



*The Only Informational Resource
for Michigan Physician Assistants*

Michigan PA

consensus statement

con•sen•sus (kən-sən səs)

state•ment (state + -ment)

noun

definition a: a message that is stated or declared in general or widespread agreement among all the members of a group
b: the act of affirming or asserting or stating something with group solidarity in sentiment and belief

“We are mutually committed to continuing to improve safe access to healthcare by providing patient-centered quality care with an integrated, coordinated, physician-led team.”

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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.



President's MESSAGE

Suzanne York, PA-C, MPH

So what does a jar of peanut butter have to do with Community Service? Give me a minute and I'll explain ...

As health care providers, service is at the core of our jobs. But, we are also health care professionals, and as such, we have an added responsibility, that moves beyond the singular patient-provider relationship and to a societal level. Society's health has many influences and as members of a profession, we are obligated to address social issues that affect our communities. Everyday issues of poverty, crime and the lack of education negatively impacts our patients' and subsequently, our society's health.

The question to be asked is, "How does one person start to **'make a difference'**?" You start by remembering that it is not the amount [of time, effort, or money], but that a start is made! If enough people are of the same mind, these cumulative starts will have a significant impact.

Dr. Martin Luther King, Jr. said, *"Everybody can be great, because everybody can serve."*

Community Service as defined by Communityservice.org is:

- 'Make a difference' by contributing something of value to you - money, skills, time, advice
- Motivate someone to make a difference
- Take a step to stand for something bigger than yourself
- Helping without expecting something in return

'Make a Difference': A challenge is made to all PAs, think about how you can 'make a difference' in your community by performing community service. The Michigan Community Service Commission (www.michigan.gov/mcsc/) is the state's lead agency on service and volunteerism. Their website connects interested individuals with service programs in their area and helps with member recruitment. Within this newsletter and in future MAPA communications, volunteer opportunities will be highlighted. So think about how you can 'make a difference' to your community.

Motivate Someone: When you come upon an opportunity to perform community service, invite a friend or family member to join you and motivate them to also 'make a difference.' At this year's Fall Conference, PAs collected over 3,000 undergarments for the 'Goodwill Inn' Homeless Shelter guests of Traverse City. Cecil McNally, the Exec. Dir. stated that, "The need has never been greater" and that this contribution of generosity is greatly appreciated and he thanked Michigan PAs for their support.

Take a Step: MAPA will hold its Annual Legislative Day in Lansing on May 18, 2011. This day is your opportunity to learn about legislative issues important to your practice. It will also allow you to take those first or next steps to fulfill your professional obligation and stand for something bigger than yourself. It's an opportunity for you to influence health care legislation important to the needs of Michigan residents and your community.

Help, but Do Expect a Return: Whatever or however you decide to contribute, expect something in return - the good feeling that comes from the knowledge that while you can't do everything, you did something, *it was a start.*

So, that jar of peanut butter ...

The peanut butter is my small step to 'making a difference.' The UDM PA students are collecting peanut butter and jelly sandwich supplies and are preparing brown bag lunches consisting of sandwiches, bottled water and granola bars. Once the lunch bags are filled, they will be taken to a religious Sister, who distributes the food out of a van that travels the streets of Detroit; to feed the less fortunate in the community. **'Making a Difference!'**

Suzanne York, PA-C, MPH
MAPA President 2010 - 2011

Michigan Medical Groups Make History!

history

his•to•ry (hīs tə-rē)

noun

definition

a: a record or narrative description of past events
b: all that is remembered of the past as preserved in writing

It is a rare occurrence to be a witness to historical events, more so, a participant. The Physician Assistant profession in Michigan has been both a witness and participant over the years. An event of history occurred on September 11, 2010, when MAPA held a Leadership Retreat. The Retreat was held on a day in American history that will sadly endure. A moment of silence was observed and the attendees were called to remember this tragic event. The Retreat continued with a gathering of medical leadership from the three professions

The Retreat resulted in a **consensus statement** that will guide a cooperative effort and help these professions work together for the future of healthcare in Michigan by supporting a physician-PA team practice. "Our goal was to develop a message and plan to work together on barriers to practice for the physician-PA team and assure access to patient-centered health care for residents of Michigan," said Sue York, PA-C, MPH, MAPA President. The consensus statement reads:

"We are mutually committed to continuing to improve safe access to healthcare by providing patient-centered quality care with an integrated, coordinated, physician-led team."

