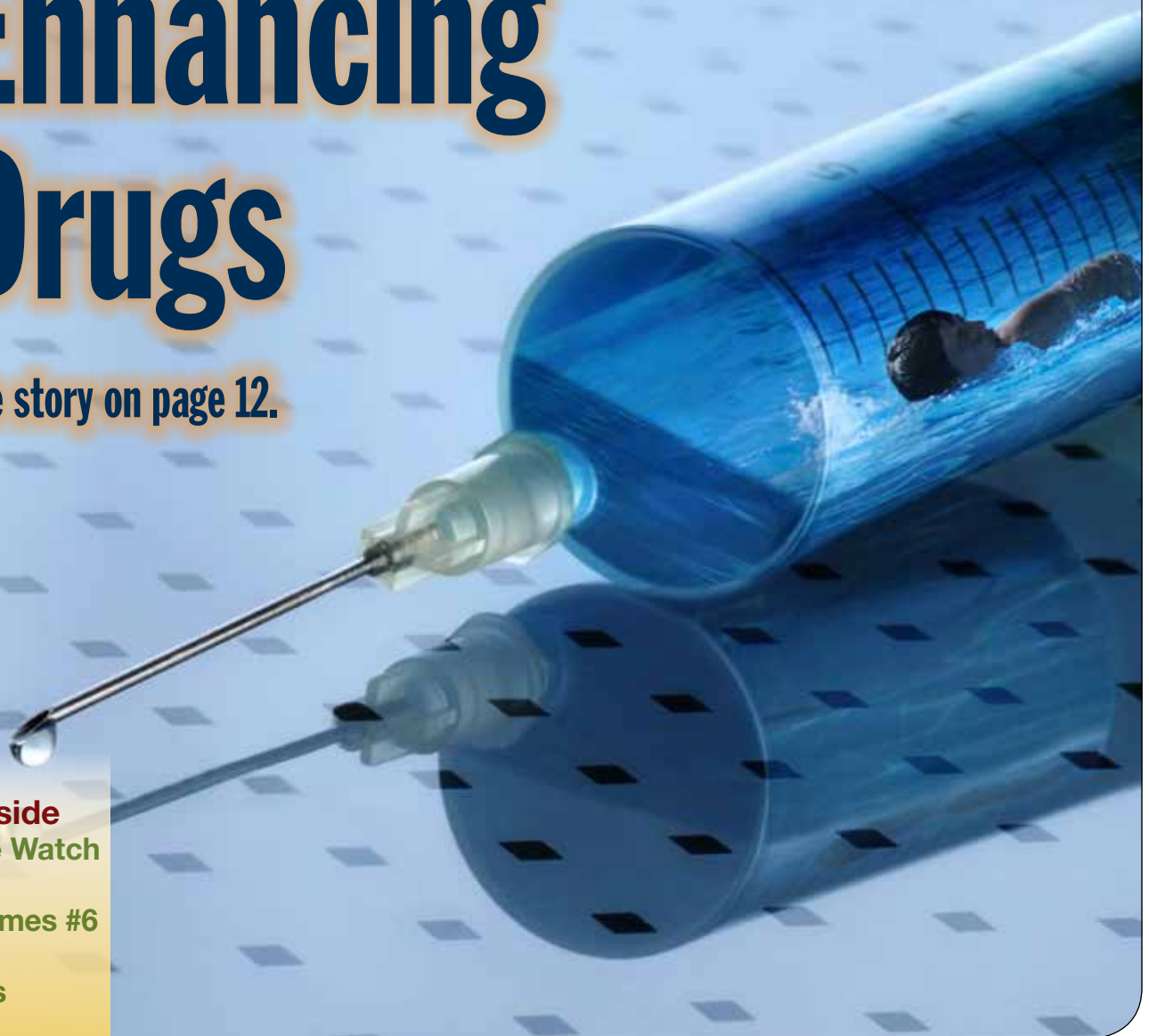
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MAPA's Mission

The Michigan Academy of Physician Assistants is the essential resource for the Physician Assistant 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, enhancement of the PA practice environment, and preservation of the PA/physician team concept.



