



the review

A quarterly newsletter of the North Dakota Academy of Physician Assistants

Cindy Renner, PA-C, Editor

September, 2010

President's Letter:

My how summer passed so quickly... And PA WEEK is just around the corner.

The week of October 6-12, 2010 has been designated as National PA WEEK! The AAPA sent out an information email encouraging all of us to "take this opportunity to promote public awareness of the PA profession and to salute the outstanding PA workforce". They have a website for further ideas to help plan your PA Week ideas at http://www.aapa.org/images/stories/PA_Week/PAWeekToolkit2010.pdf

Thanks to all of you for all you do to promote and elevate our profession and for your patients! If you do any kind of promotion for PA week, please submit the information to Cindy Renner or myself - we will include the information in our next newsletter.

We are again looking for anyone interested in becoming an ACTIVE member of the NDAPA. We always need assistance on one of our many committees and the board. Our members have been—and continue to be—very proud of the activities and achievements of our academy.

This Spring I had the pleasure of representing the NDAPA as an alternate delegate at the AAPA National Conference House of Delegates in Atlanta. As usual, many topics were reviewed and debated - all important in keeping our academy running smoothly.

It's not too early to start planning for the next NDAPA Spring Conference which will be held at the Holiday Inn, Fargo, ND on May 5 and 6, 2011. Lori Dockter and her CME Committee have already started planning another interesting CME workshop for us!!

Along with thoughts about the conference, I would also like to encourage you to remember the Kathy Ohly Scholarship Silent Auction. It is for a very worthy cause, as we all know how expensive PA school is. The after Thanksgiving and Christmas sales are a perfect time to snatch up a good bargain that you could donate for the auction.

The new NDAPA website is coming along nicely and will hopefully be available before the end of the year. We will send out an email notification when we get it up and running.

The ND Board of Medical Examiners voted at their July meeting to have a PA as an active board member! They are working towards getting things in motion to get the necessary legislative changes made during the next session. Thank you Kate Larson and Scott Barry for all the hard work and attention you have given in your years of close work with the ND Board of Medical Examiners to make this possible and to help promote our profession.

If you have any ideas, suggestions, questions or concerns, membership questions, or again, if you would like to be a part of the board or one of the committees, please feel free to contact myself or any of the academy board and/or committee members, or Terri Lang, our executive secretary

Have a happy, healthy fall. Happy PA WEEK!!

Cheryl Ulven, President

Greetings from the UND PA Program!



Jeanie McHugo, PhD, PA-C

Allow me to introduce myself – my name is Jeanie McHugo and I am the new Program Director for the Physician Assistant Program at UND. I officially started my new role on August 16th, 2010 and am striving to make the transition from Faculty to Director as positively and effortless as possible.

To share a little about my educational background, I became a Physician Assistant in 1998 and have been involved in PA education since 2004. I am a graduate of Mankato State University (Bachelor of Science in Human Biology - 1993), the University of South Dakota (Bachelor of Science in Physician Assistant Studies - 1998), the University of Nebraska-Omaha (Master of Science in Physician Assistant Studies – 2000), and most recently the University of North Dakota (Doctor of Philosophy in Higher

Education – 2008). My clinical experience includes urgent care/family medicine, general medicine with an emphasis in psychiatry, and clinical and surgical orthopedics.

My current graduate teaching responsibilities have included on-line anatomy, EKG's, history and physical exam, primary care coursework and specialty clerkships. I have also been responsible for coordinating all aspects of clinical testing and maintaining a Preceptor Community Network site for on-line evaluations, resources, and increased communication with primary care preceptors. In the area of research, my interests are in clinical teaching evaluation and improvement, student and program assessment, teaching and learning strategy and anagogical learning theory.