This powerful statement begins with the word 'We,' meaning that no one organization stands alone to give definition to the words in the statement, it takes a team. The message formulated was conveyed to the respective organizations for approval and implementation. We are proud to report that at separate meetings in October, each individual organizations board overwhelmingly approved the consensus statement, supporting physician-PA team practice. A sub-committee of members from the three professional organizations will be formed as a work-group to put this statement into action and address legislative barriers to achieve the objectives of the statement. Michigan is leading the way, through proactive measures, to ensure affordable, accessible, and patient-centered healthcare to all of its residents; with PAs at the table of leaders. This statement, along with the 'team,' will help refocus healthcare on the patient and give direction to Primary Care reform and rebuilding. **PA**



Executive Members at the historic meeting- Back Row: Michael DeGrow, Executive Director MAPA; Colin Ford, MSMS; Kris Nicholoff, Executive Director MOA; Julie Novak, Executive Director MSMS. Front Row: Steven Newman, MD, President-Elect MSMS; Craig Magnatta, DO, Past-President MOA; Kevin McKinney, MOA; Suzanne York, PA-C, MPH, President MAPA; Elizabeth Roe, Director State Advocacy and Outreach AAPA

licensed to practice medicine in the State of Michigan. The three professions included MAPA (Michigan Academy of Physician Assistants), MOA (Michigan Osteopathic Association) and MSMS (Michigan State Medical Society), with executives from all 3 represented; along with a liaison from AAPA (American Academy of Physician Assistants). These professions came together for a common purpose and to project a unified voice. The purpose was to address how best to serve the medical needs of the State of Michigan, in light of future changes in health care and state legislation.

Primary Care in Crisis

The cornerstone of health care in this country has been the Primary Care sector. Primary Care providers offer a wide range of services, including diagnosis and treatment of acute and chronic illnesses, disease prevention services, and patient education. It is without question, the driving force of medical decision-making and referrals to sub-specialties. Primary Care was once seen as the ‘country doctor’ or ‘town physician’ who took care of you and your family for all your medical concerns; equivalent to ‘one stop shopping.’ In today’s complex medical arena, primary health care providers are still available and perform the bulk of health care delivery, but the incentives that spur this sector are few and far between. The sub-specialties of health care are more lucrative and attractive and are drawing professionals to them, like bees to pollen. This shift is driven by medical advances and attractive compensation, thus, widening the economic gap.

The three sectors that comprise primary care, Family Practice, Internal Medicine, and Pediatrics, still see patients for basic medical treatment and concerns. But more patients are becoming frustrated at long waiting times and therefore, patients seek medical attention in ambulatory settings. Not helping the situation is an increased pressure on Primary Care providers to see more patients in less time to cover skyrocketing business costs as reimbursement for preventative care decreases.

Key issues that have widened the fissure that Primary Care has fallen into are the basic economics of Supply & Demand. The Supply side of this looming ‘economic’ branch of health care is brought home in one statistical statement: The U.S. has approximately 90 PCP’s/100,000 pop. in metropolitan areas and 55 PCP’s/100,000 pop. in non-metropolitan areas. The proportion of PAs in Primary Care has also declined, following their physician colleagues into sub-specialties, from 50% in 1997 to 37% in 2007. The Demand for Primary Care practitioners is ever increasing due to an aging population that is increasingly plagued by chronic diseases. The largest increases of chronic diseases are expected in the areas of cancer, diabetes, and hypertension.

Other causes for the crisis in Primary Care are the income gap along with increasing provider dissatisfaction. There is a 3-fold difference in income between top sub-specialty and Family Medicine physicians along with higher workloads and longer hours for Primary Care practitioners. The eventual consequences of these key issues on Primary Care are decreased patient access and quality of care.

First Question: “So, how does the medical community turn a crisis into an opportunity?” Going back to the architectural drawing board, the medical establishments have come to the realization that the more substantial the foundation, the better support that will be achieved, yielding a healthy long-term framework. The proposed health care reform is acutely aware of this paradigm and is designing programs that fund Primary Care education with both tuition assistance and loan forgiveness, to help encourage retention in Primary Care. Other areas that help support a healthy foundation are Health Information Technology (HIT) advances (properly used will free up provider time), developing new reimbursement strategies (more equality in pay) and implement the idea of the Patient Centered Medical Home (PCMH).

PART 2

Patient Centered Medical Home

The idea has been around for over 40 years and was first used in Pediatrics and is thought to be at the center of Primary Care transformation. Traditionally, Primary Care was designed to provide episodic care for the treatment of acute medical concerns and performing yearly physicals & exams. There is a need to change the focus of Primary Care to a Patient Centered Medical Home (PCMH) model, which provides ongoing coordinated, whole person care, throughout a patient's life. **'PCMH's are Primary Care practices that have been redesigned to provide comprehensive, coordinated, patient centered services.'** This model partners with patients to optimize wellness and achieve good management of chronic illnesses. It also engages individuals to become good managers of their health and illnesses, through resources within the community that can meet a person's physical, social, and mental health needs and helps them adopt healthy habits.

In becoming a Patient Centered Medical Home, the primary care practice is **'redesigned around the needs of the patient,'** with no geographical boundary. PCMH has 7 key building blocks:

1. Physician directed medical care team
2. Whole person care
3. Coordinated and integrated care
4. Hallmarks of Safety and Quality
5. Personal Physician
6. Enhanced Access
7. Payment for added value

This model centers on the patient, making them stewards of their own health and providing 'comprehensive' primary care.



