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VOICES

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# MEET OUR DIRECTOR OF COMMS

### Alicia Quella

Alicia Quella, PhD, MPAS, PA-C is the Director of Communications and PA Relations at the NCCPA. She has served as the Department Chair and Program Director at a PA Program in Minnesota and has practiced in emergency medicine and primary care. She served as an epidemiologist during the pandemic and developed infectious disease protocols for academic institutions. Quella publishes research on the PA workforce, certification, global health and issues affecting diversity in PA program admissions. She was granted a research fellowship by AAPA and PAEA to research and publish work on the PA workforce. She was awarded a Publishing Award in 2016 by the AAPA, and Article of the Year Award in 2022 (as a co-author) by PAEA. Quella earned a Bachelor of Science degree from Drake University and served as US Peace Corps volunteer in public health in the Central African Republic. She returned to obtain her Masters of PA Studies degree from the University of Iowa Carver College of Medicine. While working as a PA, she continued her studies and earned a doctoral degree in epidemiology from the University of Iowa College of Public Health.



# Celebrating 50 Years of Certification, Excellence

#### By Dawn Morton-Rias, Ed.D, PA-C, ICE-CCP, FACHE



As we celebrate our 50th anniversary, I am filled with pride and gratitude for the incredible journey that has shaped NCCPA into what it is today.

By continuing to protect the integrity of the Board Certified PA-C credential, we remain dedicated to ensuring its continued significance and influence in the profession we are honored to serve. Since the National Board of Medical Examiners (NBME) administered the first certifying examination to 880 PA candidates in 1973, we have seen extraordinary growth and transformation within our organization and the PA profession.

In 1974, fourteen national health organizations united with a shared vision to establish the NCCPA, ensuring the highest standards of competency for PAs. This collaborative effort laid the foundation for our mission to provide oversight regarding eligibility and uphold rigorous certification standards, offering assurance to state medical boards, employers and the public about the capabilities of PAs. Since our incorporation in 1974, NCCPA has certified more than 200,000 PAs, a testament to our unwavering commitment to setting professional standards that meet the needs of our partners. This milestone would not have been possible without the dedication and contributions of our employees, both new and tenured, as well as the support of our partner organizations.

Over the past five decades, NCCPA has been at the forefront of innovation.

We introduced the PANRE in 1981, redesigned the PANCE in 1983 and provided the take-home version of PANRE, known as "Pathway II," from 1996 to 2010. In 1999, we marked a significant milestone by administering the first computerized PANCE, further advancing the accessibility and efficiency of our exams.

Our commitment to the PA profession exteundation, and six years

later, we welcomed the PA History Society.

In 2006, we took a bold step by ending our contract with NBME, bringing all exam activities in-house. This move allowed us to further refine and enhance the certification process, ensuring it remained relevant and rigorous. In 2011, we administered the first CAQs, adding another layer of recognition for specialized expertise within the PA profession. Our most recent innovation, the launch of PANRE-LA in January 2023, is an example of our dedication to continuous improvement and adaptability in a rapidly evolving health care landscape.

Reflecting on five decades of growth and innovation, we are also thrilled to launch the inaugural PAsDoThat! Magazine. This platform will celebrate the incredible talent and inspiring stories of the PA community, spotlighting the diverse ways PAs make a difference. This new initiative reflects our ongoing commitment to elevating the unique contributions of the PA profession and telling the stories of those shaping the next 50 years.

So, I want to sincerely thank each of you for being part of this remarkable journey, for the work you are doing today and for your dedication to the future of our growing profession.



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# REPRESENT NCCPA SUMMIT ATLANTA, GA

## NCCPA REPRESENT! Summit: More Than An Event

When the National Commission on Certification of Physician Assistants (NCCPA) launched the REPRESENT! Summit, it was more than just an event. It was a movement.

The REPRESENT! NCCPA Summit was born out of necessity. With a mission to ensure that PA's profession is diverse, equitable, and inclusive, the summit serves as a platform for open dialogue among key professionals in the industry. These include clinically practicing PAs, PA faculty, leaders of PA organizations, PA students, physicians, employers, and other relevant stakeholders. The intent? To foster change by equipping attendees with actionable steps, resources, and best practices to address Diversity, Equity, and Inclusion (DEI) challenges within their workplaces, PA programs, and organizations.

While NCCPA's primary focus has traditionally been on providing certification programs that measure clinical knowledge, reasoning, medical skills, and professional behaviors, the organization recognizes a broader responsibility. "We believe that all members of the PA community share the duty to ensure the profession is inclusive for all who choose to be a PA," says NCCPA's leadership.

However, quarterly statistical reports have shown that diversity within the profession has remained relatively static, even as the patient population has become more diverse. Studies indicate that patients generally fare better when care is provided by diverse teams, thus underscoring the need for a more diverse PA workforce.

In 2020, amid the backdrop of a global pandemic and a heightened awareness of social justice issues, NCCPA conducted weekly roundtable discussions with PAs nationwide. These sessions highlighted the urgent need for a larger conversation and a unified call to action regarding DEI in the PA profession. Inspired by these discussions, NCCPA hosted the inaugural REPRESENT! NCCPA Summit in 2022. Since then, the organization has held quarterly virtual discussions to keep the momentum going.

The first REPRESENT! Summit was a groundbreaking event. It brought together a wide array of voices from across the PA community. Attendees left not only inspired but armed with tangible strategies to implement positive change. The conversations were candid and sometimes challenging, but they were necessary for progress.

- The key objectives of the REPRESENT! NCCPA Summit are multi-faceted:
- Foster Diversity: Promote a more diverse PA workforce to better reflect the communities served.
- Equip Attendees: Provide actionable steps, resources, and best practices to address DEI challenges.
- Create Accountability: Encourage all stakeholders to take responsibility for fostering an inclusive environment within their spheres of influence.
- Sustain Momentum: Maintain ongoing dialogues and quarterly virtual discussions to ensure continuous progress.