Michigan Academy
of Physician
Assistants



@MAPA_tweets

President's MESSAGE



Jay Kaszyca, PA-C

Another successful Fall CME Conference has passed, and we are racing headlong into the holiday season. No matter what you celebrate- Christmas, Hanukah, Kwanzaa, or maybe just enjoy the time, the season means different things to different people. As an Orthopedic PA, this time of year takes on an extra meaning as well. Busy! Whether it be all the folks racing to get their surgery done while they are on Holiday break, or because their co-pays are about to reset, they keep us busy. If it is the latest set of athletes with the early season basketball injuries, or a deer hunter who fell out of a tree, they keep us busy. If it is the change of seasons, and the first few icy sidewalks that result in the falls with fractures, they keep us busy. I imagine it is the same no matter what you specialize in as a PA, the patients keep us busy. With the changing landscape of healthcare in Michigan and nationally, and with all the concerns about Obamacare, one thing is for sure, they will continue to keep us busy. Never before has there been such a push to provide care to more patients than there is now.

The PA profession needs to work as hard as ever to make sure that we are known and respected, as the best answer to help expand the pool of providers that will care for these patients. Recent happenings in Lansing point out in bold contrast, the potential for change in providing healthcare in Michigan. If you don't know about Senate Bill 2, educate yourself and your supervising physicians. Become an advocate for your profession. MAPA is standing by, and is ready to help you and our lawmakers find answers to the question of how to best provide care to Michigan.

I am using my busy season as an opportunity. I make it a point to talk to more patients, colleagues, physicians, and hospital administrators about what I do, and why. I remind MAPA members to use the academy as the resource it is meant to be. All of us need to be informed so the profession is protected and continues to grow. Finally, I take care of my patients, so they continue to keep us busy.

Respectfully submitted,

MAPA President, 2013-2014

“If you don’t know about Senate Bill 2, educate yourself and your supervising physicians.”

LEGISLATIVE WATCH

SB 2 Narrowly Passes Michigan Senate

On November 13, 2013 the Michigan Senate passed SB 2 by a vote of 20-18 and sent it to the House for consideration. Senator Mark Jansen (Republican from Kent County, Gaines Twp.) introduced the bill to allow Michigan nurse practitioners with advanced training to practice without physician oversight and gain full prescriptive authority. It also provides definition and licensing of advanced practice registered nurses, specifically- nurse practitioners, nurse midwives and clinical nurse specialists.

The Michigan Osteopathic Association (MOA) and Michigan State Medical Society (MSMS) strongly opposed the legislation. Michigan State Medical Society President, Kenneth Elmassian stated, "Every discussion in Lansing about health care and health policy should start and end with what is best for Michigan patients," urging the House to reject the bill. "The Michigan Senate today picked special interests over the health and

safety of Michigan families when they voted to approve Senate Bill 2; which reduces educational requirements for those who practice medicine, risking patients' lives and sending the signal to health care providers that medical education simply doesn't matter." Both the MOA and MSMS organizations are encouraging the House to reject the legislation. MAPA continues to work with these physician organizations and other health care groups in an effort to find other, more universal legislative language that would address pressing access to care issues, while preserving the medical-team model of health care.

The overall future of SB 2 in the House is unclear at this time.

The Michigan Academy of Physician Assistants constantly monitors legislation in Lansing and throughout the United States. We work diligently to advocate for and protect the PA profession in Michigan.

It's Official! Michigan Welcomes a Sixth PA Program!

The Eastern Michigan University (EMU) Physician Assistant Program will welcome its first class of 20 PA students in May 2014, after receiving accreditation this past September.