From a Program perspective, our current class of 58 students began in May, 2010. Nearly half of those students are in the tri-state area of North Dakota, South Dakota and Minnesota. In all, there are 21 states represented. The clinical backgrounds of this class include nursing, medical technology, respiratory therapy, chiropractic care, dietetics, paramedicine, radiologic technology, exercise physiology, athletic training, cardio perfusion, military corpsman, and nuclear medicine. The average age of the student population is 34 years and the average clinical experience is 12 years. As of August 23rd, the students have successfully completed their first semester of PA education and are enjoying a study break week before a challenging fall semester begins.

Finally, we are recruiting to fill my previous faculty position. If you or anyone you know may be interested in learning more about this position, please feel free to access the faculty job description on our webpage (<http://www.med.und.edu/physicianassistant/>) or contact me directly at jeanie.mchugo@med.und.edu or 701-777-2344. I am honored and excited to begin serving as Program Director for the UND PA Program. I look forward to working with all of you and building a more collaborative relationship with the North Dakota Academy.



UND PA Program 2010 Graduating Class

Physician Associate: A Change Whose Time Has Come Final Statement of 100 PA Leaders

"submitted by Dave Mittman, Editor of Clinician 1 - an on-line PA/NP publication."

We, the undersigned physician assistant leaders assert that the time to change the name of our profession has arrived. While we can debate much about a name change, we have all agreed to the below statements and thoughts. We also fully agree that the name change advocated below will advance the profession. We call on the leaders of the profession and all PAs to announce and start to implement this change as soon as possible. At a minimum poll the entire profession. We are leaders who believe it is increasingly unwise to wait longer to make this long-needed change. Collectively, the below-signed PAs have given much of their lives to the profession and are dedicated to its advancement.

Why We Need a Change

Our profession's original name was physician associate. Physicians demanded that "associate" be changed on the grounds that it did not properly describe the desired scope of PA practice. Forty years later we have outgrown the "assistant" title. It no longer accurately represents the profession. It is inaccurate and confuses consumers. The title is misleading and carries negative connotations which we can and should avoid. As we move into a new model of healthcare delivery it is of the utmost importance that our profession's name accurately describes our role.

Why a Change Is Justified

- The PA role is truly one of partnership; of association and collegiality. We work as associates and have for many years. Our profession's birth-name in 1965 was physician associate.
- "Physician assistant" is a generic term. It can mean anything: a person in the office that bills patients, a records assistant, and the person that sets up and cleans the exam room, all the way to a certified, licensed PA. The profession must move from this generic name to one that aptly and more accurately describes our function.
- In our society, "assistant" denotes a technical job, not a profession.
- PAs are held to the same legal and medical standards as physicians.
- The title is confusing and misleading to our patients and the public in general. Since the name practically guarantees that "physician assistants" will be confused with "medical assistants", patients are at risk of thinking they are receiving substandard care or expect that after the "assistant" a physician will also be seeing them. Most times this does not happen, nor does the physician or the PA expect it to happen. It is time to have the name mirror the reality that exists.
- The internationalization of PAs is important to the profession. Having to explain the common meaning of the name "assistant" under-represents our true practice is a barrier, in international forums, to full understanding.
- The above problems also may keep prospective applicants and others away from becoming PAs as they would not want to go through extensive schooling only to become someone's assistant.
- Almost all professions at the level of training of a PA (pharmacy, PT, OT, NP) are or soon will be at the doctorate level. Our education and practice is professional, as should be our title.
- "Assistant" obscures the PA's true role in the practice. Physicians who might otherwise consider a PA do not hire one as they feel they need someone more than just another "assistant".
- All professions should be able to name their profession. "Physician Assistant" both demeans and misrepresents our profession. It is time to claim the name that is both appropriate and our birthright and discard the one that was forced upon us.