PART 3

Physician Assistants 'Fit' and Direction

The next question to ask is, "How does the Physician Assistant fit into this model?" The answer, 'like a hand in a glove.' This 'model' is exactly what the PA profession was designed to bridge; the training received in PA schools steer us towards Primary Care and teach us how to work as a team to deliver quality and accessible health care to the patient. As mid-level practitioners, PAs increase access to health care from being able to evaluate and treat patients for any medical concern. Because of the dependent nature of the profession, this allows more patient accessibility to both the physician and PA. The physician-led team that a PA is part of is what makes the 'fit' so compatible for the change proposed to health care delivery. Having more PAs see patients will decrease wait times in clinics, free up physicians, increase revenue and yield greater provider and patient satisfaction.

The flexibility and dependent nature of PAs gave life to the consensus statement that further enhances the relationship between PAs and physicians. This team is the perfect foundation from which the new health care re-modeling movement is suited for, and Michigan is leading the way with the Medical Groups consensus statement.

Last question: "Where do we go from here?" The nationwide initiative of health care reform has at its foundation, the strengthening of Primary Care. This will be supported by incentives and forgiveness, to help draw health care professionals to practice in Primary Care. To help this work, it will take parity in both work environment and reimbursement/pay. The change in medicine back to its primary focus will not come easy or happen overnight; it will take years for this shift to be fruitful and a new mindset needs to be instilled for this to be seen as a success. Michigan, with this consensus statement, will be a beacon for others to

ferry towards as the first step in many to achieving the goal of a patient oriented medical team model. **PA**



Professional Series

by: Theodora Nae, PA-S, WSU Class of 2012
MAPA Student Representative

WSU PAS Class of 2012 Update:

The WSU PAS Class of 2012 successfully completed our summer semester and is meeting the next set of challenges, the fall semester. Along with the academic curriculum of this semester, there are new opportunities for us to volunteer as speakers at Pre-PA student organizations. In September, students from our class spoke at the Pre-PA club at the University of Michigan in Ann Arbor. My classmates addressed questions regarding the PA program application and interview process as well as fielding questions of what PA student life is like.

Another opportunity that WSU-PA

students are involved in is a community-based program that is a free health clinic in the metro-Detroit area. The **HELP** Clinic (**H**ealth **E**ducation for **L**ongevity and **P**revention) of Detroit is located in and is a cooperative effort with St. Andrew and St. Benedict churches.

The **HELP** Clinic is staffed by WSU PA students and is under the direction of our Program Director, Stephanie Gilkey, PA-C and Professor Suzy Schmeltz, PA-C; providing free basic health screenings for the surrounding community and

residents in the 48217 zip code. We conduct blood pressure screens, cholesterol and glucose testing, BMI evaluations and offer information on diet and lifestyle changes.

Working with this community based program affords us the opportunity to hone our practice and clinical skills. It also gives us a chance to become aware of the needs and challenges of this inner city community, while impacting the lives of those who might not have access to health care services.

On The Legislative Front...

MAPA has entered a unique time in health care politics in Michigan, working with both MSMS and MOA to eliminate some of the remaining barriers to practice that PAs encounter. Expansion of scheduled medication prescriptive ability both on discharge from a hospital and in outpatient settings, and creating a law that would allow Physician Assistants to sign documents that state 'Physician Signature' are our two main priorities. As you may know, the State of Michigan recently came out with an opinion stating that PAs and NPs could not sign for safety restraints in a hospital; since the document states 'physician signature'. Despite MAPA's position paper of the ability of physicians to delegate aspects of care and PAs being the agent of a physician; the State stood their ground, so we now have to move to the legislative arena.

This legislative approach takes time, especially with a new group of legislators, but the groundwork for what we hope to be a successful endeavor, is being laid. We appreciate your support as members of MAPA and we realize that there is strength in numbers. We are optimistic that we will achieve our goals.

Ron X. Stavale, PA-C
Chair, Legislative Committee

Healthy Kids, Healthy Michigan

Like savings bonds of old, an investment in your future will pay off with huge dividends. That is the concept behind a program initiated in Michigan that invests in our children's future. It is currently estimated in the U.S., that 10% of infants/toddlers and 18% of adolescents have a BMI above the 95th percentile; an emerging epidemic. The Michigan State Medical Society (MSMS) in a 'Future of Medicine Report' listed Child Obesity Management as one of their strategic goals.

"Healthy Kids, Healthy Michigan" (HKHM) is a Coalition that works with executive level decision-makers from government, public/private sectors, school districts, health care and non-profit organizations to implement a strategic policy plan. The Coalition forms the membership of three Policy Action Teams that work on state policies directed towards child health initiatives. The three teams are identified as: 1. Community, 2. Education, and 3. Health, Family & Child Care Services. These action teams work on state policies and guidelines for physical and health education requirements in schools, nutritional standards on school campuses, BMI surveillance, nutrition and physical activity requirements in child care centers, and more. The column to the right is 10 Policy Priority areas identified and are currently requiring efforts by the three Policy Action Teams in 2010.