The EMU PA Program strives to create an environment that is conducive to teaching students the science and art of medicine through a dynamic 24-month program. The EMU PA Program seeks to create highly respected ambassadors of the PA profession by providing a curriculum that promotes critical thinking and patient-centered problem solving. There will be multiple different teaching styles with a focus on problem-based learning (PBL), group interaction, communication skills, medical simulation experiences and utilization of real-world medical technology.

The EMU PA Program will be primarily housed in the Rackham Building on the University's Main Campus in Ypsilanti. Work is presently underway on a \$3.6 million dollar renovation to the historic Rackham Building to preserve the art deco designs, while infusing cutting-edge technology and medical learning environments. Additionally, the EMU PA Program is partnering with nearby St. Joseph Mercy Hospital to establish an Anatomy Cadaver Lab, High Fidelity Simulation Center and PA student clinical rotation experiences.

Physician assistants in our state are invited to learn more about the EMU PA Program by visiting the program's website at www.emich.edu/pa or calling 734.487.2843 to speak with the PA program clinician faculty members. Additionally, contact the EMU PA Program if you are interested in providing guest lectures, facilitating hands-on skills demonstrations and/or serving as clinical preceptors.

The ARC-PA has granted **Accreditation-Provisional** to the **Eastern Michigan University Physician Assistant Program**.

Accreditation-Provisional is an accreditation status and indicates that the plans and resource allocation for the proposed program appear to demonstrate the program's ability to meet the ARC-PA *Standards*; if fully implemented as planned. Accreditation-Provisional does not ensure any subsequent accreditation status. It is limited to no more than five years from matriculation of the first class. Accreditation-Provisional remains in effect until the program achieves Accreditation-Continued after its third review, closes or withdraws from the accreditation process, or until accreditation is withdrawn for failure to comply with the *Standards*.

Mark Your Calendars!



The 2014 MAPA Spring CME Conference has been expanded to a day and a half. It will feature more of the excellent lectures you have come to expect.

We will have lectures that pertain to the professional side of the Michigan PA profession. Topics will revolve around Reimbursement of PA services, Leadership in the PA profession, Billing & Coding and more! We will be seeking 12 hours of Cat I CME Credit for attendees.

DATE: Friday/Saturday April 4-5, 2014

SITE: TBD

FEE: Registration will be available soon

Breakfast and Lunch are included in the registration fee; overnight accommodations information will soon be on the MAPA website, www.michiganpa.org.

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MAPA 13 Fall CME Conference Wrap-Up

The annual MAPA Fall CME Conference that recently took place at the Grand Traverse Resort & Spa in Traverse City was a resounding success! We had great weather, high quality CME sessions, a full vendor hall and we shattered the previous attendance record of 492 with total registrants this year of 555! The Grand Traverse Resort & Spa served as our destination for MAPA's annual Fall CME Conference, with attendees from across Michigan and from neighboring states. From the evaluations, the speaker quality was superb and the topics well received.

The conference charity, WC SAFE, was overwhelmed with the amount of donations from the five PA schools competition and attendees. WC SAFE is still accepting donations and will throughout the entire year; visit their website at www.wcsafe.org for more details.

Congratulations to WMU for winning the PA school conference charity competition for the best variety and volume of donated items.

The MI PA Foundation Student Quiz Bowl was a hearty celebration with all five schools competing vigorously. **Congrats to UDM** for their win of the 2013 Student Quiz Bowl; they have a year to boast of their victory.

To those who attended, THANK YOU; we hope you enjoyed yourselves and gained valuable CME and were hopefully able to take in some of the extra activities that were available. We hope to see you next year at the 2014 MAPA Fall CME Conference at Grand Traverse Resort & Spa again. Tell your colleagues about the great experience you had and encourage them to attend also; we look to break this new attendance record next year.

Next year we will be celebrating the 40th anniversary of MAPA, so we are planning on several special touches and a stroll down MAPA's memory lane. We look forward to seeing you next year for this conference; so mark your calendars and reserve the dates - October 9-12, 2014!