The Process

- The profession, ideally through the AAPA Board or HOD, should immediately adopt a policy that states that "Hereafter the profession will work to be retitled "Physician Associate," as it more accurately reflects the profession in the 21st century".
- If the Board or House is reluctant to do this on their own, then the entire profession should be polled using the AAPA's full database.
- This renaming can be done over a number of years, with the ability reserved to use either title in the interim if necessary, depending on state legislation, etc.
- The PA profession should advise organized medicine that this change is not an effort for independent practice but is a move to more accurately describe the scope and status of the profession and place it at a level where it

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Physician Associate (Continued from Page 3)

belongs. It should also be explained that the name physician associate had been chosen for us by organized medicine to represent the PA profession 45 years ago. PAs should stress that after 45 years of delivering quality medical care across the entire spectrum of practice, we are choosing a more appropriate name and that we would expect nothing less than the full support of organized medicine, which will also benefit from the change.

-- PA programs should include the name physician associate whenever possible--along with the title physician assistant if need be.

-- "Physician Associate" allows us continued use of the initials "PA", which are well-known to the public.

-- "Associate" does not imply that PAs are equal to physicians. Associate professors are not full professors. Associate deans are not full deans. There are precedents for this.

-- The profession should consider funding State-level efforts to effect this change.

-- The argument that a change will open laws at the State level is a hollow one. This action can be introduced as a "cosmetic" name change amendment which will have no impact on PA practice law. If opposed, the profession can educate the legislature as to the source of the opposition, that fact that we are asking for no increased privileges, and the current title is confusing consumers and others.

-- This name change should be done BEFORE the profession embarks upon any large public relations campaign. We can effectively brand the profession through the use of the new name, avoiding any confusion of our status when compared with medical, podiatry, chiropractic and other assistants.

Therefore, we the undersigned PAs declare that because of the above reasons and more, the PA profession should adopt the name "Physician Associate" and begin an educational campaign to other medical professionals and the public regarding Physician Associates.

1. **Victor H. Germino, PA.** PA Class #1, 1965-67 Duke University Medical Center PA program. One of the founders of the PA profession.
2. **Robert M. Blumm, MA, PA-C, DFAAPA,** Immediate past president APSPA, Past president AASPA, Immediate past president ACC, Past president NYSSPA, Past AAPA Liaison To ACS, ACC Liaison to ACS, Past Chair Surgical Congress AAPA, Editorial Board Advance for PAs, Clinician 1, Advanced Practice Jobs, past editorial board member Physician Assistant, Clinician News, Author, National Conference Speaker, Consultant, Paragon Award Winner Physician /PA Team, John Kirklin M.D. Award for Excellence in Surgery
3. **Robin Morgenstern, PA** Past AAPA Secretary, Past President Illinois Academy of PAs, past Director of the PA Program of Cook County Hospital, Chicago, Past Midwest Advertising manager Clinician Reviews Journal.
4. **Maryann Ramos, MPH, PA-C,** Founding President NJSSPA, Secretary of the AAPA House of Delegates, Delegate or Alternate for many years; Current Member, Nominating Committee; Current Legislative Chair for Physician Assistants for Latino Health - Puerto Rico; Past President American Academy of Physician Assistants in Occupational Medicine; Established Liaison between occupational physicians and PAs and Affiliate PA Membership in ACOEM; Awarded the Meritorious Civilian Performance Medal, US Army Medical Corps, 2008; Past Federal Civilian PA of the Year 2002(AAPA Veteran's Caucus); Past PA of the Year (AAPA President's Award 1980)
5. **Blaine Carmichael, MPAS, PA-C, DFAAPA,** Co-Founder Association, Past president, Vice President and current Delegate at Large of Family Practice Physician Assistants, Founder Bexar County PA Society, Founder, Que Paso - What's Happening PAs of San Antonio, Moderator of PRIMARY PA forum, Board Member, American College of Clinicians, Founding member of PA History, Texas PA of the year, 1990, has published widely and speaks at many national, state and local PA conferences
6. **Dave Mittman, PA.** Past AAPA Director, Past President NY State Society of PAs, Co-Founder and creator Clinician Reviews Journal and Clinician 1. Co-Founder ACC. First PA in the USAF Reserves. Lifetime PA Achievement Award/President's Award NJSSPA and NYSSPA. Co-Author of first international article regarding PA practice in America published in the BMJ. AAPA National Public Education Award Winner-1983
7. **Stephen Henry, PA-C, RNP,** Co-Founder California Academy of PAs. Two times President of CAPA. Founding member of Veterans Caucus, Founding Member Occupational Medicine Caucus AAPA. Founding Member ACC. Years in HOD, Numerous committee Chairmanships.
8. **Harvey Fine, PA-C** Founding President, California Academy of Physician Assistants.
9. **David M. Jones, PA-C, MPAS, DFAAPA,** Member, Past Governmental Affairs Council, AAPA Legislative Co-Chair for at least 10 years, Oregon Society of PAs (Chair for the 2009 session), Past President of OSPA (twice), AAPA Co-Rural PA of the year 1988; second term as a member of the PA Committee, Oregon Medical Board
10. **Roy Cary, PA-C, DFAAPA** Co-founder and past president of The American Academy of Physician Assistants in Legal Medicine. Co-founder in Cary & Associates, LLC and holds a position as Senior Partner. Mr. Cary is also a member of the Physician Assistant Advisory Committee of the Nevada State Board of Medical Examiners. Retired Air Force Major.