HKHM accomplishments to date include: Public Act 231 that increases access to fresh fruits & vegetables to underserved areas and Public Acts 134 & 135, the Complete Streets Legislation, assures more active and safe communities. A letter was fashioned for pediatric health care providers, clarifying Medicaid policy on the appropriate way to bill for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) or "well-child" visits. These vital visits include prevention, identification and treatment of childhood obesity. It is hoped that Medicaid coverage of pediatric obesity care will encourage other insurance companies to follow suit. Preventing 'bad' habits and instilling 'good' habits in our children will help in their overall lifestyle choices. The thought is, if tackling health concerns in our younger patients and giving them proper health directions, this will in turn yield positive attitudes and outcomes and less long-term or chronic health issues as they move into adulthood. Managing childhood obesity is critical to preventing problems that have been associated with adults: high blood pressure, high cholesterol and diabetes. The adage of "an ounce of prevention equals a pound of cure" is what this Coalition hopes to accomplish.

Health care providers need to be trained to manage obesity through a clinical collaboration. Seeing a child once or twice a year for 15-20 minutes makes it difficult to manage this problem. Lifestyle changes have influences of environment, schools, home-life and neighborhood. Motivational interviewing is a technique that helps patients identify for themselves ways they can attempt change. To find out more about the Healthy Kids, Healthy Michigan Coalition, visit the website: www.americanheart.org/healthykidshealthymichigan

10 Policy Priorities:

1. Physical and Health Education Requirements: For all public school children, grades K – 8.
2. Coordinated School Health Council Requirements: Designed to improve student and staff physical, mental, and social health and wellness.
3. State Nutrition Standards for the School Campuses.
4. Body Mass Index (BMI) Surveillance: Continue to implement the addition of height, weight, BMI capabilities and clinical decision support materials to the Michigan Care Improvement Registry (MCIR).
5. Medicaid Coverage of Childhood Obesity.
6. Childcare Nutrition Regulations: Improve nutrition standards in child care settings.
7. Childcare Physical Activity Guidelines: Increase the required daily physical activity in child care.
8. Complete Streets and Safe Routes to School.
9. Access to healthy food through Community and School Gardens.
10. Access to healthy food through healthy food retail.

'Make A Difference' Day

During our busy lives, we see or hear of people struggling to make ends meet or even have food on the table. It is a blessing that we have jobs and can have food without the thought of 'where will my next meal come from?' It doesn't take much or you don't have to look too far to see people who are less fortunate and who would welcome

It is this 'time of the year' that brings out the generosity in people and their willingness to help.

even the smallest amount of help. The holiday season, or this colder time of the year, seems to expose more needy individuals/families to the difficulties of sustaining basic needs.

In the same breath, it is this 'time of the year' that brings out the generosity in people and their willingness to help and

donate to others in need. A volunteer opportunity to help those in need has been celebrated yearly at Memorial Healthcare, a community based hospital, in Owosso, MI. The 'Make A Difference' Day is an opportunity for volunteers to help local residents as part of a 'continuum of care' with medical attention and the support of food and personal items. Local sponsors of the event included: Memorial Healthcare, American Red Cross, Shiawassee Harvest Church, Boy Scouts/ Girl Scouts, Corunna Rotary Club, RESD, HOSA Students, Shiawassee United Way, and more. Information was also handed out for Breast Cancer Awareness Activities, Free Cancer Screening Event, along with smoking cessation and prescription assistance.



Over 350 families were served with necessary products; food, hats/gloves and information that will help make life a little easier for these worthy families. I had the privilege, alongside my wife Peggy, a Memorial Healthcare employee, and many more volunteers, to help distribute goods to the families of Shiawassee County. The line of families that sought these items stretched through the hospital parking lot, but all were given the donated supplies/foods by cheerful volunteers; helping give some hope in these troubled times. You seem to hear more about these types of donations and volunteer efforts during the holidays, but the need is year long. It is hoped that readers of this article can donate a few hours of their time to 'Make A Difference' in their community.

Chris Noth, PA-C

WHO AM I?

I usually cause pain at night, due to lower body temperature

BMI ≥ 35 increases my risk 3-fold in males

I am "The king of diseases" and "The disease of kings"

Sleep apnea can exacerbate my condition

My 'MSU' crystals are not 'green and white', but needle-like

(answer in next 'MichiganPA')

(previous Q₃ answer: Buerger's Disease)

Q₃
quarterly
quiz
question

MAPA's 35th Annual

We have all of you to Thank for the recent MAPA Fall Conference being the most successful to date. We set a new attendance record (469 registrants) and had nothing but great reviews from both participants and Exhibitors.

The number of CME credits available and the lectures were well received, with a wide variety of topics covered. The Grand Traverse Resort & Spa truly enjoys having MAPA's Fall Conference as a guest and are eagerly awaiting our return. The weather was on our side again and helped to make the wine tasting tour more enjoyable. The Family activities were well received and the discounted admission to Great Wolf Lodge Water Park was a welcome addition. The Grand Traverse Resort also had their first ever 'Spa Week' during our conference and openings for Spa Services filled quickly

to capacity. The Saturday Evening Member's Banquet with a 'Casino Games Night' themed entertainment was a safe bet and thoroughly enjoyed by all.