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Fall CME continued





PAMPAC Fall Conference Fundraiser a BIG Success!

The PAMPAC Board of Trustees wants to thank those who donated to the PAC during the 2013 MAPA Fall CME Conference. During a time when the Michigan legislature is looking to increase access to care to the citizens of Michigan, it is critical to educate them on the team approach to medicine and the PA profession.

The annual Fall Conference PAC fundraiser was the most successful single event in the PAC's history! You donated \$8,017.13 for the PAC; raising the PAC fund to over \$15,000. We cannot thank you enough for your support! Every donation is appreciated and utilized; there were several key donors who are paladins of the PAC. The PALadin Club requires a donation of \$500

or more to the PAC and entitles members to special events and additional privileges. The 2013 -2014 PALadin Club Members are:

Brian Gallagher

Rose-Marie Higgins

Christopher Noth

William and Krisinda Palazzolo

Ronald Stavale

Thank you again to all who donated and we look forward to seeing you at the MAPA Spring CME Conference in April 2014!

What's Your Dream Retirement?

- ~Traveling
- ~Pursuing hobbies
- ~Starting a business
- ~Relaxing with family and friends



Visit www.blumarkadvisors.com/mapa to watch a video on Retirement Basics.

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Dear Fellow PAs and PA students,

I want to take a moment to thank you all for the tremendous support that was shown to WC SAFE at the 2013 MAPA Fall CME Conference! We had a great turn out at the donation table and an INCREDIBLE amount of donated supplies- personal, medical and office alike, from the PA schools' competition.

WC SAFE started out as a passion that I had; to fill the tremendous gap in services to patients who had been sexually assaulted. The services we now provide have become invaluable to the community and would not be possible without donations- both financial and in-kind. The generosity of my fellow PAs and of the PA students from the conference is not surprising, but it is still inspiring and makes me extremely proud to be part of such a compassionate and caring profession.

The donations that were received during the conference were overwhelming in volume. We had so many supplies to transport home, that I filled my mini-van to capacity AND had to ask MAPA to help transport the remainder home for me. Western Michigan University was the winner by collecting the largest amount of donated items and supplies! Go WMU!!! That being said however, every school did a great job and I congratulate all of them for their participation and donations.

All the donated supplies will go to sexual assault patients at their time of greatest need. Thank you again for all of your kind words and support!

With Gratitude,

Kim Hurst, PA-C, Executive Director of WC SAFE in Wayne County

www.wcsafe.org

(previous **Q₃** answer: Caisson Disease (the "bends or decompression sickness))



PA Clinical Preceptors Can Earn Category I CME

PAs who serve as clinical preceptors for PA students during their clinical rotations are vital to the process of producing high quality graduates and advancing the PA profession. Yet PA preceptors are a limited resource; clinical training sites and preceptors for students are among the largest rate limiting steps to the growth of the PA profession and the availability of preceptors affects both new and established PA programs in Michigan. Most clinically practicing PAs have very busy schedules and PA programs are often not equipped to provide much more than a “thank you” certificate to their preceptors.

The American Academy of Physician Assistants (AAPA) and the Physician Assistant Education Association (PAEA) has looked at ways to improve the recruitment and retention of quality preceptors. A recent PAEA survey of practicing PAs cited the potential to earn Category I CME credit as the most valued reason for becoming a preceptor. With the changes in healthcare reimbursement, an increased number of patients with insurance and more PA programs and learners in the clinical realm, **AAPA and PAEA recognized the need to support preceptors and recently announced that PAs will be able to receive AAPA Category I Continuing Medical Education (CME) credit for precepting PA students.**

Under the new plan, PA educational programs can now apply to AAPA to receive the ability of awarding Category I CME credit to PAs (and presently only PAs) who serve as clinical preceptors of PA students. Once the PA program is approved, it can award 0.5 AAPA Category I CME credit for each two (2) weeks of clinical teaching (each week = 40 hours of precepting). So, serving as the preceptor for one PA student for a four (4) week clinical rotation would earn 1 credit of Category I CME. Additionally, if a preceptor has more than one student at a time, that preceptor can earn an additional 0.25 CME credit for each additional student for each two (2) weeks of clinical teaching. Under this scenario, precepting 2 (two) PA students for the same

four (4) week clinical rotation would earn 1.5 credits. A maximum of 10 (ten) Category I CME credits can be awarded to a preceptor per calendar year.