(The original article was signed by 92 additional PA leaders from around the country. If you would like to see the entire list contact Cindy Renner at eatchocl8@aol.com)

GENERAL ASSEMBLY MEETING

May 7, 2010 — Holiday Inn, Fargo, ND

The meeting was called to order by President Cheryl Ulven at 12:40 PM. Minutes of last General Assembly Meeting were read by Secretary, Judy Reese. Scott Barry moved that the minutes be accepted as read and seconded by Randy Perkins. The minutes were approved by voice vote.

CME: Lori Dockter: Lori recognized her committee members and the gargantuan effort to put together this years meeting. A special thanks to the UND staff for putting in countless hours. Contest winner of the 2011-12 membership is Jackie Grufelter-Contest winner of the 2011-12 Seminar is Marsha Kempton

MEMBERSHIP: Randy Perkins: Randy once again is urging members to renew membership. He asks that if you know someone who is not a member of NDAPA to encourage them to join and consider being on one of several committee's. There are several areas to get involved in. Involvement results in progressive legislative efforts and benefit.

NEWSLETTER: Cindy Renner: Cindy once again is asking for submissions of interest to the newsletter. The interest to get articles submitted is lacking. The contest winner for a free membership 2011-12 is Ken Kessler for his article that was submitted.

LEGISLATIVE: Kate Larson & Scott Barry:

- The 7 month delay/hold-up with DEA for Schedule II narcotics was explained by Kate. After BOME called DEA the delay went away.
- There is no longer a PA-physician ratio. She advised that smaller hospitals and clinics should be made aware as they may not know this.
- It is now okay for rural areas to dispense out of pharmacy in CASES OF EMERGENCY
- PA's can now sign Death Certificates
- The 6 key elements listed by AAPA were reviewed. ND and Rhode Island are the only 2 states that have all 6 elements in place. 1. *Scope of Practice determined at the practice site.* 2. *No ratio restriction the law for PA's/physician.* 3. *Appropriate supervision language.* 4. *No chart co-signature requirement.* 5. *Full prescriptive authority.* 6. *Licensure as the regulatory term.*

Long term goal is regulatory and short term is legislative. In the off year would look at Practice Act. There are some editorial things to clean up, i.e contract between board and Physician. There were additional suggestions by AAPA Liz Roe.

SCHOLARSHIP/SILENT AUCTION: Since UND program is now graduating every other year, there was no scholarship this year.

BUSINESS:

- NDAPA website is being redesigned/changed. Travis Kroh is putting it together. NDPAhome.org
- Next annual meeting May 5-6, 2011 at Holiday Inn in Fargo, ND
- Election of Officers: President: Cheryl Ulven, Scott Barry and Curt Kroh; Vice-President: Scott Barry, Randy Perkins and Roger Pressler; Secretary: Judy Reese; Treasurer: Pat Bloomquist; Director at Large: Curt Kroh; Jr. Delegate: Scott Barry, Wayne Cartes and Denise Mortenson; Alternates: Lori Dockter, Kate Larson, Curt Kroh and Judy Reese

Scott Barry moved for all single votes by acclamation and Randy second.