What sets the REPRESENT! NCCPA Summit apart is its community-centric approach. It's not just about grand speeches and theoretical discussions. It's about real people sharing real stories and practical solutions. The summit has become a space where participants can connect on a deep level, sharing their experiences and learning from each other. One attendee remarked, "The REPRESENT! Summit rekindled my passion for DEI work. It gave me the tools I needed to make a difference in my workplace and the confidence to speak up."

The NCCPA is committed to continuing this vital work. "We're proud to facilitate this crucial conversation and look forward to partnering with other PA organizations, groups, and relevant stakeholders to address DEI challenges head-on," the organization says.

The future of healthcare is diverse, equitable, and inclusive. And the REPRESENT! NCCPA Summit is paving the way for that future, one conversation at a time.

If you're a PA, PA student, or part of a healthcare organization, your voice matters. Join the next REPRESENT! NCCPA Summit and be part of the change. Together, we can create a more inclusive and equitable PA profession.

#### **Together - We Make A Difference!**

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#### **REPRESENT!** NCCPA SUMMIT®

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## Addressing Disparity to Build an Inclusive Health Future

Interacting with patients in Southern Los Angeles, I have seen firsthand how systemic racism deeply rooted in our history and healthcare system has shaped my future patients' lives, influencing everything from their environment and food access to education, income, and health outcomes. These encounters have opened my eyes to the urgent need for a diverse PA workforce, one that can provide high-quality, culturally competent care. This is especially critical in marginalized communities, where preventable conditions like hypertension, asthma, and diabetes disproportionately affect vulnerable populations.

To address these issues effectively, we must understand the benefits a diversified health care workforce offers patients:

**Cultural Competence:** Understanding and respecting patients' cultural backgrounds is crucial for effective healthcare delivery and patient education. During my time volunteering at T'ena Health's Community Health Fair and through my interactions with patients during the NMF PCLP Summer Fellowship, I witnessed the profound impact that cultural competence and linguistic sensitivity can have. While medicine has the power to heal, patient compliance is often influenced by the way care is delivered. I have learned that, as providers, to truly support and empower patients in advocating for their health needs, it is essential to assess their health literacy and communicate with them in their preferred language.

**Enhanced Communication:** Effective communication is vital in healthcare, especially for patients with limited English proficiency. A diverse workforce can bridge language barriers and significantly improve the quality of patient care. This summer, I had the privilege of participating in a primary care leadership fellowship at AltaMed. Through my interactions with patients in the clinic, I found that connecting with them in their preferred language fostered an environment of mutual trust and understanding. Allowing patients to communicate their needs in their native tongue underscored the critical role that inclusivity and representation play in healthcare. Moreover, recognizing our limits and utilizing translators when necessary is essential to ensure that patients' needs are fully heard and adequately supported.

Addressing Healthcare Disparities: A diverse PA workforce is crucial in recognizing and addressing the unique health challenges faced by marginalized communities. Through my volunteer work with the NYC Coalition to Dismantle Racism and my advocacy project with PAEA's Health Policy Fellowship, I have seen firsthand how diversity in healthcare leads to more equitable outcomes. These experiences have not only equipped me with the skills to advocate for policy changes but also fueled my passion to support community-led initiatives. Working with various organizations and clinics in Los Angeles, I have witnessed the transformative power of community-driven care. When we provide resources, listen to, and engage with communities, we can significantly improve health outcomes and make a lasting impact.

**Empathy and Trust:** A diverse PA workforce that mirrors the patient population is key to building stronger, more trusting relationships. My role as a team lead in USC's Trojan Trainer/Street Medicine Program has reinforced the critical role of empathy in healthcare. Supporting and advocating for my Trojan Trainer, Ami, has shown me that sometimes our most significant achievements come not just from medical interventions, but from offering an empathetic touch, a compassionate ear, and the kind of support that nurtures patient trust and compliance.

**Role Models and Mentorship:** A diverse PA workforce can inspire the next generation of healthcare providers. As a MedCor Mentor and USC Pathways Volunteer, I am committed to paving the way for a more inclusive future in healthcare. By guiding and motivating Pre-PAs and high school students, I strive to encourage individuals from diverse backgrounds to pursue careers in healthcare, offering them the support, resources, and inspiration they need. My own journey has taught me the value of role models, and over the past year, I've learned that barriers can be overcome when we are willing to seek and accept support.

A diverse PA workforce is not just beneficial but essential for delivering equitable, compassionate, and effective patient care, especially in today's healthcare climate. Amid new challenges that threaten the cultivation of a diversified PA workforce, my commitment to advocating for a healthcare system that heals, uplifts, and supports all patients is stronger than ever. I believe that as our profession continues to grow and diversify, it will drive positive transformations in health outcomes — not only for individual lives but also for families, communities, and future generations. Alexis Newton is a PA-S2 at USC Keck School of Medicine, who believes in the importance of a diverse PA workforce to address systemic racism's impact on health, enhance communication and foster empathy, trust and mentorship in marginalized communities.

# **Advocating for Health Equity**

As a minority, I am intimately acquainted with the necessity of fighting harder for what is rightfully deserved, coming from an underserved background. I am familiar with the feeling of being overlooked and marginalized. Consequently, I am unafraid to challenge the status quo, color outside the lines and promote the fair treatment of all patients.

I am actively engaged with the **Health Justice Council at the Social Mission Alliance**, where I am dedicated to addressing systemic racism, socioeconomic disparities and inequality prevalent in our health care system.

Our primary goal is to educate future health care providers about the needs of underrepresented communities. Additionally, we advocate for changes in the curriculum of educational health care institutions to eliminate race and ethnicity-based medical theories that perpetuate inequitable treatment of underserved populations. We strive to achieve a more just and equitable health care system.

I am proud to have been selected for the Health Justice Council of the Social Mission Alliance. **The HJC is the leadership arm of the Health Justice Student Assembly (HJSA)**, a collective of graduate health professional students committed to advocating for health justice in the health care curriculum and the country at large. As HJC members, we are charged with setting the educational and policy objectives for the HJSA. I am currently the first and only PA student selected for this esteemed position.