MAPA's President Sue York, made a special recognition of Phil Schafer, for his tireless years of service to MAPA and as Chair of the Legislative Committee.



Fall CME Conference Wrap Up



For 2011, the 36th Annual Fall CME Conference will be back at Grand Traverse Resort & Spa. Please mark your calendars for Oct. 13-16, 2011. We hope to see all of you there again and more. We are looking to improve upon attendance and break yet another record. We would be remiss if we did not Thank all those who participated, planned and helped in making this conference the

success that it was. It has been a pleasure to serve as your CME Chair and I want to thank MAPA's board and MSMS staff for their support. None of this would be possible without the support of MAPA members like you!

Mark Gillette, PA-C





Central Michigan University: PA-S Class of 2012

Fresh Faces and New Beginnings

In May of this year, 41 of us started a new and exciting journey towards becoming Physician Assistants. With all the hard work that is necessary to get into PA school, we are here at last! Now in our second semester of the program, our excitement and enthusiasm is still apparent and we are anxiously looking forward to the day when we can officially become PA-C's!

An Inspiration and a Fight

During our summer term, one of our professors decided to share a very personal struggle with us. Someone who we all look up to with great respect revealed that he was diagnosed with colon cancer. As a class, we couldn't help but feel great compassion for someone who has given so much and been such an inspiration to both his patients and students. We knew that as a class, we had to show our support and solidarity. Therefore, we teamed up with the CMU PA Class of 2011 and purchased t-shirts with the slogan, "Physician Assistants, PARTners in the Fight". On the last day of class, we all wore our t-shirts to show our support and presented

Professor Ron Nelson with a check from the money that we rose selling the t-shirts. This money will be donated to the charity of his choice. Below is the picture from that very special day!



PA Week: October 6-12, 2010

With the Fall MAPA Conference and PA Week having just past, our class was busy with events and fundraising. We held a "Show You Care, Donate Underwear!" drive, in which we collected socks, t-shirts, and underwear for the MAPA Fall Conference. We were able to get many of the undergraduate students as well as faculty members here at CMU to become involved in this drive. We had a great response from all!

For PA Week, our class set up a booth in our Health Professions building where we sold candy and had a display emphasizing the role and importance of Physician Assistants in the health care field. During the week, we also handed out brochures and home-made first aid kits to students on campus in order to bring more awareness to the PA profession.

A little fun on the side

Every once in awhile, we as a class take our noses out of the books and don some athletic gear to represent our PA class in the Central Michigan Intramural Sports Program. This year we are competing in softball, volleyball, and kickball. We even had

t-shirts designed for our teams that read, "Central PA Athletics" on the front and "We've got heart" on the back.

[This excerpt is part of a continuing series of submissions from MAPA's Past-President's, relating their experiences while President, the accomplishments, struggles, and the direction of MAPA as they view it.]

As I prepare to experience my 30th year as a PA and remember my time serving MAPA, I cannot help but look back on the early days and reflect on where we have been, where we are and look forward to where we should be heading. As a student in the late 70's, I often heard that the PA concept was absurd and would never work; today we know differently. What has happened over the years has been a gradual, if not painfully slow process of change for our profession. For those of you who are new to the PA profession or are in PA schools currently, what seems routine, was anything but. Quite frankly, we all had medical bags and knowledge, but could not use it to our full potential; it was a steep uphill climb. The passion we had to care for people was extraordinary and regardless of your position in your class, this passion to care is simply infectious. Look what has happened recently, the face of medicine in this country has changed forever and PAs are at the heart of this change. So why this note?

Change of this magnitude rarely happens as a result of one person. In Michigan, we have been blessed with leadership that is not only dedicated to our profession, but is first and foremost, committed to the human condition of illness and wellness. A quick look back in time uncovers many of our accomplishments (please refer to the article "MAPA Timeline" in the August edition of the 'MichiganPA'). To date, we work in every aspect of medicine, from family practice to the many subspecialties and in every type of facility; from urban 'doctors offices' to major tertiary care centers. We are collectively evaluated for care competency- 'Center for Care Excellence' always includes PA practice- and we push the envelope to discover new horizons. Review the literature and you will find PAs contributing not just review articles, but new research. So how did all of this occur?

We learned early on that if this was going to work, then everyone had to be on the same page and of the same thought. I suppose it's

easy to say, 'well I'm comfortable and my career will be just fine.' Be careful not to look too far down the road and get immersed into this line of thinking, it has ruined many of America's industries. For many, the core of their individual fabric has frayed and disappeared. Complacency leads to inertia, progressing towards regression, which leads to a jaundiced vision that eventually ends in failure. America does not fail, PAs do not fail; our history bears this out. We cannot be the group that lets our passion fatigue and become stagnant and hope that 'someone else will take care of it.' Our profession has come too far to let this occur. Be a part of our collective success and stick with MAPA through all the peaks and troughs. Join and participate. **PA**

By Radford J. Hayden, PA-C
MAPA Past-President, 1998-1999

"We came together and saw the importance of being one and having a common voice."

