Winter 2017 Volume 25, Issue 1

Society of Physician Assistants in Otorhinolaryngology-Head & Neck Surgery

THE VANGUARD

President's Message

By Jeffrey Fichera, PA-C, DFAAPA

Hard to believe 2016 has come and gone so fast. We started the last year continuing our preparation for our annual ENT for the PAC held in Chicago 2017. Our Committee members continue to work hard to ensure another fantastic conference.

New to our conference task force as Speaker Liaison is Laura Kirk PA-C. Laura is a Senior PA Supervisor for the Department of Otolaryngology, Head and Neck Surgery at UCSF Medical Center. She has a strong interest and experience in conference event planning. Thank you Laura. We are proud to have you on board.

This past year, SPAO celebrated 25 years since its founding in 1991. Thanks to the hard work and

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In this issue

Just a reminder . . .

Sometimes members forget the email address that they joined under, and instead clicking on the "forgot password" link, they just use a new one. This creates a second profile, and sometimes the information will not match the first. As a reminder if you are renewing your membership and cannot remember your password, please click "forgot password." or email our executive administrator at admin@entpa.org.

Thank you!

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

By Kristi Gidley, PA-C

It is with mixed emotions that I share this liaison report. On one hand it is an honor to represent AAPA and SPAO to the Academy but on the other, it seems odd not having Marie give it!

My first order of business was attending the Annual AAO-HNS meeting in San Diego in September. I attended the Board of Governors Committee Meetings and General Assembly. I am glad to report there were no PA related issues brought up, even with concerns earlier in the year in Rhode Island around Model Practice Act legislation.

During the meeting, I moderated a mini-seminar entitled Advanced Practice Providers in Otolaryngology: What Can They Do for Your Practice. Marie Gilbert was a panelist along with otolaryngologists from the academic and private settings and a nurse practitioner. The session was well attended and received based on course evaluations.

The APP Education Task Force, co-chaired by Dr. Karen Pitman and Dr. Pete Costantino, also met during the annual meeting. Although I was unable to attend the meeting due to a scheduling conflict, I did meet with the co-chairs separately. The below action items were identified:

- Submit a Mini-seminar abstract for 2017 Annual Meeting (we are working on submission details now)
- Cohost a SPAO networking event at the 2017 Annual AAO-HNSF Meeting
- Work with AAPA liaison to have an ENT doctor at AAPA annual meeting
- Have an Exhibit Booth at AAPA annual meeting – how do we represent ENT at AAPA?

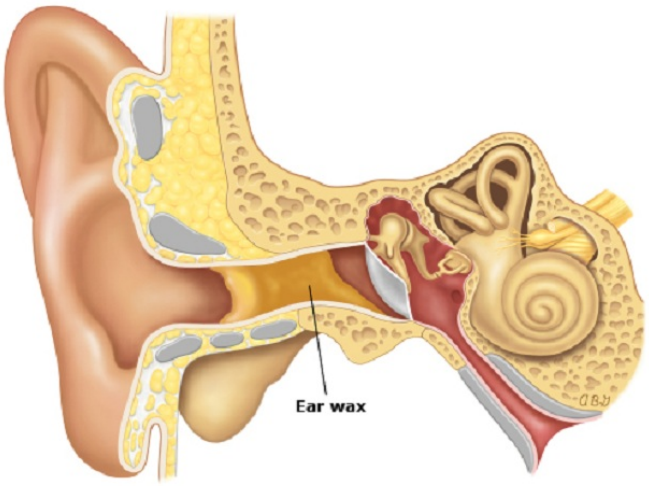
As you can see, it will be a busy 2017!

President's Message (continued)

dedication of so many of our colleagues, SPAO continues to serve our members and strives to meet their needs.

Behind the scenes, our board members are busy with the day-to-day operations of our organization and will continue to do so to ensure our members have a voice in advancement of Physician Assistants in Otolaryngology.

We are strong as an organization and will continue to strive forward to make you all proud SPAO members. Thank you all for your membership.