Only approved ARC-PA accredited, PAEA member programs can provide CME credit to PA preceptors. To be granted the ability to award AAPA Category I CME credit, PA programs will need to annually supply the appropriate information via application to AAPA, pay a \$200 fee and reconcile CME information to AAPA at the end of each clinical year.

In order to earn Category I CME credit, individual preceptors must be fully licensed to practice at the clinical site where the training will occur, disclose any financial relationship with commercial interests to PA students and complete and submit to the PA program, an evaluation form (such as a self-report and attestation of precepting) to document the self-reflective processes associated with clinical teaching of the PA student(s). PA programs will directly award Category I CME credit and certificates to their eligible PA preceptors.

This presents a new and exciting step to formally appreciate the PA preceptors of PA students during their clinical rotations. Physician Assistants interested in helping to create the next generation of wonderful PAs through serving as preceptors are invited to contact one or more of the six PA programs in Michigan to get started. To find out more about the new AAPA Category I CME credit, please visit the AAPA website: http://www.aapa.org/cme/cme_providers/resources/item.aspx?id=6743.

Jay Peterson, MSBS, PA-C is Program Director of the Eastern Michigan University Physician Assistant Program and works clinically part-time at Michigan Orthopedic Specialists in Dearborn. He also serves as MAPA Region 5 Representative.

Karin B. Olson, PA-C, PhD is an Assistant Professor in the Eastern Michigan University Physician Assistant Program and works clinically part-time at the University of Michigan in Ann Arbor.

Performance Enhancing Drugs

Performance-Enhancing Drugs (PEDs) are substances that are taken to perform better physically. Most of the attention regarding the use of PEDs over the last decade or two has been focused around sports and the unfair advantage that these substances can yield to an athlete. An examination of the list of PEDs will reveal how these were first developed and intended for use in the medical field.

The category of performance-enhancing drugs is a newer title given to substances used in sporting events; but the use of enhancing substances dates back to the ancient Greeks and Mayans. Performance potions, herbs, mushrooms and testicles were utilized by the Greeks to increase their competitive abilities for sports and in battle, and cocoa leaves were thought to be used by ancient Mayans to increase their abilities.

Winning at all costs is a powerful mantra for athletes; most young athletes will admit that the competitive drive to win can be very intense. Aside from the personal gain, aspirations of Olympic glory, college scholarships or securing a spot on a professional team is a strong motivator. The competitive environment that is created by our culture has led to more common use of steroids and other performance-enhancing drugs in sports- to gain that competitive edge. In 1967, a physician asked a group of competitive runners prior to a competition: "If I could give you a pill that would make you an Olympic champion- and that it would also kill you in a year- would you take it?" More than half of the 100 athletes responded that they would take the pill!

More and more, our society views winning as something more important than the competition, camaraderie or the game itself. Success in competition brings status, popularity and fame, not to mention financial rewards in the form of scholarships and contracts. Athletes of today are looking for that competitive edge, to make themselves winners (as the saying goes: 'No one remembers second place'); unfortunately, adolescents are caught up in this high stakes frenzy and the reality is that teenage use of PEDs is escalating rapidly. Many young people feel pressured- by their peers, coaches, or by personal ambitions- to use

these substances to improve their competitive edge and performance, lose weight or improve their own body image.

