



Society of Physician Assistants in Otorhinolaryngology-Head & Neck Surgery

# THE VANGUARD



## President's Message

*Jennifer Brooks, PA-C*

Hello! My name is Jennifer Brooks, PA-C. I am the new incoming president of SPAO. I have been a PA since 2011 and have been in ENT over 4 years. I am dedicated to teaching PA students, and educating the public and providers about PAs and their scope of practice. I look forward to representing ENT PAs for the next two years.

We started 2017 with another fantastic ENT for the PA-C Conference. I would like to thank the proctors, speakers, sponsors, and volunteers who help us to create an amazing conference for ENT PAs. Shortly, we will start preparing for the 2018 ENT for the PA-C conference in Arizona. I am looking forward to working with the dedicated staff and members of SPAO again to make it all happen.

In the meantime, our board members will also continue to represent our members' interests at the AAPA's House of Delegates.

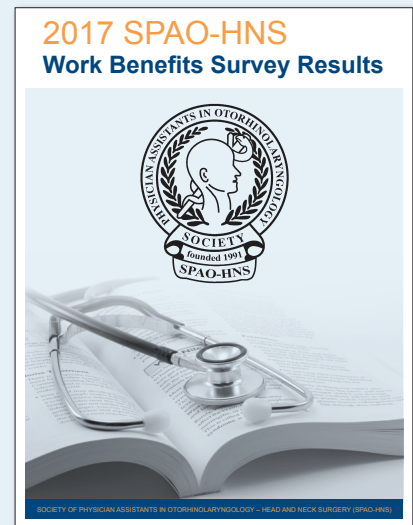
We have had a number of people interested in joining our committees. I would like to applaud those volunteers. I encourage anyone to consider running for a position or to volunteer. We are always looking for new, fresh ideas.

We continue to remain a strong organization and will continue to strive to maintain that status.

Thank you for your membership!

## IN THIS ISSUE

Report from AAPA's and SPAO's Liaison to AAO-HNSF	2
SPAO Scholarship Committee Report	2
Clinical Practice Guidelines: Benign Paroxysmal Positional Vertigo	3
AAPA HOD Report	5
ENT for the PA-C Update	7



The **2017 SPAO-HNS Work/Benefits Survey** is now available for review in the members-only section at [www.entpa.org](http://www.entpa.org).



# Report from AAPA's and SPAO-HNS's Liaison to AAO-HNS

*Kristi Gidley, PA-C*

If you have been following any of the news coming out of the AAPA, you know that OTP (Optimal Team Practice) became policy at the 2017 AAPA House of Delegates (HOD) meeting in Las Vegas as a revision to AAPA's Guidelines for State Regulation of PAs. OTP reemphasizes the PA profession's commitment to team-based practice and reaffirms that the degree of collaboration between PAs and physicians should be determined at the practice level. You can read more about OTP online at [aapa.org/aapa-press-information/pas-vote-advance-profession-meet-modern-healthcare-needs/](http://aapa.org/aapa-press-information/pas-vote-advance-profession-meet-modern-healthcare-needs/).

SPAO currently does not have a position statement on OTP, as any policy change will be done at the state level, but we sincerely agree with a team-based approach to patient care and healthy collaboration with our physician colleagues.

In this spirit, I have been communicating with Dr. Greg Randolph and Dr. Gavin Setzen, President and President-Elect of AAO-HNSF respectively, on how our organizations can work together to ensure continued collaborative and supportive relationships as we all seek to advocate for and provide excellent patient care. They have been generous with their time, are fully engaged and supportive of PAs in Otolaryngology. I look forward to reporting on the fruits of these conversations after the annual AAO-HNSF meeting in September.

The APP Education Task Force is sponsoring the mini-seminar entitled "Advance Practice Providers in ENT: Justify, Recruit, and On-Board for Success." I have the privilege of moderating this session, and Marie Gilbert, PA-C will also be presenting. Should you be in Chicago for the annual meeting, please make plans to attend on Sunday, September 10, from 10:00am to noon.