Updated Clinical Practice Guideline: Earwax (Cerumen Impaction)

*From the AAO-HNS **Bulletin,** December 2016/January 2017 - Vol. 35, No. 11*

*Adapted from the January 2017 Supplement to **Otolaryngology–Head and Neck Surgery**. Read the guideline at otojournal.org. (Available after January 3, 2017.)*

The primary purpose of the update to the *Clinical Practice Guideline Earwax (Cerumen Impaction)* is to help clinicians identify patients with this condition who may benefit from intervention. New evidence, systematic reviews, randomized controlled trials, observational studies, and an evolved methodology, which included consumers, were at the foundation of the update.

The 2017 update was chaired by **Seth R. Schwartz, MD, MPH**, with **Anthony E. Magit, MD**, serving as the assistant chair, and **Richard M. Rosenfeld, MD, MPH**, as the methodologist. All three were involved in the original 2008 guideline.

"The update to the 2008 guidelines encompasses a variety of tools for clinicians in treating and communicating with their patients," said Dr. Schwartz. "This includes an algorithm showing the interrelationship of key action statements in a cohesive and understandable way as well as enhanced information on patient education. Having the consumer perspective on the guideline update group provided us a value-added opportunity to incorporate more extensive patient counseling within our treatment protocols."

Differences between the 2008 guideline and the 2017 update include:

- a consumer added to the development group;
- new evidence (one guideline, six systematic reviews, five randomized controlled trials [RCTs], and six observational studies);
- expanded action statement profiles to explicitly state quality improvement opportunities, confidence in the evidence, intentional vagueness, and differences of opinion;
- an enhanced external review process to

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Clinical Practice Guidelines: Earwax (Continued)

include public comment and journal peer review; and

- three new key action statements on managing cerumen impaction that focus on primary prevention, contraindicated intervention, and referral and coordination of care.

The update is endorsed by the American Academy of Family Physicians (AAFP), American Academy of Pediatrics (AAP), American Geriatric Society (AGS), American Neurotology Society (ANS), American Otological Society (AOS), American Society of Geriatric Otolaryngology (ASGO), and the Society of Otorhinolaryngology and Head-Neck Nurses (SOHN). Additionally, it is supported by the American Speech-Language-Hearing Association (ASHA). The update replaces the 2008 guideline, which was created by a multidisciplinary panel of clinicians representing the fields of otolaryngology, audiology, family medicine, geriatrics, internal medicine, nursing, and pediatrics.

The full guideline, as well as other resources, will be available after January 3, 2017, at **www.entnet.org/node/334** as well as in *Otolaryngology – Head and Neck Surgery* as published at **otojournal.org**.

The guideline is intended for all clinicians who are likely to diagnose and manage patients with cerumen impaction, and it applies to any setting in which cerumen impaction would be identified, monitored, or managed. It does not apply to patients with cerumen impaction associated with the following conditions: dermatologic diseases of the ear canal; recurrent otitis externa; keratosis obturans; prior radiation therapy affecting the ear; previous tympanoplasty/myringoplasty, canal wall down mastoidectomy, or other surgery affecting the ear canal.

Guideline recommendations

1. Primary prevention

Clinicians **should** explain proper ear hygiene to prevent cerumen impaction when patients have an accumulation of cerumen.

2a. Diagnosis of cerumen impaction

Clinicians **should** diagnose cerumen impaction when an accumulation of cerumen seen with otoscopy 1) is associated with symptoms, or 2) prevents needed assessment of the ear, or 3) both.

2b. Modifying factors

Clinicians **should** assess the patient with cerumen impaction by history and/or physical examination for factors that modify management such as one or more of the following: anticoagulant therapy, immunocompromised state, diabetes mellitus, prior radiation therapy to the head and neck, ear canal stenosis, exostoses, non-intact tympanic membrane.

3a. Need for intervention if impacted

Clinicians **should** treat, or refer to another clinician who can treat, cerumen impaction, when identified.

3b. Non-Intervention if asymptomatic

Clinicians **should not** routinely treat cerumen in patients who are asymptomatic and whose ears can be adequately examined.

3c. Need for intervention in special populations

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Clinical Practice Guidelines: Earwax (Continued)

Clinicians **should** identify patients with obstructing cerumen in the ear canal who may not be able to express symptoms (young children and cognitively impaired children and adults) and promptly evaluate the need for intervention.

4. Intervention in hearing aid users

Clinicians **should** perform otoscopy to detect the presence of cerumen in patients with hearing aids during a healthcare encounter.