President: Cheryl Ulven

Vice President: Scott Barry

Secretary: Judy Reese

Director at Large: Curt Kroh

Junior Delegate: Scott Barry

Alternates: Lori Dockter and Kate Larsen

There was no further new or old business to bring before the Assembly, Denise Mortenson moved to adjourn the meeting and Pat Bloomquist second.

The meeting adjourned at 1:22 PM

Respectfully Submitted,
Judy Reese

How to Get in Touch with your Inner Advocate (In Five Steps or Less)

" provided by Liz Roe, Director of State Advocacy and Outreach for AAPA "

Physician Assistants (PAs) know which laws make it difficult to deliver patient care. You can probably think of one or two right now. In the August 2009 issue of MAPA News, the article, "Why PA Should Also Stand for 'Political Activist'" emphasized that PAs have a duty to help change laws that hamper their ability to deliver quality patient care.

However, PAs are often reluctant to get involved in changing the law. The legislative process seems confusing and nebulous. In reality, the legislative process is exact and unchanging. The American Academy of Physician Assistants' (AAPA) state government handbook, *Taking Charge*, details the state legislative process, and can be read online at http://www.aapa.org/images/stories/Taking_Charge.pdf.

PAs are natural advocates. PAs advocate on behalf of their patients every day, ensuring that they get the best care possible. By taking just a few simple steps, every PA can bring out their "inner advocate".

Step 1: Lead by Example

Knowledge is power. Power comes from knowing your elected officials, being aware of the issues, and making sure your voice is heard through voting. Start building that power by visiting <http://capwiz.com/aapa>, to find the names and contact information for your state officials.

Once you've taken the first step to get involved, become an agent of change. Read MAPA newsletters and e-mail alerts. Take action when asked. Discuss issues with your colleagues, and talk about solutions. Thanks to wireless technology, it is easy for PAs to stay plugged into the issues and get involved anytime and anywhere.

Step 2: The Golden Rule

"Ask not what your legislator can do for you, but what you can do for your patient."

When PAs find laws that make it difficult to deliver patient care, they should put themselves on the exam table and see how changing the law would benefit patients. When PAs can explain the issue in terms of what is best for patients, they become advocates for patients and their practice.

Step 3: Know Your Audience

In a recent speech to a group of AAPA state chapter legislative coordinators, California State Assembly Member Nathan Fletcher said, "I'm going to vote on 2,000 bills this session. I'm going to need some input." State legislators often do not have legal staff to analyze the impact of voting yes or no on a bill. They rely on constituents (also known as "voters") to educate them on the merits or downfalls of a specific bill. As PAs, it is your duty to help explain to lawmakers how a change in the law will affect patient care.

When speaking to elected officials, PAs should be honest, accurate, helpful, positive and reasonable. The best way to achieve this is to use the resources MAPA provides to develop a personal testimonial.

Step 4: Make it Easy to Say Yes

The swiftest path to getting policymakers to say "yes" and help change a law is to make it as easy as possible to say yes. This means that PAs must take some time outlining how best to describe the issue and solution.

If a lawmaker seems reluctant to commit to a cause, offer to help the official become the "resident expert" for their colleagues on the topic. Also, never assume that a junior legislator is not worth your time. PAs have found champions for the profession in freshman legislators on the fast-track to leadership positions. Lastly, don't ask for a guarantee of success. The twists and turns that can occur during the lawmaking process are many; be flexible and ready for whatever may come next.