# SPAO-HNS 2017 Student Scholarship Award Winners

*Ryan Marovich, MPAS, PA-C, SPAO-HNS Scholarship Chairman*

The Society of Physician Assistants in Otorhinolaryngology-Head and Neck Surgery offers one or more scholarships every year for a motivated PA student that is enrolled in a PA or post-graduate program that displays a strong interest in ENT. It has been a wonderful sight to personally observe the growing number of exceptionally well-qualified applicants each year.

For the 2017 calendar year, I would like to congratulate three well deserving recipients of the SPAO-HNS

Student Scholarship Award: **Grace Gerke, Samantha Holmes, and Heide Kalra**. Their hard work and dedication to the field of otolaryngology is well recognized by both their professors and preceptors. These scholarship recipients will make a wonderful addition to the community of PAs who practice in otolaryngology if they decide to pursue this career path.

SPAO-HNS congratulates all of you on your accomplishments and wishes you the best of luck in your future endeavors!

# Clinical Practice Guideline: Benign Paroxysmal Positional Vertigo (BPPV)

from *The Bulletin*, March 2017, Vol. 36, No. 02

The AAO-HNSF published an update of its BPPV Clinical Guidelines, as a 47-page supplement in the March 2017 issue of *Otolaryngology—Head and Neck Surgery*. Below is a summary of that update.

## OBJECTIVE

This update of a 2008 guideline from the American Academy of Otolaryngology—Head and Neck Surgery Foundation provides evidence-based recommendations to benign paroxysmal positional vertigo (BPPV), defined as a disorder of the inner ear characterized by repeated episodes of positional vertigo. Changes from the prior guideline include a consumer advocate added to the update group; new evidence from 2 clinical practice guidelines, 20 systematic reviews, and 27 randomized controlled trials; enhanced emphasis on patient education and shared decision making; a new algorithm to clarify action statement relationships; and new and expanded recommendations for the diagnosis and management of BPPV.

## PURPOSE

The primary purposes of this guideline are to improve the quality of care and outcomes for BPPV by improving the accurate and efficient diagnosis of BPPV, reducing the inappropriate use of vestibular suppressant medications, decreasing the inappropriate use of ancillary testing such as radiographic imaging, and increasing the use of appropriate therapeutic repositioning maneuvers. The guideline is intended for all clinicians who are likely to diagnose and manage patients with BPPV, and it applies to any setting in which BPPV would be identified, monitored, or managed. The target patient for the guideline is aged  $\geq 18$  years with a suspected or potential diagnosis of BPPV. The primary outcome considered in this

guideline is the resolution of the symptoms associated with BPPV. Secondary outcomes considered include an increased rate of accurate diagnoses of BPPV, a more efficient return to regular activities and work, decreased use of inappropriate medications and unnecessary diagnostic tests, reduction in recurrence of BPPV, and reduction in adverse events associated with undiagnosed or untreated BPPV. Other outcomes considered include minimizing costs in the diagnosis and treatment of BPPV, minimizing potentially unnecessary return physician visits, and maximizing the health-related quality of life of individuals afflicted with BPPV.

## ACTION STATEMENTS

The update group made strong recommendations that clinicians should:

- (1) diagnose posterior semicircular canal BPPV when vertigo associated with torsional, upbeat nystagmus is provoked by the Dix-Hallpike maneuver, performed by bringing the patient from an upright to supine position with the head turned  $45^\circ$  to one side and neck extended  $20^\circ$  with the affected ear down, and
- (2) treat, or refer to a clinician who can treat, patients with posterior canal BPPV with a canalith repositioning procedure.

The update group made a strong recommendation against postprocedural postural restrictions after canalith repositioning procedure for posterior canal BPPV.

The update group made recommendations that the clinician should:

*(continued next page)*



*(BPPV, continued from previous page)*

(1) perform, or refer to a clinician who can perform, a supine roll test to assess for lateral semicircular canal BPPV if the patient has a history compatible with BPPV and the Dix-Hallpike test exhibits horizontal or no nystagmus;

(2) differentiate, or refer to a clinician who can differentiate, BPPV from other causes of imbalance, dizziness, and vertigo;

(3) assess patients with BPPV for factors that modify management, including impaired mobility or balance, central nervous system disorders, a lack of home support, and/or increased risk for falling;

(4) reassess patients within 1 month after an initial period of observation or treatment to document resolution or persistence of symptoms;

(5) evaluate, or refer to a clinician who can evaluate, patients with persistent symptoms for unresolved BPPV and/or underlying peripheral vestibular or central nervous system disorders; and

(6) educate patients regarding the impact of BPPV on their safety, the potential for disease recurrence, and the importance of follow-up.