Quote:

"Coming together is a beginning. Keeping together is progress. Working together is success."

Henry Ford
American Industrialist 1863-1947



National PA Week 2010: GVSU Students In Action

by: Kaili Walker, PA-S2 & Stephanie Welch, PA-S1

To begin National PA Week, the 2011 GVSU PA class separated into several small groups to perform a variety of activities that promoted and educated others about the PA profession. As a Thank You for our education, a group from our class provided lunch for both our professors and the entire class. Other students sent Thank You letters to all our preceptors and adjunct faculty for taking time out of their busy schedules to teach us.

Two separate groups of students went to different 8th grade classrooms in the area to educate local students about PAs. These students were shown and taught how to perform reflex testing, inspect eyes and ears, auscultation of the heart and lungs, and palpate for pulses. More PA students went to a high school classroom and presented aspects of the PA profession and provided the students with information about the PA schools in Michigan and the necessary prerequisites. Similar groups talked with the GVSU Pre-PA Club and the Hope Pre-PA Club, answering questions about GVSU's PA program. As a different way of educating

students, one group set up a table outside of a high school cafeteria and gave out pamphlets with information about PAs to students. One of our classmates went to his grandmother's retirement community and spoke with the residents about the PA profession and the role that PAs serve in elder care; while there, he also took blood pressures of the staff. Finally, around twenty of us car-pooled to the MAPA Fall Conference in Traverse City.

The 2012 GVSU PA class also participated in various activities to celebrate PA Week and to promote this profession. Some students went to a local donut shop and took blood pressures and explained what PAs are and what they do. Others went into downtown Grand Rapids to 'Artprize' and talked to people who were gathered in the city and handed out flyers informing those around about the PA profession. Other groups either went to an elementary school to teach 1st graders healthy habits, such as hand-washing, teeth-brushing, nutrition, and exercise; or to an 8th grade class and talked of what PAs do and the benefits of this career.



As a finale to National PA Week, many of the second and third year students attended the MAPA Fall Conference; took part in the quiz bowl and attended a number of different lectures throughout the weekend. These included EKGs, Asthma/COPD, Hypertension, genetic testing, and preparing for clinical rotations; the lectures helped to refresh our knowledge for upcoming rotations in January. The conference also provided us with a break from a challenging week of lectures and exams and we had the opportunity to meet a number of students from other PA schools in the state as well as practicing PAs and GVSU alumni. We are already looking forward to the 2011 MAPA Fall Conference.

Overall, National PA Week 2010 was an excellent experience. It was a way for many of us to get outside of room 233 of the Center for Health Sciences and promote the PA profession. It also allowed us to bond as class during National PA Week, but also at the MAPA Fall Conference.

PAMPAC Update by: Ron X. Stavale, PA-C Chair, PAMPAC

PAMPAC is the Political Action Committee (PAC) for PAs in Michigan. We would like to thank the following Michigan PAs who donated to PAMPAC so that our PAC can continue to support candidates and legislators who support our profession. Our PAC fund recently donated to winning candidates, **Senator Jim Marleau** of Lake Orion and **Representative Ken Goike** of Ray Township. **Congratulations on your victories!**

I encourage all PAs to consider donating to PAMPAC, it is an investment in your future! From all the PAs in the State of Michigan who benefit from the efforts of the following donors, we Thank You!

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Physician Assistants at University of Michigan helps ‘Habitat for Humanity’ renovate affordable housing

Physician Assistants celebrate PA Week with community service work

ANN ARBOR, Mich. – University of Michigan Health System Physician Assistants, who are one of the most in-demand health care professionals in the U.S, reach beyond the hospital borders to help people live better lives. More than two dozen PA's worked with ‘Habitat of Humanity’ of Huron Valley to help renovate a home in Ypsilanti, Michigan. The service project celebrated National Physician Assistant Week, which was Oct. 6-12.

“The profession has always focused on service and patient advocacy and with this project, we can advocate for patients beyond health care,” says UMHS Chief Physician Assistant, Marc J. Moote. The Health System employs nearly 200 PAs in 37 of 65 clinical services, meeting the needs of patients and improving the quality of care throughout the Health System.

PAs can focus on primary care, or like the physicians they work with, in a team approach, they can choose to specialize and devote their practice to the area of greatest interest and expertise. Physician Assistant Karen Cummings, who has worked in internal medicine, emergency medicine and now neurosurgery, sees the ‘Habitat for Humanity’ work as a chance for team-building, equivalent to PA practices.