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How to Get in Touch with Your Inner Advocate (continued from Page 6)**Step 5: When all Else Fails**

There are moments when, despite everyone's best efforts, an initiative may hit a snag. A deadline may be missed, or a bill sponsor knows that some other issue is on the horizon that may conflict with the initiative most important to PAs. This is not the time to get angry and walk away. Instead, be appreciative of the effort that has already been made, be constructive, and maintain a sense of humor. Look at the setback as a learning experience or an opportunity to realign your goals.

Conclusion

Once you've gotten in touch with your inner advocate, you'll find that getting involved in a legislative project is a rewarding experience. The key to remember is that the legislative process is a marathon, not a sprint. Legislative success is often not quantifiable and sometimes means compromise. Your best bet is to stay informed, get involved, and be a champion for your patients.

Considering a Run for Office?

" provided by Liz Roe, Director of State Advocacy and Outreach for AAPA "

As a physician assistant, you make an impact on the health of your community every day. But what if you want to take a more direct role in shaping the laws that affect health and health care? Running for office is a great way to positively affect health care in your community. Legislators write and vote on laws that control everything from your scope of practice as a PA to the requirements for hospitals to operate to who is eligible for coverage under your state's Medicaid program. If running for office sounds interesting to you, here are a few things to consider before throwing your hat in the ring.

Timing is everything. If your district has an incumbent who has been in office for twenty years and is always re-elected by huge margins, challenging that person is probably not the best way to launch a political career. That said, the 20-year veteran has to retire sometime, and there are plenty of things you can do in the mean time to position yourself as their successor. Which brings us to...

Build a solid foundation. If your last name is Roosevelt or Rockefeller, you could probably wake up one day and decide to run for office. For the rest of us, it can take years of grass roots political activity before a major party will place your name in nomination. Become a campaign volunteer for candidates whose ideas you support, and donate money to their campaigns if you can afford it. Attend state and local events sponsored by your preferred political party. Become an advocate on health care issues, or any other issue that you are passionate about, so that elected officials think of you when they need advice on a particular subject. All of these things will help you build the relationships that are necessary to launch your own political career.

Work with your allies. Reach out to organizations who share your policy goals. As a PA, a natural place to start might be health care groups. If you support stem cell research, for example, there is nothing wrong with garnering political support from groups who support the same thing. Make yourself their champion, and they will want to invest in your success.

This may seem daunting at the outset, but remember that many PAs in the past have succeeded in the political arena. PAs like Amiel Redfish of South Dakota and Ira Polk of Mississippi were elected Mayor of their towns. PAs Mark Clark of New Hampshire and Mark Hollo of North Carolina have each been elected to their state legislatures. PA Terry Scott is currently the Deputy Mayor of Shoreline, Washington. And PA Karen Bass made history in 2007 when she became the first African American woman to be elected Speaker of the California State Assembly. The assembly speaker is considered to be the 2nd most powerful political office in all of California, second only to the Governor.

So fear not, civic-minded PAs! With the right mixture of patience, determination, and communication, there is no limit to what you can achieve. For more information, contact David Ashner of AAPA's State Government Advocacy and Outreach staff at dashner@aapa.org.

Legislative Update:

Submitted by Kate Larson, PA

Great strides have been made in the past three years while attending the North Dakota Board of Medical Examiners. As you have read in the President's message, we are now working toward a Physician Assistant member on the North Dakota Board of Medicine.

At a recent meeting, there has been discussion about treating supervising physicians. I have visited with the American Academy of Physician Assistants regarding this issue. I have let the NDBOME know that the AAPA has Guidelines for Conduct of the Physician Assistant Profession that we would publish for your review.

CARE OF FAMILY MEMBERS AND CO-WORKERS

Treating oneself, co-workers, close friends, family members, or students whom the physician assistant supervises or teaches may be unethical or create conflicts of interest. For example, it might be ethically acceptable to treat one's own child for a case of otitis media but probably is not acceptable to treat one's spouse for depression. PAs should be aware that their judgment might be less than objective in cases involving friends, family members, students, and colleagues and that providing "curbside" care might sway the individual from establishing an ongoing relationship with a provider. If it becomes necessary to treat a family member or close associate, a formal patient-provider relationship should be established, and the PA should consider transferring the patient's care to another provider as soon as it is practical. If a close associate requests care, the PA may wish to assist by helping them find an appropriate provider. There may be exceptions to this guideline, for example, when a PA runs an employee health center or works in occupational medicine. Even in those situations, the PA should be sure they do not provide informal treatment, but provide appropriate medical care in a formally established patient-provider relationship.