The update group made recommendations against:

(1) radiographic imaging for a patient who meets diagnostic criteria for BPPV in the absence of additional signs and/or symptoms inconsistent with BPPV that warrant imaging,

(2) vestibular testing for a patient who meets diagnostic criteria for BPPV in the absence of additional vestibular

signs and/or symptoms inconsistent with BPPV that warrant testing, and

(3) routinely treating BPPV with vestibular suppressant medications such as antihistamines and/or benzodiazepines.

The guideline update group provided the options that clinicians may offer:

(1) observation with follow-up as initial management for patients with BPPV and

(2) vestibular rehabilitation, either self-administered or with a clinician, in the treatment of BPPV.

Please visit [entnet.org/?q=node/335](http://entnet.org/?q=node/335) to download the full 47-page published guideline, the Executive summary, or to find links to podcasts and slides available from the Academy. They also offer patient information sheets, mobile apps, and educational opportunities on this and many other clinical guidelines topics.

*UPDATE LEADERSHIP: Neil Bhattacharyya, MD (Chair); Samuel P. Gubbels, MD, FACS (Assistant Chair); and Seth R. Schwartz, MD, MPH (Methodologist).*

*GUIDELINE UPDATE GROUP: Johnathan Edlow, MD; Hussam El-Kashlan, MD; Terry Fife, MD; Deena B. Hollingsworth, MSN, FNP-BC, CORLN; Janene M. Holmberg, PT, DPT, NCS; Katie Mahoney; Richard Roberts, PhD; Michael D. Seidman, MD, FACS; Robert Wm. Prasaad Steiner, MD, PhD; Betty Tsai, MD; Courtney C. J. Voelker, MD, PhD; and Richard W. Waguespack, MD.*

---

## Results of the Work/Benefits Survey Drawing

Free ENT for the PA-C conference registration: **Justin S.**

Free membership: **Audrey Leslie, PA-C; Julianne Richards, PA-C; and Elizabeth McLawhorn, PA-C.**

**CONGRATULATIONS!**



# AAPA House of Delegates Report

*Susan Kepes, PA-C*

The AAPA House of Delegates (HOD) met May 16-18 during the Las Vegas Convention. The HOD is AAPA's policy-making body made up of PAs representing states, specialty organizations, Federal Service Chapters, caucuses, and students. This year the HOD heard testimony on and acted on 33 Resolutions.

The most hotly debated and closely followed resolution was on Optimal Team Practice. Last year the HOC referred a resolution calling for Full Practice Authority (FPAR) to a Joint Task Force on the Future of PA Practice Authority. Their recommendation proposed Optimal Team Practice (OTP), a new policy intended to enhance the ability of PAs to meet the needs of patients and ensure the future of the profession in a changing healthcare marketplace.

OTP became policy as a revision to AAPA's **Guidelines for State Regulation of PAs**. It does not change how PAs practice right now: Each state PA chapter is now free to work within their legislatures and regulatory bodies to implement OTP as they see fit.

Specifically, OTP reemphasizes the PA profession's commitment to team-based practice and reaffirms that the degree of collaboration between PAs and physicians should be determined at the practice level. It also supports the removal of state laws and regulations that require a PA to have and/or report a supervisory, collaborating or other specific relationship with a physician in order to practice.

In addition, the new policy advocates for the establishment of autonomous state boards with a majority of PAs as voting members to license, regulate and discipline PAs, or for PAs to be full voting members of medical boards. Finally, the policy says that PAs should be eligible to be reimbursed directly by public and private insurance for the care they provide.

A resolution to recognize new PA certifying agencies as an alternative to NCCPA was referred to be studied and brought back to the 2018 HOD.

A resolution opposing unsolicited lobbying by NCCPA was passed. This was in response to NCCPA lobbying to make NCCPA recertification a requirement for maintenance of licensure, which is currently only required in 19 states.

In governance, the HOD approved a change in policy that in the event of vacancy for President-Elect the position would be filled through vote of eligible voters, rather than the HOD. Proposed term limits for members of the Board of Directors was rejected.