The U-M medical staff volunteers helped renovates a house, a new direction for Habitat- Huron Valley, whose hallmark had been construction of new homes from the ground up. “Renovating empty or foreclosed homes has been well-received by neighborhoods, because it adds to the tax base and maintains the house as an owner property, rather than a rental,” says Megan Rogers, of ‘Habitat for Humanity’ of Huron Valley. “Renovating existing homes has allowed us to increase our capacity and provide more families with affordable housing. Volunteer work on the building project is important, but fundraising is also vital,” Rogers continues. In a short time, the U-M team raised more than \$3,000 for Habitat.

This year, Habitat is on track to provide 14 homes for low-income families, up from 10 last year. The families who live in Habitat housing must provide a down payment, participate in money management and house maintenance classes and give back with ‘sweat equity’ by working on their home or other Habitat properties. For more information on how you can help, visit the website at www.habitat.org

SOURCES/LINKS/SPONSORS/CONTACTS:

Michigan Academy of Physician Assistants- MAPA at 1-517-336-1498 or www.michiganpa.org

American Academy of Physician Assistants- AAPA at 1-703-836-2272 or www.aapa.org

National Commission on Certification of Physician Assistants- NCCPA at www.nccpa.net

Accreditation Review Commission on Education for the Physician Assistant- ARC-PA at www.arc-pa.org

Michigan Department of Community Health for PA License at www.michigan.gov

Drug Enforcement Administration (DEA) License at www.deadiversion.usdoj.gov

Michigan Physician Assistant Foundation (MI PAF) at www.mipaf.com

by: Brian M. Gallagher, MSPA, PA-C

Charity Doesn't Have to Last One Season

At the end of the year, there is always a push to help the poverty stricken and the underserved in our communities. However, as PAs, we can make charitable contributions throughout the year. We are all approached to participate in or donate to a variety of causes and organizations. It can be difficult to balance aspects of everyday life, plus, the challenge for us to “find the time” to commit to additional activities. Therefore, when I am contemplating making charitable gifts of time or money, I try to consider the following:

- **Select Your Cause.** There are many charities, philanthropic projects and organizations in need of support. Choose to support based on your values and beliefs and what type of assistance is needed.
- **Give of Your Skills.** Money is one type of support, and so is volunteering; which can have a significant impact on the lives of others and be rewarding. Whether it is the ‘Oasis of Hope Center’ in Grand Rapids, the Helen M. Nickless Clinic in Bay City, or the FernCare Free Clinic in Hazel Park, there are countless medical clinics in need of providers to donate their time and talent.
- **Budget Your Gifts.** Include charitable gifts in your annual or monthly budgets. This lessens the impact on your finances, and offers more consistent support.

Remember, you don't need to be wealthy to make a big difference in the life of someone in need.

- **Consult Your Financial Planner/Accountant.** To maximize the tax benefits of charitable giving, consult with your accountant or financial planner. They may provide options for you to have an increased tax deduction or reduction and reduce/avoid an estate or capital gains tax.
- **Review Your Plans.** Our interests and abilities to support different organizations change over time. Review your charitable donation plan on an annual basis and revise it according to which commitments have been the most rewarding.
- **Consider Planned Giving.** Planned Giving affords you the opportunity to make a donation to your charity at the time of your death. Contact your financial planner for more information.

December may be coined the ‘Season of Giving,’ but charities are just in need the other 11 months. These simple strategies let you spread your donations over time and this allows you to give time when you are most available, and ensures support of charities throughout the year. So, utilize this ‘Season of Giving’ to create a charitable donation plan for the coming year.

Did you know?

Leeches (subclass Hirudinea) have been used for thousands of years for blood-letting and to correct an imbalance of the four humors and rid the body of the plethora. Modern medicine uses leeches for reconstructive surgeries to prevent venous congestion. The leeches' saliva contains an anticoagulant (hirudin) that allows oxygenated blood to reach an affected area. Lepirudin is a recombinant form of hirudin, used today as an anticoagulant if a patient has HIT.



by: Tom Plamondon, PA-C, PT

To PT, or Not To PT, That is the Question

Not too long ago, the Michigan Academy of Physician Assistants fought and won the right to prescribe physical therapy. There remains however, an occasional question about when to write for physical therapy (PT) and what to expect from it.

History tells us that in the early 1900's, polio patients were immobilized with casts and splints or were confined to a bed or in an iron lung, only later to be found with profound weakness and poor gait. Therapists were thus employed to rehabilitate them. In the "Great War" (WWI), thousands of disabled soldiers found themselves at stations where "reconstruction aides" would provide hydrotherapy, exercise, and massage.

Nowadays, physical therapists continue to evaluate and treat soldiers, but also regular folks, and there is a far greater sophistication and scope of practice than that of yesteryear.

As an example, you can find a highly skilled manual physical therapist that, in a few sessions, use knowledge of anatomy, skills with kinematics and hands-on experience to relieve pain and dysfunction in a chronically ailing spine. Or you can see specially trained PT's assess and treat pelvic floor dysfunction through a variety of tests and pelvic floor muscle release techniques.

Usually though, PT is written for more obvious reasons; as in Orthopedics, after an ACL repair or a total joint replacement.