The SMA is dedicated to restoring the true purpose of health care – aiding individuals in our community who have unmet health care needs, regardless of their race, social status, insurance coverage, or income.

One of the HJC's goals is to shape policies and educate future health care professionals on institutions that holistically support them. I am proud to share that our abstract, "A Green Book for Health Profession Training Institutions – Using Student Voice to Identify and Promote Programs and Faculty Who Advance Diversity, Learner Safety, and Health Equity in Health Profession Training Education," was selected for presentation at the Social Mission Alliance 2024 Conference titled "Equity Amplified: Uniting Toward Social Mission Transformation" at Duke University in Durham, N.C.

Another outcome of my work has been my role in facilitating an update in the curriculum at a prominent university's PA program. I advocated for the elimination of biased and unfounded myths in health care, particularly as they pertain to people of color. The curriculum is now updated to include the racial and socioeconomic reasons why certain populations may be affected by specific pathologies more than others. This important step ensures that future health care professionals are equipped with a comprehensive understanding of health care disparities.

As a member of the SMA/HJC, I am committed to making a tangible difference in the lives of those underserved and marginalized by our health care system, both as a PA student and beyond.

Angel Adams is a PA student at the University of Washington MEDEX Northwest program in Kona, Hawaii. Adams aims to address systemic racism and inequality in health care by advocating for curriculum changes that eliminate biased medical theories and promote equitable treatment in underserved communities.



# Easier Cross-State Practice as PA Compact Nears Reality

The PA Licensure Compact aims to simplify multi-state practice for PAs. With 13 states enacting legislation, the Compact is expected to be operational by 2025.

#### By Greg P. Thomas, PA-C Emeritus, MPH

An initiative to simplify the process for Board Certified PAs to practice in various states continues to gain traction.

Since 2019, NCCPA has \collaborated with key organizations, including the AAPA, the Federation of State Medical Boards and the National Center for Interstate Compacts, a division of the Council of State Governments, to develop a PA Licensure Compact.

The Compact aims to make state PA licenses more portable. As more states join, it will become easier for PAs to practice across state lines.

For the PA Compact to be activated, a minimum of seven states must pass the appropriate legislation. That threshold was surpassed with 13 states enacting legislation as of September "24 and seven other states with pending PA Licensure Compacts.

Currently, a PA who opts to practice in multiple states must apply for a license in each state individually – a process that can be time-consuming and expensive.

A Compact simplifies this process. It establishes standard requirements for PAs and member states, enabling multi-state practice and centralizing the application process.

Preparations for the Compact Commission are underway, with the expectation that more states will pass the required legislation. PAs will only be able to participate in the Compact once the Commission is operational – expected to happen in 2025.

The pending Compact offers an additional benefit for PAs who incorporate telemedicine into their practice. Because there can be licensing challenges for PAs managing patients in multiple states via telemedicine, a Compact can help alleviate those concerns specifically for patients in included states.

NCCPA research on the profession suggests that since 2018, the number of PAs who use telemedicine in the U.S. increased to 40% from 9%, according to the 2022 Statistical Profile of Board Certified PAs by State.

There are similar Compacts for other health care professionals, including physicians, nurses, occupational therapists and physical therapists. While the PA Compact shares some similarities with these other compacts, it was developed specifically for the PA profession through the referenced partnership.

A dedicated website for the PA Licensure Compact has been established and is regularly updated as new legislation is introduced and passed.

The site offers comprehensive details to assist PAs in understanding what the Compact implications are for them, the participation requirements and how the process will work. Additionally, it contains useful tools for PAs who may be interested in advocacy efforts for their state's inclusion in the Compact.

As a vital partner in this effort, NCCPA will continue to inform PAs of the progress being made through our various communications channels.

Visit PACompact.org to learn more.

Greg P. Thomas, PA-C Emeritus, MPH, is a strategic advisor for NCCPA.

# Equipping Board Certified PAs to Improve Health

The nccPA Health Foundation educates, equips, and engages PAs and PA students with the resources they need to make lasting improvements to the health of their communities.

Learn more at nccPAHealthFoundation.net





## Unlock the Secrets to Preventing Long COVID

#### By Ashley Drapeau, PA-C, L.Ac., MPAS, MAC

ong COVID-19, a condition characterized by persistent symptoms that occur for at least 3 months following a COVID-19 infection, continues to puzzle medical professionals and researchers alike. These symptoms can last weeks or even years after the initial illness subsides.

Symptoms of Long COVID range from mild to severe and include fatigue, brain fog, respiratory problems, fast beating or pounding heart and more. Patients sometimes require ongoing care for their symptoms. Millions of adults and children have been impacted by Long COVID, according to the CDC.

I have seen and treated a number of patients for long COVID. While it can be a lengthy road to recovery, there are some things you can do to decrease the risk of developing long COVID, or at least cut down on the risk and severity of the symptoms. From respecting the recovery period to activating the vagus nerve, I want to delve into practical strategies that can assist you or someone you're caring for:

#### 1. Respect the recovery period:

It's paramount to refrain from strenuous activity during the acute phase of COVID-19 infection and for at least four weeks thereafter, even as symptoms get better.

#### 2. Embrace antioxidants:

Bolster your body's defenses by ensuring an ample supply of essential antioxidants like vitamin C and vitamin D, crucial for combatting infections effectively.

#### 3. Guard against reinfection:

Vigilance is key. Employ protective measures such as wearing high quality masks in crowded spaces, steering clear of sick individuals, and adhering to COVID-19 vaccination protocols to minimize the risk of recurrent infections.