**The Guidelines for Updating Medical Staff Bylaws: Credentialing and Privileging PAs** was amended to include statement that PA should be granted full medical staff clinical privileges including the right to vote and to serve on any medical staff committee. Further, that PAs should be entitled to apply for clinical staff privileges without the need of being directly employed by the Healthcare entity granting privileges or another independent entity.

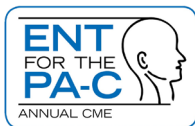
Among the social resolutions, was a resolution supporting alternatives to mass deportation of immigrants and supporting the duty of PAs to deliver high quality care to all patients regardless of their immigration or citizenship status was passed as was a resolution supporting the opportunity of people to immigrate to the US in accordance with the law and without discrimination.

I have presented the highlights here; for those who are interested, the full Summary of Actions HOD can be found at [www.aapa.org](http://www.aapa.org).



# 8<sup>TH</sup> ANNUAL ENT FOR THE PA-C

April 25 - 29, 2018 - The Scottsdale Plaza Resort

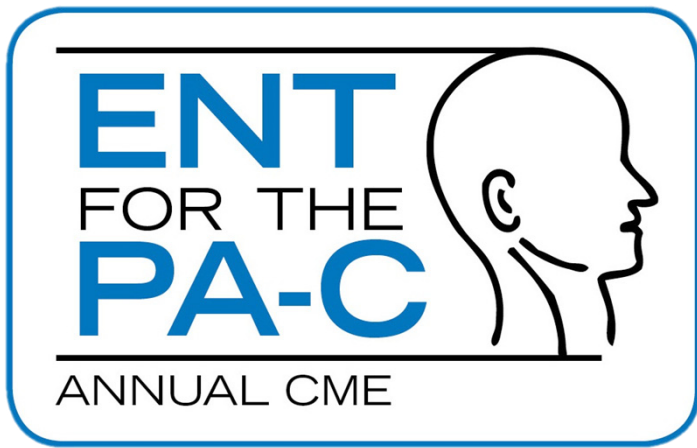


Provided by AAO-HNSF and SPAO-HNS, the ENT for the PA-C Conference provides unparalleled CME opportunities for PAs and other medical professionals

interested in or specializing in otolaryngology. Our workshops maximize hands-on learning, with concise content and small group sessions. This conference is also the ideal setting to network with ENT professionals from across the country. This year we are hosted by Mayo Clinic, and will offer extraordinary new speakers and special surgical workshops!



1-800-863-1207  
[www.entpa.org](http://www.entpa.org)



The 7th annual “ENT for the PA-C” CME conference was held in Chicago this year. With 328 attendees, 27 lecturers, three dozen SPAO volunteers, 2 SPAO staff, and over a dozen exhibitors, this meeting was a bustling hive of activity! Attendees also took part in 10 different workshops. A total of 16 lecture hours and 10 workshop hours were offered for a total of 26 possible Category I credits, in just 3 days!

Highlights also included an interactive session called “Relationship-Centered Communication in Otolaryngology” presented by Laura Kirk, PA-C, and a Product Theater breakfast and lecture on Hunter Syndrome, provided by Shire Medical. Another new feature this year was our Sunday “Round Tables.” These many sessions were highly productive, informative, and well-received.

We heard from folks saying they would be sure to utilize their new knowledge and skills in their practices, having met their objectives in attending this meeting.

We thank all of our attendees, speakers, equipment suppliers, exhibitors, and volunteers for making this meeting a success. The proceeds make it possible to acquire more and better training equipment for future meetings, support our scholarship program, and serve our SPAO members the best way we can.

We look forward with support from AAO-HNSF with our next “ENT for the PA-C” conference in 2018. We will be hosted by the Otolaryngology Department of the Mayo Clinic in Scottsdale, Arizona. We have found a beautiful, spacious resort to relax in as we learn, and will return to our usual 4-day schedule. We have also reserved a fifth day in the Mayo cadaver labs for those who want to improve their operating room and anatomy skills. Please contact SPAO via the website for information, and of course to let us know if you want to help!



**THE VANGUARD**  
6200 Lakeside Avenue  
Richmond, VA 23228