

THE RIAPA NEWSLINE

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An Interesting Evening at the Capitol...

By: Emily Perkins, PA-C

I am new to the PA profession, therefore new to RIAPA and, certainly, new to legislation. So when I was asked to attend a hearing for a new PA law at the capitol building in April, I was apprehensive. A good friend, and seasoned PA to say the least, asked me to simply show up, rendezvous with the representative from the AAPA, and agree with everything he says in support of the bill. Well, it quickly became much more...

I had never been at the Capitol building in the four years I lived in Rhode Island. People were rushing around, obviously very experienced in navigating through the hallways and elevators to their destinations. I immediately felt like a deer in headlights. I tensely made my way to the third floor and met up with David Ashner, AAPA legislative staff, who was very gracious traveling from Washington, D.C. in support of the bill. We found our hearing room, sat down, and began to discuss our game plan. David provided words of encouragement, and I quickly realized this was going to be a lot more than agreeing with whatever David said!

The bill we testified for would, in short, allow PAs to respond in disaster situations without their supervising physician. We could respond and work with any physician willing to supervise or without one if one was not available. Think of the times you may have witnessed a car accident on the side of the road. Did you stop to give aid? Did you hesitate because your supervising physician was not available? How about natural disasters like Hurricane Katrina? We provide excellent care, but what is our liability out of state, or in emergency situation? Does the Good Samaritan Law apply to us?

After about four hours of other healthcare-related hearings such as decreasing physician malpractice costs, increasing community vigilance on sex offenders, and legalizing 1-ounce or less of marijuana, to name a few, it was our turn. Here I go... this is "my" profession I am supporting! I am at the Capitol, representing myself, and my future as a PA. Like that wasn't enough, I am also representing all of you, both new and experienced.

"I agree and am in support of this bill." It should have been simple enough... until I realized I am going to be the first to speak! I felt nervous watching other hearings. "Am I cut out to do this"? I knew the best thing one could do when testifying is to be extremely concise. The night prior, hearings had gone on until 2am.

Once I began giving my testimony, I found it very easy explaining the reasons for the bill to be passed. As my nerves calmed, I felt a sense of passion trying to advance our status as PA's. David spoke next, followed by Derrick Robinson, RIAPA president. David spoke again and wrapped up our testimonies. We thanked the committee and exited the room, only to chatter excitedly about what we had just done.

I felt relief. I was proud and passionate about what I had accomplished. At the time of printing, no decision was rendered on the bill. But, how exciting to have been a part of PA legislation! It felt good. Will I do it again? Yes. I also encourage others to participate if called to bat. Let me be the first to tell you though... you need to do a lot more than just show up!

Any updates on the outcome of the hearing will appear in a future newsletter.



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Save the Date

RIAPA FREE DINNER
September 23, 2010

Topic: *Major Depression
Disorder*
Capriccio's - Providence, RI
6:00 p.m. - 8:30 p.m.

RIAPA FREE DINNER
December 9, 2010

Topic: *Osteoarthritis*
Capriccio's - Providence, RI
6:00 p.m. - 8:30 p.m.

RIAPA Board of Directors 2010-2011

Rhode Island Academy of Physician Assistants

One Regency Drive
 Bloomfield, CT 06002
 Phone: 860-243-3977
 Email: riapa@ssmgt.com

President

Derrick Robinson, MS PA-C
Cornbread20@hotmail.com

Immediate Past President

Erin Sharaf, PA-C
Sharafel@cox.net

Secretary/Treasurer

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 Susanne Thayer-Kramers, PA-C
Thayerbear72@yahoo.com
 Emily Perkins, PA-C
ESPerks19@yahoo.com
 Christine Garro, PA-C
ChristineGarro@gmail.com

House of Delegates

Patty Lynch-Gadaleta
plgadaleta@hotmail.com
 Derrick Robinson, MS PA-C (alternate)

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RIAAPA representative

Susanne Thayer-Kramers, PA-C

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Olympia.Ming@gmail.com

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Cdipardo@lifespan.org
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Physician Assistants: Going Back to Our Roots in Effort to Improve Healthcare

By: Mae Igi, PA-C

Today it is wonderful to recognize that physician assistants have the technical skills, knowledge, and abilities to enter many fields of medicine, but we should also spend some time reflecting on our duties to our country in terms of improving healthcare access. As we think about the beginnings of our profession in the 1960's we have to remember that the profession's original purpose was once again, to relieve the burdens of the shortage in primary care. With an accelerating shortage of primary care providers in the United States that currently leaves 64 million Americans without adequate access, physician assistants are at the front lines to fight the war on healthcare. This is especially true of the physician assistants who serve in the National Health Service Corps, bringing help to underserved communities.