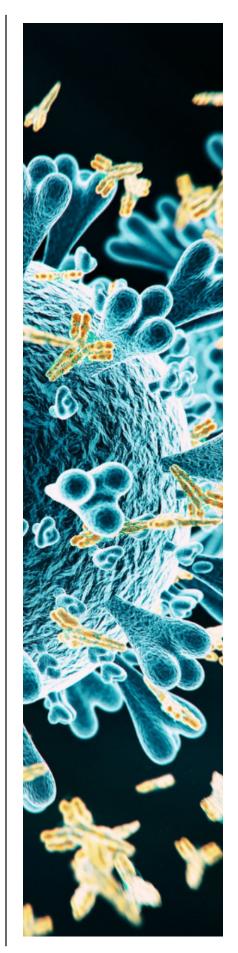
#### 4. Alleviate physiological stress:

Engage in mindfulness exercises, prioritize restorative sleep, and incorporate regular movement into your routine to promote overall well-being.

#### 5. Activate the vagus nerve:

Harness the power of the vagus nerve to support resilience and recovery. The vagus nerve connects your brain to different organs, including your heart, stomach and lungs. Simple techniques such as breath work, meditation, cold exposure, or even humming can stimulate this vital pathway and promote healing.

By combining early recognition, preventive measures and ongoing research, we move closer to unlocking the secrets of Long COVID and improving outcomes for those affected by this persistent and often debilitating condition. As our understanding of this complex condition evolves, patients need to stay informed, work closely with their health care provider and continue to protect their health.



#### About the Author

Ashley Drapeau, PA-C, L.Ac., MPAS, MAC, is a Board Certified PA who specializes in Long COVID at the GW Center for Integrative Medicine and GW University Resiliency and Well-Being Program.

C. C. C. C. C. D.P.



# Implications of AI on PA-Patient Relationship

The Changing Dynamics of Trust and Empathy in Health Care

By Dipu Patel, DMSc, MPAS, ABAIM, PA-C

There is no doubt Artificial Intelligence (AI) is rapidly transforming the landscape of health care by offering opportunities to enhance patient care and streamline clinical operations. As a PA, it is crucial to understand how these technological advancements will impact the PA-patient relationship in the long term and what this means for the dynamics of trust and empathy in health care.

Although the average consumer and health care provider has only recently become aware of Al's potential, AI in health care is not a new phenomenon. For decades, it has been slowly integrating into various aspects of medical practice. However, recent technological advancements have accelerated its adoption and expanded its capabilities. From predictive analytics and personalized medicine to advanced diagnostic tools, AI is becoming an integral part of the health care ecosystem. I often think of it as old math being applied to new technology.

#### The PA-Patient Relationship in the Age of AI

One of the primary concerns with the increasing role of AI in healthcare is its potential impact on the PA-patient relationship. The core of this relationship lies in trust, empathy, and personalized care—elements that are inherently human. While AI can enhance the efficiency and accuracy of care, the human aspects of care will always need to



be part of the delivery. In fact, I believe AI will make care more human.

Trust is fundamental to the PA-patient relationship. Patients need to trust that their healthcare providers are making the best decisions for their well-being. While AI can augment clinical decision-making by providing data-driven insights and reducing the likelihood of diagnostic errors, the delivery of that care will and should always have a human in the loop. To maintain trust, it is crucial for PAs to be transparent with their patients about how AI is used in their care. Explaining the role of AI in diagnostic processes and treatment planning can help patients understand and trust the technology. Moreover, involving patients in the decision-making process and addressing their concerns about AI can strengthen this trust. This is at the center of patient-centered care, and AI will not change this.

Empathy is another cornerstone of the PA-patient relationship. It involves understanding and addressing the emotional and psychological needs of patients, which is something AI currently cannot fully replicate. While AI can assist in identifying patients' needs and predicting health outcomes, the delivery of empathetic care remains a human endeavor.

PAs must continue to prioritize face-to-face interactions, whether virtual or in-person, and active listening, ensuring that patients feel heard and valued. The use of AI should complement, not replace, these interactions. AI should be leveraged to handle administrative tasks and streamline clinical workflows, so that PAs can have more time to focus on building meaningful connections with their patients.

#### Changing Dynamics of Trust and Empathy

The integration of AI in health care is already changing the dynamics of trust and empathy. As a profession, we should aim to integrate best practices where we can and continue to learn new tools and technology so that we can continue to enhance the human touch in patient care.

Here are a few ways innovation is influencing these critical aspects of patient care: >Al-driven tools are improving diagnostic accuracy, leading to improved and better patient outcomes. For example, Al algorithms can now analyze medical images with higher precision than human eyes, detecting early signs of diseases such as cancer.

This increased accuracy can enhance patient trust in the health care system, knowing that their conditions are being diagnosed and treated more effectively. Furthermore, early diagnosis means we can achieve better long-term outcomes of many diseases that in the past may have meant living with severe complications.

>AI enables personalized care by analyzing vast amounts of data to tailor treatment plans to individual patients. This personalized approach can improve patient outcomes and satisfaction, as treatments are more closely aligned with their specific needs and conditions.

Personalized care also fosters a sense of empathy, as patients feel that their unique circumstances are being considered in their treatment . As we continue to learn how to deliver personalized care with more specificity, the balance of your zip code and genetic code will play an even more important role in health outcomes. Digital literacy is as important as health literacy.

>Innovations in telemedicine and remote patient monitoring, powered by AI, are improving access to care for patients in remote or underserved areas. AI-driven virtual health assistants and chatbots can provide 24/7 support, answer questions, and offer medical advice, ensuring that patients receive timely care.

Although this area is still developing, we are not far from the time when triaging and screening patients may be fully automated. Democratization of accessibility to care can build trust in the health care system and enhance patient engagement.

As we move forward, it is essential

to balance between leveraging Al's capabilities and maintaining the human touch in health care. Here are a few strategies to achieve this balance:

>AI should be seen as a tool that complements and enhances human expertise, not replaces it. PAs should continue to play a central role in patient care, using AI to inform their decisions and provide more accurate diagnoses and treatments. This integration ensures that the human element remains at the forefront of health care.