The first appearance of PEDs, namely anabolic steroids, was in the 1954 Olympic Games by the Russian weightlifting team. This sport doping was made more evident by the East Germans and the domination of their female athletes in the Olympics from 1968 to 1976.



Timeline:

- 1954** First appearance of PEDs at the Olympic Games
- 1976** The International Olympic Committee (IOC) bans the use of steroids
- 1987** The NFL begins testing players for steroids
- 2003** Major League Baseball (MLB) institutes its' first steroid policy
- 2005** The NHL institutes the leagues' first testing policy for PEDs
- 2000's** Multiple MLB players are accused and found guilty or finally admitted to using PEDs; multiple Olympic athletes were tested positive for PEDs and had their medals stripped from them
- 2013** Lance Armstrong admits to using banned PEDs during his career and was subsequently stripped of all his *Tour de France* titles

Besides the obvious performance benefits of PEDs to the athletes, there were also financial benefits that the athlete saw; further potential economic benefits were seen for college programs, professional sports franchises and government or countries. A study done at Berkley College regarding the potential economic benefits from professional baseball players taking PEDs concluded that the teams revenues increased from \$140 million in the pre-steroid era (early 1990's) to \$332 million in the steroid era (early 2000's). The study also calculated that an athlete who takes PEDs can gain an additional \$8.8 million over his career; even if he gets caught and receives the maximum penalty from the MLB, he would still net \$2.5 million after all the fines. It is very tempting to use PEDs to extend your sports career and make large sums of money.



Categories of Performance-Enhancing Drugs

TYPE	EFFECT	EXAMPLES	USED BY	SIDE EFFECTS
Lean Body Mass Builders	Increases the growth of muscle and lean body mass, reduction in recovery time post- workout or injury	Anabolic Steroids ('roids'), Xenoandrogens, beta-2-agonists, selective androgen receptor modulators (SARMs), various growth hormones-HGH	Body-Builders, football and baseball players	Acne, increased tendon rupture, liver abnormalities, HTN, LDL, aggressive behavior, depression, female virilization, male breasts
Stimulants	Increases body and mind focus, energy and aggression; weak diuretic effect	Caffeine, amphetamines (Adderall), methamphetamines	All sports	Insomnia, weight loss, tremors, HTN, tachycardia
Pain Killers	Mask an athlete's pain so that they can continue to train or compete	NSAIDs, narcotics	All sports	Nausea and vomiting, bradycardia, addiction
Sedatives	Reduces anxiety and nervousness for precision and accuracy	ETOH, Diazepam, propranolol, marijuana	Archers, target shooters	Somnolence, bradycardia, delusional thinking
Diuretics	Reduces water from an athlete's body to meet weight restrictions	Thiazides, Loops	Wrestlers, boxers	Dehydration, muscle cramps, hypotension
Blood Boosters	Increases a person's Hgb and oxygen carrying capacity, increases endurance or lung blood flow	EPO, Procrit, Revatio (Viagra), Ferrous Sulfate	Cyclists, skiers	Blood clots, stroke

continued on page 14

Performance Enhancing Drugs continued from page 13

Anabolic Steroids

[Testosterone, androstenediol, androstenedione, nandrolene and stanozolol]

Testosterone has two main effects on a person's body: Anabolic- promotes muscle building; Androgenic- responsible for male traits. Anabolic steroids can be administered as pills, injections, patches or topical treatments. Besides making muscles larger, anabolic steroids may also help athlete's recover faster from a hard workout or injury by reducing the damage that occurs during a session or injury. The primary use of anabolic agents like testosterone is to treat delayed puberty, some types of impotence (Androgel) and some muscle-wasting or body-wasting diseases. Serious side-effects are associated with anabolic steroids, which include: liver damage, stunted growth and disruption of puberty in children, increased aggressiveness ('roid rage'), withdrawal associated depression/suicide, impotence and enhanced male traits in females.