Spending time in the National Health Service Corps is a great way to honor our country and remain true to the original purpose of the PA profession. The NHSC brings high quality healthcare to millions of citizens who otherwise would not have preventive medicine available due to location and/or cost. 30,000 clinicians have served in the Corps since 1972. Recently the NHSC has received \$200 million from the American Recovery and Reinvestment Act to double the field strength of clinicians practicing in underserved areas. At this moment there are three times more vacancies than positions that are filled. In numbers, this means that there are over 5,900 job vacancies. In terms of duty, this means that there is still a lot of opportunity to serve in primary care. While there are many noble men and women serving our country overseas, there are still many noble men and women here in the U.S. fighting in a different battle.

As we move toward universal health coverage, we will begin to see even more alarming statistics about shortages. As more people are covered and receiving services in the system there will be more pressure on a limited number of primary care providers. In fact this has already started to occur in the state of Massachusetts after it enacted its own form of universal coverage. There we see primary care offices overflowing with patients. And then we see patients going to local emergency departments with non emergent issues because they had too long of a wait to be seen by a primary care provider. PAs can help change all of this by filling vacancies in primary care medicine. We need to remember that our profession was created to solve a problem in the healthcare system. That problem still exists today and we need to dedicate some time to solve this problem in honor of our country and most importantly, our patients.



If you would like to learn more about the NHSC please contact your local NHSC Ambassador, Mae Igi PA-C, or visit <http://nhsc.hrsa.gov/>

Vet School to PA School: A Student's Perspective

By: Michelle Ristuccia, PA-S, Class of 2012

What does it take to be a good PA? Is passing the boards sufficient? Is it the educational institution that defines quality of care? background? experience?

As a child I didn't play with dolls, I played with dogs and horses. I didn't play house, I played vet. Much to my mother's dismay, while my sister practiced ballet, I searched for tadpoles. I had, and still do have, a passion for animals. As I set off to college I looked for a school that would prepare me for a career in veterinary medicine and the University of Vermont fit the bill perfectly. I graduated from UVM with a B.S. in Animal Science with a concentration in pre-veterinary medicine. Following graduation I spent a few years working in small animal clinics and in animal shelters before moving to Grenada to work for St. George's University School of Veterinary Medicine. I was not satisfied... I didn't want to simply dole out treatment plans devised by others, I wanted to be actively engaged in the care of animals; I wanted to learn; I wanted to learn to handle challenges on my own; I wanted to progress to the next level.

In August 2004, I started veterinary school. Within the first month, I realized that my passions for animals, medicine and learning were mixed into the wrong concoction. I loved animals and I was thrilled to have the power of healing but, somehow both didn't go together for me. As a Veterinary doctor, I was dependant on someone else to deliver treatments to the ones under my care. Financial constraints simply added to the issue of compromised compliance. I fully understand that non-compliance is an issue in all medical fields but human adults at least have a choice. You can give them all the tools they need to succeed; whether or not they take your advice is up to them. Animals, like children, do not have the ability to provide for themselves. I was flustered to see my patients suffer because of a third person's non-compliance. My passions for animals and medicine needed to be directed to different channels; I left school and later

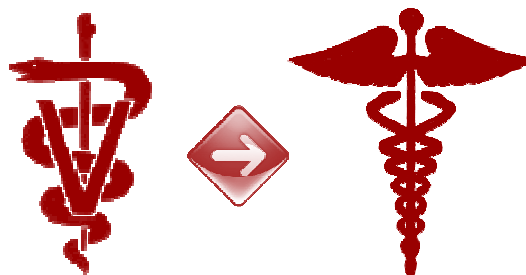
took a position at the Vascular Disease Research Center at Rhode Island Hospital.

Working in the hospital opened a new world to me. I observed all kinds of healthcare providers at work, doctors, nurses, technologists, and PAs. I realized that working as a PA would be a perfect fit for me. PAs have the best of both worlds. They have a perfect balance of decision making and close patient interaction.