>To effectively integrate AI into clinical practice, PAs must receive ongoing education and training on AI technologies. Understanding the strengths and limitations of AI will enable PAs to use these tools effectively while maintaining the human aspects of care. Training should also focus on communication skills to ensure that PAs can explain AI-driven decisions to patients clearly and empathetically.

>Ethical considerations are of the utmost importance in the use of Al in health care. Ensuring patient privacy, mitigating biases in Al algorithms, and maintaining transparency are critical to preserving trust and empathy in the PA-patient relationship. Health care organizations must establish ethical guidelines and frameworks to govern the use of Al and protect patient interests.

#### Complementing Human Expertise with Ethical Considerations

The long-term implications of AI on the PA-patient relationship are profound. While AI offers tremendous potential to enhance patient care, it also poses challenges to the traditional dynamics of care, including trust and empathy. By embracing AI as a tool that complements human expertise and prioritizing transparency, empathy, and ethical considerations, PAs can navigate this era in healthcare while preserving the essence of patient-centered care.

As we continue to innovate and

integrate Al into healthcare, it is important to remember that the heart of medicine lies in the human connection and the principle of "do no harm." By balancing technology with compassion, we can ensure that our patients receive the best possible care and support.

Dipu Patel, DMSc, MPAS, ABAIM, PA-C, is a Board Certified PA, Vice Chair for Innovation in the Department of Physician Assistant Studies at the University of Pittsburgh, Penn and author of Digital Health: Telemedicine and Beyond. She has clinical experience in emergency medicine, urgent care and hematology/oncology, and has served on several boards including the Massachusetts Board of Registration for Physician Assistants. She serves as President-elect for the Physician Assistant Education Association.



## Martha Wilkins, MS, ATC, PA-C

the Willhins, P.A.C

# RICERCE REPORTED NOT TO THE SECOND

# PA Redefines Balancing Work, Family & Life

Photography Credit: Darrin Baldridge

The demands of health care can often collide with personal aspirations. For some, maintaining a personal fitness regimen could easily fall by the wayside. **Yet, for Martha Wilkins, MS, ATC, PA-C** – fitness is essential and non-negotiable.

"Balancing a demanding career in health care with a family and a dedicated fitness regimen requires planning and prioritization," Wilkins said.

Mornings often find Wilkins squeezing in high-intensity interval training (HIIT) before the day's responsibilities take over. If morning workouts aren't possible, evening sessions become the fallback.

"Consistency and flexibility are key," she reiterates.

These are the cornerstones of Wilkins's approach — an approach that's been fine-tuned to accommodate not just a bustling career but a growing family, including a 7-month-old.

"My husband and I try to coordinate our schedule so that if we can't get to the gym, we are doing some type of outdoor activity together as a family," Wilkins said. Born in San Francisco, her upbringing in the Bay Area was immersed in athleticism. From basketball courts in elementary school to the high-pressure world of track meets in college.

Wilkins' journey to becoming a PA includes a Bachelor of Science in Kinesiology/Athletic Training, two Masters of Science degrees (Exercise Physiology and Physician Assistant Studies) and more than 15 years as a certified Athletic Trainer.

"Sports have always been a significant part of who I am."

#### A Defining Moment on the Field

It wasn't until a pivotal experience at the University of San Francisco that Wilkins found the calling that would define her career. As a

graduate assistant Athletic Trainer, she was part of a sports medicine team that included both a PA and an orthopedic doctor. While covering a soccer match, a player sustained a tibial fracture.

"A PA came onto the field to assist me in transporting the athlete to the ER and eventually getting her in for surgery," Wilkins recounts. "It was at that moment that I knew I wanted to become a PA."

This experience was the spark that ignited a passion for patient care that would carry Wilkins through the PA program at California State University Monterey Bay, where she graduated as part of the inaugural class.

#### Lead by Example

Wilkins' commitment to fitness is not just a personal choice but a professional philosophy.

Leading by example is infused in her approach to patient care, where preventive medicine and patient education take center stage. Guided by firsthand experience, Wilkins offers patients practical, actionable

advice on integrating exercise, nutrition, sleep hygiene and stress management into their daily lives.

"It is a must that I practice what I preach," she said. "Demonstrating my dedication to a healthy lifestyle not only enhances my



"That's one of the best things about being a PA the work-life balance,"





credibility, but it also provides realistic lifestyle approaches to health and wellness when I'm educating my patients."

Though Wilkins once considered specializing in orthopedic surgery, she found a rewarding niche in pain medicine.

"I wanted to interact with patients daily and still have a little bit of ortho incorporated in my day-to-day work," she says.

As a PA working in pain medicine, Wilkins discovered a specialty that allowed her to blend clinical treatment with holistic approaches to chronic pain management, improving patients' quality of life in meaningful ways.

There are 1,874 PAs who practice in pain medicine, according to the 2023 NCCPA Statistical Profile of Board Certified PAs by Specialty Annual Report.

Whether addressing chronic low back pain, knee osteoarthritis, shoulder injuries or managing diabetic neuropathy, Wilkins leverages her knowledge to offer actionable advice.

"There's always some lifestyle modification that every patient can do to improve their health and decrease their pain," Wilkins states. "My goal is to bridge the gap between fitness and medicine, as they are deeply connected in terms of health and wellness."

Wilkins aims to empower patients to take control of their health.

"I encourage my patients to adopt healthy habits as soon as our first visit, which can help mitigate chronic conditions," Wilkins said. "Disease prevention is key in promoting healthier behaviors and better outcomes for patients." Integrating fitness and wellness into patient care to address not just physical health, but also mental and emotional well-being, can

significantly impact chronic pain, Wilkins uses a holistic approach to better support patients in making lasting health improvements.

"Encouraging regular physical activity leads to reduced risk of chronic diseases, improved mental health and enhanced quality of life. The most rewarding aspect of my job is to help my patients minimize their pain and restore their normal function while they work towards their goal of improving longevity." Wilkins states.

#### **Balancing Act**

For Wilkins, maintaining a personal fitness routine during particularly busy workdays can be a challenge.