In the hospital, a PT assists patients with gait training using walkers and teaches them how to get out of bed and into a chair in order to prevent blood clots, improve respiratory function and regain overall strength and be able to perform ADLs.

You can expect the therapist to start care after an initial evaluation that lasts about 45 minutes. Some sessions may conclude with pain control measures like hot or cold packs, although these two modalities have fallen out of favor in many clinics due to lack of reimbursement, but a PT may still ice an injured or hurt area to prevent any new inflammation. On subsequent visits, usually at a frequency of 3x/week, treatment will consist of correcting any problems identified in the initial evaluation. The therapist will teach specific exercises to restore quality motion and more importantly prevent further aggravation or problems. The therapist uses their hands to guide the exercises and their skills to teach the patient a home program. The process will then progress from range of motion restoration to aggressive strengthening. By the end, the therapist will report on the status of and progress toward rehab goals and whether or not therapy should continue. In specific cases of chronic neck pain, the therapist may choose to add electrical stimulation and heat to decrease muscle spasm or ultrasound to warm deep tissue before stretching or traction (mechanical or manual), to relieve pressure on nerve roots.

Although the rationale and use of PT can be straightforward, there are times when the indication for PT is clouded. To help clear the decision making picture, ask these questions: 'Does this condition require surgery?' And 'Can the patient recover on their own?' The patient may also need

additional testing to make an accurate diagnosis and subsequent treatment plan. If the diagnosis remains unclear or you want advice, patients can be referred to a specialist – orthopedist, neurologist, neurosurgeon, physiatrist or physical therapist. Here it is important to note that a physical therapist is an expert in field of musculoskeletal, neuromuscular and movement dysfunction problems. They cannot legally make a medical diagnosis, but can report to the PA their assessment, including any serious pathology requiring surgery.

Additionally, there are some syndromes or maladies which are amenable to the art and science of Physical Therapy but often escape our PT prescribing pen. Three examples come to mind:

1. The dizzy patient (e.g. Benign Paroxysmal Positional Vertigo)
2. The TMJ patient
3. The headache patient

Basic evaluation and treatment techniques coupled with years of special training and experience allow many therapists the brilliance of helping relieve symptoms and dysfunction related to these types of conditions.

Finally, perhaps the key part of learning when to write for PT and what to expect is to talk to your physical therapist. You will learn which therapist provides expertise in the areas that your patients have the greatest need. If there are several therapists in town, do not be surprised to find different levels of care. In other words, you do not always need to use the same PT for every condition, especially when that condition requires a special kind of treatment.

A total of 120 Members have joined MAPA since 8/12/2010:

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Thank You to the contributors of material for the 'MichiganPA' Newsletter over the last year. You all have made this project more than imaginable. List of 2010 'MichiganPA' contributors:

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PLANNER

EVENTS / SEMINARS / CLASSES / CONFERENCES

MAPA's Spring Professional Issues Symposium

DATE: Saturday April 16, 2011
TIME: 8am – 5pm
SITE: Radisson Hotel, Lansing, MI

MAPA's Legislative Day

DATE: Wednesday May 18, 2011
TIME: 8am – 2pm
SITE: Radisson Hotel, Lansing, MI

CORE AAPA's Leadership Forum

DATE: February 17 - 20, 2011
SITE: The Westin, Alexandria, VA

AAPA's 39th Annual National PA Conference

IMPACT 2011

DATE: May 30 – June 4, 2011
SITE: Las Vegas, NV

MAPA's 36th Annual Fall CME Conference

DATE: October 13-16, 2011
SITE: Grand Traverse Resort & Spa
Traverse City, MI



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'The Last Word...'

Tis' the Season ... as we move into and through the holiday season, it is not only the time for family celebrations and for giving thanks, we need to remember that we are the lucky ones; for what we have. The holidays are a great time to come together as families, from near and far, and celebrate the joys of the season. Exchanging gifts, having loved ones close by, or being thankful for what you have as a PA, and for being able to 'make a difference' in the lives of patients and their families.

Tis' the Season ... for giving and being charitable. This time of the year seems to bring out an abundance of stories in the media about the less fortunate, of people in serious need and of 'feel-good' moments. The ever present bell-ringing of the Salvation Army is one example of people helping others during the holidays. I urge every person reading this article to give a few hours of your time to help less fortunate individuals. There are many ways to help: monetary, food & clothing items or time. If everyone reading this gave but a few hours of time, a sizeable dent would be noticed in the want/need. Most recipients are embarrassed to ask for help, and the help they do receive is reflected on their faces and is worth much more to the person giving than any accolades you receive.

Tis' the Season ... is a wonderful introduction for engaging people to perform charitable acts or to give of them. The point to remember is that the 'time of need' is not because *Tis' the Season*, it's because *Tis' the Reason*; the need is year 'round. But, a start can happen with your help and your contribution/input. The Editorial Staff of the "MichiganPA" newsletter wants to wish a safe and **Happy Holidays** to all, and to all, a good year!

Chris Noth, PA-C
Editor, 'MichiganPA'