I completed my first year at the Massachusetts College of Pharmacy and Health Science in May 2010. My first year was amazing in many respects. I frequently liken it to trying to take a sip of water out of a fire hydrant. I never thought I could work as hard as I did and enjoy every minute, well... almost every minute. The non-stop assault by pharmacology, pathophysiology, genetics, ethics, anatomy, ECG, and psychology left little time for anything but studying. Relationships with friends and family were redefined; I went from being the outgoing, always available companion to a complete unknown. I bought earplugs by the case and I lost my ability to communicate without thinking of CYP450 interactions and widened P-waves. The one thing I didn't lose was my passion. The more medicine I learn, the deeper grows my passion for it. I can't wait to learn more, to push my limits, and to evolve from a PA-S in to a PA-C.

So I'll ask again. What does it take to be a good PA? Passing the boards? Is it an educational institution that defines quality of care? background? experience? My journey from vet school to PA school has taught me that while all of the above are the hammer-and-chisel that shape the provider, a passion for learning, and compassion for fellow humans is what really makes a great PA. As I look into my heart, finding all these makes me confident that, in 2012, Michelle Ristuccia, PA-C will be a good PA.

Note from the editor: Michelle, you're on the right track... Keep up the good work!



My Tour at Cam Taji, Iraq

By: Carole DiPardo, PA-C

Dear Colleagues,

Shortly after I turned seventeen (with my father's co-signature and blessing), I joined the Army Reserves. The recruiter had lured me to watch an action-packed video clip that I recall so well. A combat medic was featured low crawling under attack tending to a wounded soldier. Oh, how I just imagined myself as the heroin "saving" my brothers and sisters in arms. I was sold. It was 1986.

Throughout my military career, I've participated in some great missions. From supporting the infantry brigade as a young medic or acting as the chief wardmaster in a 350-bed Combat Support Hospital as an LPN, we always took care of soldiers. Except for two humanitarian missions in Ecuador and Haiti, our training often emphasized care under fire and mass casualty exercises. Sometimes last March or April, I got "the call" to go and serve my country during Operation Iraqi Freedom.

I was assigned to the 211th Military Police Battalion (MP BN), a wonderful group of people under the command of Lieutenant Colonel Richard Johnson whose primary mission was "Detainee Operations". My responsibility rested with the BN in assuring our soldiers stayed healthy.

I did "PA rounds" where I would walk around the different sections and take care of minor ailments and complaints in an attempt to minimize soldier trips to the clinic. I kept up with immunization schedules, offered blister care, preventive medi-



Inside the Battalion Aid Station (BAS)

cine, etc. Since there was already a Level II Clinic inside the internment facility, there was no need to duplicate efforts and have another clinic, so I helped staff the clinic that took care of the detainee population and units assigned to two MP BN including ours. But this time, I was not going to mainly take care of soldiers. I was to assist with detainee care as well.

The detainee population varied, but was about 2500 when I first got to Taji in December. Detainees were held in buildings that looked like oversized hangars. Each "K-spans", as the buildings were called, was sub-divided into 20 zones. Each zone held up to 20 detainees. Twice a day, medics would round in their

Job Opportunities

- **The Memorial Hospital Emergency Medicine Division**, a very busy Emergency Room, is in urgent need for Physician Assistants to staff our E.R. on a per diem basis. It is my understandings from our Human Resource Dept. that are per diem rates are competitive. Anyone interested Please contact me at your respective earliest convenience. Thanking all of you in advance, Walter M. DeLuca, P.A.-C., R.N. c/o MHRI 111 Brewster Street Pawtucket, R.I. 02860, e-mail: dwallid@aol.com. Cell: 401-864-4548.
- **Brain & Spine Neurosurgical Institute:** Private neurosurgery practice seeking a PA to work full-time with our two neurosurgeons at various locations throughout Rhode Island and southeastern

Massachusetts. Our practice is one-of-a-kind in the Rhode Island and southeastern Massachusetts area. Our physicians work closely with a team of healthcare professionals in the fields of interventional pain management, physical therapy, and medicinal treatment to ensure that all of our patients receive optimal care through a multi-disciplinary approach. The successful candidate's responsibilities will include patient assessment and treatment, assisting in surgery, and providing inpatient care. We offer an excellent compensation package including competitive wages, health and dental benefits, and 401k plan. Please email resume to: brainspineneurori@gmail.com. Recent graduates are welcome to apply! Join us today!