"Sometimes I see up to 25 patients a day and with a schedule that busy, it's hard. Planning ahead is crucial."

Fitness is far more than a personal pursuit.

"Working in pain management can be quite stressful sometimes, so having an outlet is important."

Whether it's a brisk walk or an intense workout after a long day in the clinic, physical activity serves as a release valve, keeping stress at bay and mental health in check. The flexibility of being a PA allows her to work three days a week in clinic and one day from home, a schedule that allows for family time.

"That's one of the best things about being a PA – the work-life balance," Wilkins said.

#### Journey Shaped by Fitness

Wilkins' passion for fitness led to the creation of MCW – Movement, Community, and Wellness – which is

also her initials – Martha Carmella Wilkins, a brand and business that embodies her philosophy of a comprehensive approach to health. Through MCW, Wilkins integrates her fitness and clinical expertise to offer holistic solutions that address the physical, mental and emotional well-being of patients and clients.

#### Fit as a Way of Life

When it comes to personal fitness activities, Wilkins gravitates towards outdoor pursuits like walking, running and hiking, activities that double as family time.

"Outdoor activities with my kids allow me to spend time with them while doing the things they really like, and it doesn't feel like exercise because we have fun," she said.

Strength training also holds a special place in her routine.

"I love to lift weights because it makes me feel healthy, strong and confident," she said.

Over the years, her approach to fitness has evolved from a narrow focus on strength training and cardio to a more balanced regimen that includes functional exercises, HIIT, mobility work and core strengthening.

"I am focused on being more functional with my movements and being more intentional with making small daily deposits that contribute to my overall health."

For fellow health care professionals looking to improve their fitness levels, Wilkins' advice is simple: "Prioritize your health because this profession can be very demanding. We cannot pour from an empty cup, but if we are healthy, then we can provide better quality health care to our patients."

"A PA came onto the field to assist me in transporting the athlete to the ER and eventually getting her in for surgery," Wilkins recounts. "It was at that moment that I knew I wanted to become a PA."

Martha Wilkins, P.A.C.

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Aaron P. Henry MSHS, PA-C Janet Rippel MSPAS, PA-C



Jordan Hood M.S, PA-C

Welcome the 2024

Christa Nelson PA-C



Ted Parker MCHS, PA-C Martha Wilkins MS, PA-C, ATC

**Ryan Baldeo** MPAS, MSPC, PA-C, FAAHPM Chin Rodgers MPAS, PA-C









Cassi Rockwell PA-C



Fedna Morency MS, PA-C



**Jasmine Cofield** MS, PA-C

Sara Evans PA-C, MMSc, CAQ-EM



Tunda Oshikoya MPAS, PA-C

Welcome the 2024

Kristen Gallagher Ashley Drapeau MPAS, PA-C MS, PA-C







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#### From Crisis to Care: Advances in Telemedicine Transform Addiction Treatment

he world of addiction treatment is changing rapidly, especially since the COVID-19 pandemic reshaped the health care landscape, prompting innovative approaches to addition treatment.

Here's what you need to know about the latest advancements and how they might help you or a loved one seeking treatment.

At our practice, we leverage technology to increase access to medication-assisted treatment (MAT) and reach patients across the entire nation from the comfort of their homes. With licenses in multiple states, we can treat hundreds of patients each month through synchronous and asynchronous communication, electronic prescriptions, and remote monitoring of compliance with randomized urine drug screen testing.

#### Medication-Assisted Treatment (MAT)

MAT is a comprehensive approach to treating substance use disorders, particularly opioid and alcohol dependence. It combines the use of medication management with counseling

#### By Olatunde Oshikoya, MPAS, PA-C

and behavioral therapies to provide a holistic approach to treatment. MAT is effective because as the medication we introduce is restoring normal brain chemistry, behavioral therapies can address the psychological aspect of addiction, helping individuals change their attitudes and behaviors related to drug use and develop a new way of being.

In addition to my full-time work, I am pursuing my doctoral degree, where I am currently exploring novel strategies to increase access to MAT as a part of my capstone project. I am excited to know that while we have made great strides in the field of addiction medicine, the best is yet to come! Addressing Misconceptions About Addiction

"We are not bad people trying to be good. We are just sick people trying to get better."

I believe starting this important conversation with this phrase that I first heard from a patient in recovery provides perspective.

One of the biggest misconceptions about addiction is viewing it as a moral failing or lack of willpower within an individual. Unfortunately, this stigma fuels guilt and shame in those living with addiction. Many people believe that those who are in recovery can simply choose to stop using substances, which is untrue and minimizes the interplay of genetic, environmental, physiological, and psychological factors that contribute to dependence. Another common misconception is that addiction only affects certain demographics, such as those from specific socioeconomic backgrounds or with certain personality traits. In reality, addiction can impact anyone, regardless of background, education, or social status. As a PA, I have the privileged opportunity to combat the harmful rhetoric surrounding addiction by educating patients, colleagues, and the general public about the realities of the complex condition. We have a responsibility not just to treat those impacted by addiction but to serve as advocates.

#### Initial Steps for Seeking Treatment

While addiction may look different for everyone, the stages to seek treatment are often similar. When we consider the transtheoretical model of changed behavior, a patient must first acknowledge that their addiction is problematic during the contemplation stage before making the decision to pursue intervention. Unfortunately, this decision may not come until after they have suffered an insufferable loss (e.g., marriage, housing, employment, etc.). Once someone has mentally committed to seeking treatment, we begin an intake process to gather history and then place them with the appropriate health care provider while surrounding them with resources, such as peer support groups and therapy.