5a. Recommended interventions

Clinicians **should** treat, or refer to a clinician who can treat, the patient with cerumen impaction with an appropriate intervention, which may include one or more of the following: cerumenolytic agents, irrigation, or manual removal requiring instrumentation.

5b. Contraindicated intervention (ear candling/coning)

Clinicians **should recommend** against ear candling/coning for treating or preventing cerumen impaction.

6. Cerumenolytic agents

Clinicians may use cerumenolytic agents (including water or saline solution) in the management of cerumen impaction.

7. Irrigation

Clinicians may use irrigation in the management of cerumen impaction.

8. Manual removal

Clinicians may use manual removal requiring instrumentation in the management of cerumen impaction.

9. Outcomes assessment

Clinicians **should** assess patients at the conclusion of in-office treatment of cerumen impaction and document the resolution of impaction. If the impaction is not resolved, the clinician should use additional treatment. If full or partial symptoms persist despite resolution of impaction, the clinician should evaluate the patient for alternative diagnoses.

10. Referral and coordination of care

Clinicians **should** refer patients with persistent cerumen impaction after unsuccessful management by the initial clinician to a clinician with specialized equipment and training for cleaning and evaluating the ear canal and tympanic membrane.

11. Secondary prevention

Clinicians may educate/counsel patients with cerumen impaction/excessive cerumen regarding control measures.

Guideline authors

Seth R. Schwartz, MD, MPH; Anthony E. Magit, MD, MPH; Richard M. Rosenfeld, MD, MPH; Bopanna B. Ballachanda, PhD; Jesse M. Hackell, MD; Helene J. Krouse, PhD, RN; Claire M. Lawlor, MD; Kenneth Lin, MD, MPH; Kourosh Parham, MD, PhD; David R. Stutz, MD; Sandy Walsh; Erika A. Woodson, MD; Ken Yanagisawa, MD; and Eugene R. Cunningham Jr, MS

AAO-HNSF Guideline development process and the obligations associated with the guideline recommendations are documented in the *Clinical Practice Guideline Development Manual*, Third Edition: a quality-driven approach for translating evidence into action. (**http://oto.sagepub.com/content/148/1_suppl/S**

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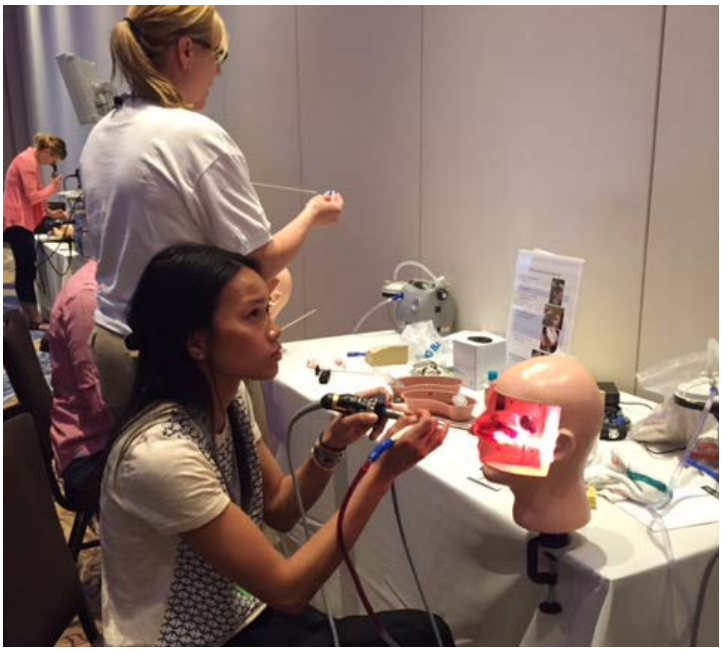
By Marie Gilbert, PA-C, DFAAPA

Earn up to 34 hours of Category I CME while networking and socializing with your colleagues!

The next ENT for the PA-C Annual Conference will be in Chicago, April 20-23, 2017. The program will include a day in the O.R. simulation lab, a day of our hands-on workshops, and two full days of lectures at Primary, General and Advanced levels.