Please check our website regularly for up-to-date opportunities. www.rhodeislandpa.org

assigned zones and perform sick call. They would address individual complaints and treat if within their scope of practice or present the patient to a provider in triage.

As triage provider, if I felt the detainee needed to be seen for further assessment and/or treatment, he was scheduled to be seen within 24hrs or sooner if necessary. Many detainees had a medical record with a very long problem list. The Review of Systems was often positive, frustratingly clinical signs often lacked, and complaints just did not add up. "Adapt and Overcome". I wanted to have a good tour and make the best of any situation. However, I was finding out real quick that "Detainee Care" was challenging in its own way.

The Clinic was well staffed and interpreters were assigned to different sections. As a Level II clinic, we had X-Ray, dental, lab and Physical Therapy. An Occupational Therapist would make his way every month or so for consults. We had providers with different backgrounds, and there were 4 PA's while I was assigned to the clinic. We were open 24 hours/day and had inpatient capacity as well, even if we rarely had to admit anyone.

I served during the H1N1 season and we did have a few confirmed cases among the detainee population and soldiers alike. If suspected (fever, flu symptoms), detainees would be isolated in a cell away from everyone. They were treated conservatively



211th MP BN primary staff: Captain Theresa Gallo, PA-C; Captain Carole DiPardo, PA-C; Specialist Elizabeth Gustin, medic; Specialist Curry, medic; Specialist David Bravo, medic; and Specialist Paul Gordon, medic (not pictured).

and would return to their respective zones when the fever abated and they improved clinically. Certainly, their commodities were not as cozy as they probably wanted.

I think the hardest thing was staying objective. As multiple complaints did not fit clinical scenarios and were often accompanied by theatrics, some Iraqis just wanted to hear a diagnosis and be transferred (MEDEVAC'd) to the next higher echelon of care. When their requests for unnecessary lab work, diagnostic imaging or transfers went unfulfilled, they sometimes got angry and verbally abusive. But, I never really felt threatened. Security was paramount. For the most part, Iraqis were respectful of the American medical personnel.

Before I knew it, I was halfway through my tour and plans to take over coalition care of our military from the Level II clinic was underway as the clinic was to be handed over to the Iraqi government. It was time to set up our own clinic. With the help of my medics, we set up our facility within a trailer and borrowed a company classroom near us for overflow and triage. I sought extra equipment from a Battalion Aid Station (BAS) on main Taji that was closing down. We ordered our formulary, made some schedules and Standard Operating Procedures for different scenarios and "voila", we were ready to open our doors.

Our BAS was rudimentary at best, but we prepared ourselves with different scenarios and provided the best care we could with what we had. Though, for the most part, we were able to care for all soldiers coming to us, we could refer to another Level II for advanced care such as X-rays or lab. There was also a Psychiatric unit locally available. Initially, I split the day with an orthopedic PA, Theresa Gallo from Iowa. What a fantastic person she is. She fit in great with our group, and provided the orthopedic experience that was so needed and that I so badly lacked. I was so lucky to serve with such wonderful people whose commitment is immeasurable.

I never underestimated our freedom here in America. However, having the opportunity to serve in Iraq, even if I did not encounter combat (thankfully), made me really appreciate what we have here in America. If you ever think you have it bad around here... give me a call. I will remind you of really how great this country is.

Sincerely,

Cpt. Carole DiPardo

Cpt. Carole DiPardo



“TAG a PA”



A small organization like **RIAPA** is always looking for new members to help us continue and grow.

At every meeting and event, we encourage new membership.

This year we have coined the phrase “**TAG a PA.**”

If each PA could find one person who is not a member of **RIAPA**, someone in your:

- ❖ Hospital
- ❖ Office
- ❖ Clinic
- ❖ or a friend

and personally encourage them to join, we could easily double our membership!

You can direct them to the **RIAPA** website:

<http://www.rhodeislandpa.org> for an easy online membership application.

Let's all try to “**TAG a PA**” this summer and help **RIAPA** continue its success.

Getting involved as a member makes us all proud to be part of the profession.

RIAPA ❖ <http://www.rhodeislandpa.org> ❖ 860-243-3977



Rhode Island Academy of Physician Assistants

One Regency Drive

P.O. Box 30

Bloomfield, CT 06002