The North Dakota Board of Medical Examiners realizes that there may be difficult working situations and are trying to avoid any conflicts in the work area for prescribing to supervising physicians.

We hope to continue to work closely with the North Dakota Board of Medical Examiners for practice issues that may affect all of us.

Why “PA” Should Also Stand for “Political Activist”

"another article graciously provided by Liz Roe, Director of State Advocacy and Outreach for AAPA"

We are all impacted on a personal level by political decisions – decisions that affect things like our civil rights and the taxes we pay. In addition, PAs are affected professionally by politicians who pass laws, and by political appointees who regulate the PA profession. Most importantly, laws and regulations affect your patients. Every PA has had a patient whose most pressing need was not a different drug or a new therapy, but a change in the law. It is therefore the special obligation of PAs to understand the political process and use that knowledge to advance the interests of their patients and their profession.

There are many different ways that politics impacts the PA profession. State laws, which are the result of a long and sometimes grueling political process, can govern everything from which patients are covered by Medicaid to how many PAs a single physician may supervise. Before [*your state*]'s legislators passed a law to license physician assistants in [*year*], PAs weren't even allowed to practice here. PAs should know how to work with the legislators who vote on those laws.

The first step is to stay informed. Read the newspaper and keep up with the state's economy and political climate. Know what health bills are being considered by the legislature and the implications of those bills on health care. The most basic duty of any citizen in a democracy is to vote, and understanding the issues is a prerequisite to casting an informed vote. But knowing the issues backwards and forwards also allows you to take the next political step, which is to influence others.

Introduce yourself to your state legislators, and communicate with them on health care topics when your expertise could be valuable. If you can provide advice to a state senator on public health issues, such as smoking bans or bicycle safety laws, you will find a much more receptive audience when that PA supervision bill is up for consideration down the road. You could also work on a campaign for a candidate who shares your positions on important issues, or even run for office yourself.

Running for office is the pinnacle of political activity. As a PA, you may already know many of the people in your community because they are your patients, hospital or clinic staff and colleagues. You also have a deep understanding of the health care issues that are important to your community, and few issues are more important to voters than health care. You don't necessarily have to give up clinical practice to run for political office – many governmental positions are compatible with continuing in full time clinical practice – but serving as an elected official gives you the opportunity to influence the health of your community on a much wider scale.

Along with laws passed by elected officials, PA practice is also governed by regulations adopted by appointed officials. Medical Board regulations, along with regulations from other agencies, often impact the PA profession at least as much state laws do. Unlike legislators, who must deal with the entire spectrum of public issues, regulators are focused on one specific area – in this case, medicine – and as such are expert in their field. Nevertheless, it is important for PAs and PA organizations to communicate with regulatory agencies. Attend medical board meetings if they are open to the public and submit comments on proposed regulations.

While it is possible to do these things as an individual, working through a group of PAs like [*state chapter*] is much more likely to carry weight with political actors. Working through an organization allows PAs to establish institutional relationships with other health care players in the political process, such as state medical societies and nursing groups. While PAs and other health care professionals may not agree 100% of the time, you'll find that working together when there is agreement diminishes the frequency and intensity of disagreements on more controversial issues.

To learn more about how PAs can get involved in the political process, check out AAPA's *Taking Charge* handbook, available on AAPA's Web site.

A Student's Journey

Jackie Vanderlinden, PA-S

I imagine that most who are reading this were former PA students at one time. I was asked to share the story about my recent journeys through PA school. From what I can tell, we all have our own story to tell, of the journey taken to become a PA. I hope my story will not only amuse you, but remind you of how important it was to become successful in reaching your goal.