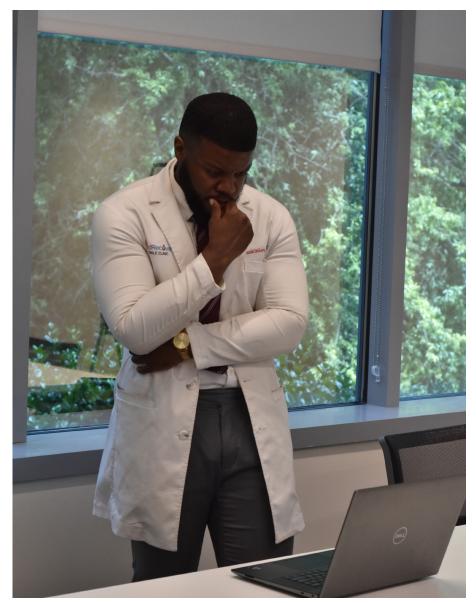
#### **Personalized Treatment Plans**

Effective treatment options for addiction vary depending on the type and severity. Whether it's pharmacological or non-pharmacological intervention, the most effective treatment is the one that is most relevant to the needs of the patient. For example, someone who may lack sufficient resources or a strong support at home may fare better in the inpatient setting where there is structure and supervision.

The best way to personalize treatment plans is to simply talk to people. With the use of motivational interviewing, we can identify shared goals that are unique to an individual to create sustainable change. As health care providers, we have the opportunity to connect with others in their greatest time of need and while we may be the experts of medicine, patients are experts of their mind, body, and soul so it's important to step outside of ourselves and meet people where they are at.

#### Integrating Therapy and Support Systems

While pharmacological intervention can certainly help combat addiction, it is only one tool in the toolkit. Integrating wraparound services such as therapy and support groups can provide patients with an opportunity to explore why it is that they may have sought out illicit substances to begin with assuming there was not a medical reason. Therapy can provide new perspectives and uncover truths about ourselves we may have buried subconsciously, while



support groups provide accountability and community.

Shawn Carter, or Jay-Z, says, "You can't heal what you never reveal." I have shared this powerful quote with patients, and I believe it to be true.

At our practice, we are sure to offer both as resources to patients and while not everyone feels a need to engage, studies have shown that those who have access to similar services typically experience long-term success and less likelihood for future relapse in comparison to those who don't.

#### **Coping with Relapse**

Relapse is a common part of the recovery process and does not mean that treatment is entirely ineffective or that someone is a failure. More likely, it indicates that treatment plans and expectations may need to be adjusted. I often share with patients that success is not a linear journey but we can choose to learn from these setbacks rather than be defined by them. Failure may be an inevitable part of success but suffering through it is a choice that is fortunately well within our control. Relapses often occur in response to a stressor or trigger so I believe it is important to understand what coping mechanisms may currently exist and potentially explore new ones. I also encourage patients to journal how they feel following a relapse so they have

a tangible reminder that they can reference should they experience similar cravings in the future.

#### Collaboration with Primary Care Physicians

Collaboration with primary care physicians (PCPs) is vital in managing addiction, as it often co-occurs with other physical and mental health conditions, necessitating a comprehensive and integrated care plan.

For instance, when a patient is undergoing MAT with our practice, their PCP monitors their overall health, manages any chronic conditions and provides routine preventive care. Meanwhile, I focus on the addiction treatment, ensuring that they are responding well to our recommendations and addressing any addiction-specific issues that may arise. Regular check-ins and shared care plans allow us to adjust treatment as needed and provide the best possible care, supporting their long-term recovery and well-being.

#### Addressing the Opioid Crisis

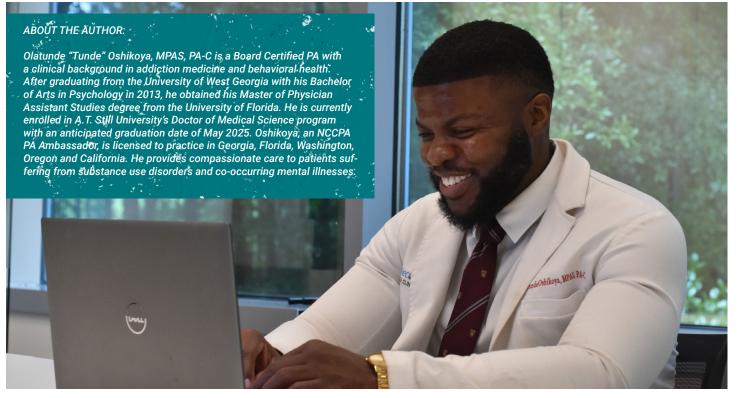
PAs are playing a crucial role in addressing the opioid crisis through

clinical work, research, advocacy, and policy reform. Although, I primarily combat America's opioid crisis from a clinical perspective in my current capacity, there are PAs who are also doing their part in the non-clinical arena. PAs are involved in research efforts to evaluate the effectiveness of different treatment modalities for addiction. identify barriers to care and develop innovative approaches to addiction treatment. PAs also advocate for policy reform that can improve access to addiction treatment, reduce stigma, and support funding for addiction services. In lobbying, PAs often collaborate with professional organizations and policymakers to drive legislative changes that benefit individuals living with the condition.

#### Supporting Families of Addicted Individuals

Recovery is a long and often challenging process. Family is a critical component because this support system often serves as the first line of defense. It may be difficult to understand but there is a difference between helping and enabling. Although, we may love someone, we can't ignore harmful behaviors or take them on as our own. It's important to be patient with your loved one and with yourself. Education about substance abuse can help families recognize signs and intervene appropriately. The world already judges them for their condition and the last thing they need in this moment is to feel that same condemnation at home.

Families can contact the Substance Abuse and Mental Health Services Administration (SAMH-SA) that offer valuable support, and their hotline, 1-800-662-HELP (4357), provides 24-hour assistance.





# PANRE VS PANRE-LA A TALE OF TWO PAS

Ashley G. Nordan, MPR, PAC Physician Assistat



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Ashley Nordan, MHPE, MSCR, MPAP, PA-C, and Jamie Harding, MPAP, PA-C, have been best friends since their days as students at Campbell University's PA Program, class of 2013.

Today, they are colleagues in the same university, where it's not uncommon for them to come to work dressed alike. In addition to spending time together, they both have a deep commitment to the PA profession and each other's success.