Non-Steroid Substances that are Considered PEDs

Creatine is a non-steroid that is a PED, but it is not termed a drug by the FDA. It is an over-the-counter (OTC) supplement that is FDA regulated like a food; does not need to conform to the standards of a pharmaceutical product. Creatine is used by football players, sprinters and weight-lifters because this chemical delivers an athlete benefit by boosting levels of adenosine triphosphate (ATP) in muscle tissue. ATP powers muscle contractions, giving high-energy bursts of muscle activity for a short time period; not used for endurance sports.

Tamoxifen is a drug used to help treat breast cancer patients; it blocks estrogen receptors and interferes with the cancer's ability to grow and develop. Steroid injections (usually synthetic testosterone) that are used to increase muscle mass can contain large doses of this male hormone, which can subsequently cause the body to produce additional estrogen. In males, excess estrogen can cause enlarged breasts and to counteract this estrogen-effect in males and help mask the steroid use, athletes may take tamoxifen.

Beta-Blockers are used by some athlete's to decrease anxiety and maintain a steady hand and concentration during competition. Beta Blockers (BBLs) work by blocking the effects of epinephrine, a hormone secreted by the adrenal glands that increases blood circulation and heart rate. BBLs lower the heart rate, relax the blood vessels and reduce the blood pressure; this in turn diminishes nervousness and trembling and therefore, marksmen can perform better.

COX-2 Inhibitors or non-steroidal anti-inflammatory drugs (NSAIDs) are chemicals that inhibit prostaglandins and therefore, reduce fever, pain and inflammation. The chronic use of NSAIDs can reduce or mask the pain associated with a workout, allowing an athlete to exercise longer and recover faster. Chronic use of NSAIDs can have a negative effect on the gastrointestinal tract and kidneys.

Albuterol is a well known beta-2-agonist that is used by asthmatics as an inhaler to relax the muscles lining the bronchial tubes, increasing lung air flow. When albuterol is administered orally or by injection, it has been found to have anabolic properties, possibly helping to build muscle. Studies have shown that inhaled albuterol does not increase an athlete's lung capacity and the PED effect is non-existent. A banned ingestible beta-2-agonist known as clenbuterol or

'clen' has a more pronounced effect than albuterol and was once used to produce leaner animal meat; this was banned by the FDA in 1991.

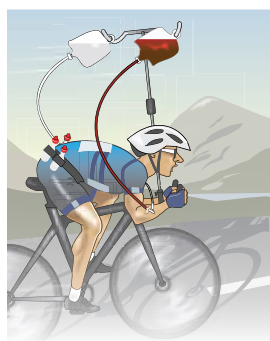
Diuretics have long been used to mask steroid use and helps expel fluid from the body so that weight-lifters and boxers can compete at a lower weight category. Taking a diuretic to dilute an athlete's urine will decrease the steroid concentration, making it more difficult to detect.

Ephedrine is a stimulant and a non-dietary OTC supplement, used as a decongestant to treat menstrual or urine-control problems or for the treatment of hypotension associated with anesthesia. Athlete's use ephedrine to improve endurance, reduce fatigue, as an appetite suppressant and to increase aggressiveness.

Bromantan is a mild stimulant and masking agent in one drug. It was first developed by the Russians to fight fatigue and increase alertness of their soldiers and cosmonauts. Athlete's used it to mask the use of steroids.

Human Growth Hormone (HGH) is naturally produced by the pituitary gland to stimulate growth in children and adolescents and increase muscle mass in adults. HGH is used for diseases that retard growth or cause muscle deterioration; but there is a lack of scientific evidence that HGH increases an athlete's performance.

Erythropoietin (EPO) increases red blood cell production, increasing hemoglobin- the molecule imbedded in a red blood cell that is responsible for carrying the oxygen molecule. More RBC's yields higher hemoglobin and hence, more oxygen availability to working muscles. Blood-doping is removing a unit of an athlete's blood, storing it for pre-competitive transfusion. The abuse of EPO was used by endurance athletes, runners and cyclists, giving them longer and harder training sessions.