Not too many husbands say "I do" with the intent of moving their newly wedded wife to another town, another state – without him. My husband and I spent our first anniversary in a tearful embrace saying good-bye as I went to attend my first day of class at the USD PA program. Only the excitement of the unknown and the drive to succeed pushed me through those doors. It's a day I'll never forget. After meeting my classmates, it was apparent that I was not the only person in that classroom who had made sacrifices. Many of my classmates had not only left spouses and homes behind, but children as well. It was clear to me that this journey was not for the weak at heart.

Fast forward a few weeks. The adrenaline and excitement dwindled and the need to focus and prioritize suddenly became a necessity. Time management and deadline completion were number one; we prepared for exam after exam and test out after test out. It was during this time that I developed my new found love of coffee, studying late in to the night. Many of us looked forward to the occasional study group - they were a relief, a sense of normalcy and human interaction. It was also during this time that I was alarmed to realize that if given the choice, I'd prefer to sleep rather than shower in the mornings – a sure sign that the days had become too long and the nights too short.

A lot of time and energy was spent in the anatomy lab; we did so appreciate the patients and families who chose to donate their bodies so that we could learn from them. Many of us spent a lot of time reviewing and studying our designated bodies. One early morning I was preparing for an exam, down in the basement for a last minute review of my "patient." I was the only one down there, when suddenly the fire alarm went off. This is not the place one wants to be when that occurs. Thankfully, it was only a drill, but what a way to start the day; only in the life of a student.

Like many of my classmates, I lived for the weekends since this was when I got to see my husband. The visits were few and far between, but we learned to make the best of them. We spent most of our 2nd year of marriage, in hotel rooms at different half way meeting points. We prayed for mild weather as many weekends were full of unwanted adventures due to dangerous travels.

I haven't yet mentioned that for 14 months I lived in an apartment through housing assistance – which was a financial lifesaver, but came with its challenges. I witnessed my first domestic disturbance, learned how to trap and kill large spiders, and prayed that the snakes that were found in my neighbors sink and outside my front door didn't decide to pay ME a personal visit. For this, and many other reasons, going home stirred up feelings of euphoria – I often found myself smiling and giggling in anticipation.

I was home with my husband for one rotation but then had to pack up and leave again. With each new rotation, came the nerves that come along with "first day jitters." Interestingly, by the time I finish, I will have 12 "first days" under my belt and figure I will be very comfortable on my first day on the job. Along with the nerves, come a new location, a new preceptor, a new schedule, and a new set

(Continued on Page 11)

A Student's Journey (Continued from Page 10)

of objectives. Thankfully, the excitement and determination outweigh the nerves and anxiety. As the saying goes, "Life is not a journey to the grave with the intentions of arriving safely in a pretty well-preserved body, but rather to skid in broadside, thoroughly used up, totally worn out and loudly proclaiming....Wow! What a ride!" Thus far, I'd say I've had a good ride.

Jackie Vanderlinden grew up in Grafton, ND and moved to Bismarck in 2000. She attended the University of Mary from 2000-2005 and graduated with BS degrees in Exercise Science and Respiratory Therapy. She was employed at the Human Performance Center and Great Plains Rehab Services in Bismarck until being accepted in to the USD PA program in 2008. The program started in August of 2008. She will graduate in December of 2010. USD accepts 20 students each year - 10 from SD and 10 from out of state. The program is divided in to 14 months of academics and 14 months of clinical rotations. She started PA school with the intent of working in pulmonology or cardiology, but found that she really enjoys family practice and surgery too. She has already volunteered to become a part of the NDAPA organization and wants to serve on the board!

Mark Your Calendars

NDAPA Primary Care Seminar

Holiday Inn

Fargo, ND

May 5-6, 2010



the review

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The mission of NDAPA is to promote quality, cost-effective, accessible health care to enhance the health and well-being of the people of North Dakota and to promote the professional and personal development of Physician Assistants.