However, when it comes to taking their recertification exams – they are worlds apart.

#### NORDAN: THE TRADITIONAL-IST

Nordan prefers the traditional test-taking route, the Physician Assistant National Recertifying Examination® (PANRE).

*"I've always had a 'get it done and move on' mindset," she said.* 

The structure of PANRE, completed in one 5-hour session, appeals to her, especially given her primary care experience. Nordan values the immediate, comprehensive assessment that taking the PANRE provides, including results within two weeks.

Her advice to PAs who prefer this route is to stay focused by taking breaks, maintaining their confidence and good test-taking skills (i.e. don't change your answers), as well as being prepared by taking the practice PANRE on the NCCPA PA Portal.

"When I feel like I'm getting in my head and I catch myself re-reading the same question, I stop myself and do two things: one, I remind myself that I am fully capable of passing the boards, as I have already done so before; and two, I force myself to tackle the question one sentence or phrase at a time, while writing down key words or ideas along the way," Nordan said. "This helps me stay focused, but also helps me recognize the clues in the questions to best answer it."

#### PATH TO ACADEMIA

Nordan is director of didactic education at the Campbell University PA Program in Buies Creek, N.C. She spent the first half of her career in primary care at the Johnston County Health Department in Smithfield, N.C., where she continues to practice clinically while also pursuing her Doctor of Medical Science degree at Wake Forest University.

"I always knew I wanted to go into academia, but I thought it would be much later in my career," Nordan said.

Her journey was sparked by her involvement with Campbell University, from guest lecturing to mentoring students. When the opportunity to join Campbell's faculty presented itself, it "felt like coming home."

#### HARDING: THE LONGITUDINAL ASSESSOR

Unlike Nordan, Harding prefers the PANRE Longitudinal Assessment® (PANRE-LA).

Harding appreciates the flexibility of PANRE-LA, which allows her to answer 25 questions at a time, receiving immediate feedback. This approach not only assesses her knowledge but reinforces learning as she progresses.

"This format helps me reflect on any mistakes immediately," Harding said.

Harding's advice for fellow PAs taking the PANRE-LA is to set aside specific times each quarter for the assessment, making the process manageable and less





deadline for the quarter is approaching and you have not completed your questions yet," Harding said. "I found this to be a helpful reminder."

Harding is assistant professor at Campbell University's PA Program and practices at a local pediatric office. Balancing her academic and clinical roles, Harding coordinates the clinical skills course, which allows her to combine her passion for teaching with hands-on patient care. In the near future, she plans to pursue a doctorate in education.

#### **INSPIRATION AND IMPACT**

Harding's path to becoming a PA was influenced by her own health experiences and the compassionate care she witnessed from a PA during her mother's illness. Despite academic struggles in PA school, she found her calling in teaching, aiming to show students that perseverance can lead to success.

"I was not the best student," Harding said. "I struggled to adjust to the demands of PA school and faced academic challenges. Thankfully, I had great professors to help guide me. Even if you're not a traditionally strong student, you can still be a competent, compassionate medical provider."

#### **COMMON GROUND**

Harding and Nordan's contrasting preferences for traditional versus longitudinal assessment allows each to thrive and ensure they are keeping up with the latest medical knowledge in a way that suits their strengths and needs.

Harding added: "A commitment to lifelong learning ensures PAs stay current with medical advancements, enhancing their ability to provide high-quality patient care."



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SCHOOL

NCCPA's Back 2 School program is an on-going initiative that encourages Board Certified PAs to speak to elementary, middle, high school and pre-PA students about the PA profession as a potential career path.

#### SIGN UP TODAY!



www.nccpa.net/back2schoolprogram/





# CLOSING REMARKS

#### **Pushing The Profession Forward**

Wow! What a fantastic ride it's been so far. As the new senior communications manager for NCCPA, I've had the privilege of witnessing firsthand the incredible work PAs do every day. Their dedication, compassion, and commitment to excellence are truly inspiring. And now, with the launch of our new magazine, "Certified PAs Do That!", we have a unique platform to celebrate these remarkable individuals and the incredible contributions they make to healthcare.

When I first joined the NCCPA team, I was immediately struck by the passion and energy of my colleagues. We share a common goal which is to shine a spotlight on the extraordinary stories of PAs and to inspire the next generation of healthcare professionals. Together, we knew we had the right people and the right vision to create something that would make a meaningful impact on the PA community.

"PAs Do That!" is more than just a magazine. It's a movement. It's a testament to the powerful role PAs play in our healthcare system. Each issue will feature inspiring stories, expert insights, and practical advice to help PAs thrive in their careers and make a difference in their communities. By sharing these stories, we aim to not only celebrate the achievements of PAs but also to empower and inspire others to pursue this rewarding profession.

But we can't do it alone. We need your support and engagement to make this initiative a success. Here are a few ways you can get involved:

Connect with us on Social Media: Follow us at @\_pasdothat (PAsDothat) to stay updated on the latest stories and features. Join the conversation and share your own experiences using #PAsDoThat.

Visit Our Website: Head over to PAsDoThat.net to explore our new media hub. Here, you'll find a wealth of resources, including profiles of standout PAs, career development tips, and opportunities to get involved in our community initiatives.

Share Your Story: We want to hear from you! If you have a story that you believe will inspire others, please reach out to us. Your experiences and insights can make a real difference in the lives of your fellow PAs and aspiring healthcare professionals. Our mission is clear! It is to elevate the PA profession and showcase the incredible impact these dedicated individuals have on patient care. By coming together as a community, we can achieve great things. We can inspire, educate, and advocate for the future of healthcare.

Thank you for being a part of this exciting journey. Your dedication to the PA profession is what drives us to keep pushing forward. We look forward to sharing many more amazing stories with you and celebrating the extraordinary work you do every day.

Warm regards, Joseph Ellick Editor-in-Chief, "PAs Do That!" Senior Communications Manager, NCCPA



#### **Takeia Horton** MPH,M.S., PA-C

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# Certified PAS Do That!

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