Beetroot Juice is juice that is made from the ordinary vegetable, beets. Beets contain one of the richest sources of antioxidants and nitrates. Nitrates are converted in the body to nitric oxide, a compound that enhances blood flow throughout the body and helps lower blood pressure. It allows muscles to do the same amount of work with less oxygen and lets the cardio-vascular system work at a higher efficiency.

Gene-Doping is an emerging scientific reality that is being utilized to help benefit certain debilitating diseases for the benefit of the patient. Scientists have introduced a gene that causes an over-expression of IGF-1 in mice, increasing muscle strength and possibly leading to a treatment for muscular dystrophy patients. Other researchers have a drug that activates a gene to increase the ratio of 'slow-twitch' to 'fast-twitch' muscle fibers, leading to more efficient aerobic activity. Manipulation of certain genes in a cow to inhibit the myostatin gene, which is responsible for inhibiting muscle growth, results in cows that produce twice as much muscle as a normal cow. Gene therapy has its own risks- severe immune reaction to the vector virus or being able to turn on or off a gene when need too.

The enticement of fame, prestige, endorsements and lucrative contracts all appeal to the school-aged athlete. The adolescents of today are caught up in this high stakes frenzy of winning at all costs and are drawn to PEDs to succeed on the field. To gain an edge, young athletes are tempted by the promise of PEDs, adolescents in middle school are trying them- following in the footsteps of their professional role models.

Approximately 3 million people use anabolic steroids, of which ten percent are teens, but most professional and amateur athletic organizations ban them. The health risks associated with anabolic steroids are: liver problems, LDL, aggressive behavior or depression, shared needle use (can lead to HIV or hepatitis) and stunted growth. OTC supplements like creatine, is used by more than 5% of middle school and high school students- but often at dosages four to six times at what is recommended. Some teenage girls and young women may use PEDs for weight loss, while teen age boys and young men use them to build muscle and improve body image. Research has found that more than one million Americans now use anabolic steroids and that 5% of boys and 2% of girls in high school admit use of PEDs. So what does a young athlete do if they want maximal performance from their body, without using PEDs? Answer: Better training- time spent on better athletic technique provides the best advantage; core muscle strengthening is key. A healthy diet, skill and professional guidance and hard work will yield the desired results, not cheating with PEDs.

Chris Noth, PA-C, FAPACVS is a practicing physician assistant in cardiothoracic surgery at Genesys Hospital in Grand Blanc. He is also the MAPA CME Chairperson, editor of the 'MichiganPA' newsletter and Chairman of the PA Task Force.

Thank You...

It's been another year for the 'MichiganPA' newsletter, and I would be remiss as the Editor, if I did not acknowledge the authors of articles from the last year and others who contributed their time and expertise to make the last years' issues, better than ever.

**Brian Gallagher, MSPA, PA-C; Ron X. Stavale, PA-C; Michael Francisco, PA-S;
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A special thank you is extended to MAPA's Academy Administrator, Alecia Powell for her guidance and to Shawn Detlor of AMR Communications - your design and vision has helped continue the excellent format of this newsletter and I sincerely value your input.



MAPA PLANNER EVENTS/CONFERENCES



MAPA's Spring CME Conference

DATE: April 4 - 5, 2014
SITE: TBD
INFO: Available soon at www.michiganpa.org or call
1-877-YES-MAPA

Future MAPA Fall CME Conferences

2014	Grand Traverse Resort & Spa (Oct. 9 - 12)
2015	Grand Traverse Resort & Spa (Oct. 8 - 11)
2016	Grand Traverse Resort & Spa (Oct. 13 - 16)
2017	Amway Grand, Grand Rapids (Oct. 5 - 8)
2018	Grand Traverse Resort & Spa (Oct. 4 - 7)