Surgical simulation sessions start the meeting on April 20th, and will include 4-hour sessions of Intro to the ENT O.R., with instruction in proper scrubbing, gowning, gloving, and handling ENT instruments. The 4-hour Advanced (*cadaver*) Sessions will cover first assisting in thyroid, parotid, and neck dissections. New workshops in Pediatric Airway, ENT coding, and Videostroboscopy will be offered along with our popular scopes, otology and procedures workshops on April 21st. Capacity is limited, so plan ahead and register early for these in-demand instruction courses.

Our weekend lecture sessions will cover a broad range of topics in Otolaryngology and PA professional development. Speakers include experienced PAs and physicians from institutions like Northwestern, Johns Hopkins, Cincinnati Children's, Lurie Children's and UCSF.

The hotel venue will be the Marriott Downtown. They have extended to us a markedly reduced rate, $1/day internet, and free fitness center access. They are ideally situated between Riverwalk amenities and the Magnificent Mile shopping district. Go to the SPAO meeting site to find the link for reservations.

Our host is the Department of Otolaryngology at Northwestern in Chicago. We are grateful for their hospitality and efforts to make this meeting one of our best.

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Benefits of SPAO Membership

By Marie Gilbert, PA-C, DFAAPA & April Rodgers, SPAO Executive Administrator

There are many reasons to join SPAO-HNS. When you become a member, you become part of the dynamic changes that are transforming healthcare, by helping to shape the future of the PA profession. SPAO-HNS provides the tools and resources to help get you there, by advancing your career and enriching your knowledge with learning resources. Below is a list of just a few of the membership benefits.

CME Opportunities:

- SPAO-HNS holds a CME conference called the ENT for the PA-C each spring and invites respected medical professionals and health care policy makers to present information on specialty-specific, cutting-edge medical topics, procedures and issues. Members can attend at reduced rates.
- SPAO-HNS has linked the AAO-HNSF "COOL" program with AAPA for ENT CME hours. Written and peer-reviewed by otolaryngology experts, COOL cases are interactive patient scenarios that prepare the learner for a variety of common otolaryngologic situations. COOL is an engaging learning experience for PCPs, NPs, PAs, medical students, and any healthcare professional who encounters otolaryngologic cases. COOL is accredited by the American Academy of Physician Assistants to provide AAPA Category 1 CME credits.
- SPAO-HNS members enjoy a discount on AAO-HNSF Academy U® CME offerings online.

Support:

- Each year SPAO-HNS surveys all PAs in our database to bring the most accurate assessment of benefits and workplace to aid our membership during employment negotiations.
- The SPAO-HNS Career Center offers information about the latest ENT PA job opportunities.
- SPAO-HNS takes a very active interest in the future of the PA profession by encouraging and facilitating student membership, providing information about job shadowing opportunities, and offering scholarships on an annual basis.
- Serving on our board and volunteering your time and expertise to the Society of Physician Assistants in Otorhinolaryngology/Head & Neck Surgery has priceless value. The skills and relationships available to be developed can directly benefit your career growth.

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2017 ENT for the PA-C Annual Conference (continued)

The meeting also offers opportunities for experienced ENT PAs to earn a stipend and meeting registration by proctoring workshops. Please contact Jen Brooks at jendreams112@gmail.com if you are interested.

Go to the SPAO website, www.entpa.org , to register for the conference.

See you there!

SPAO Membership Benefits (continued)

Representation:

- SPAO-HNS has an EXPO Booth at the AAO-HNSF Annual Meeting where we acquire many of our job listings, answer questions for physicians and promote the PA profession in our specialty.
- The SPAO-HNS liaison to AAO-HNS represents the PAs' interests within the physician Academy.
- SPAO-HNS has a seat at the table at the American Academy of Physician Assistants' House of Delegates, the policy making body of the Academy, and presents resolutions on behalf of the Society.
- The Society actively promotes the concept of the PA as a vital part of the physician-led team and works to increase our profession's visibility.

Communication:

- The annual ENT for the PA-C, newsletters and committee activities provide social and professional meeting opportunities for PAs practicing in Otorhinolaryngology from all across the country.
- *The Vanguard* (members-only newsletter) and eBlasts contain up-to-date information on the activities of the Society and on important issues that affect our profession.
- Members receive a complimentary subscription to the *ENT Journal* for our membership to gain practical, peer-reviewed original clinical articles, highlighting scientific research that is relevant to clinical care, and case reports that describe unusual entities or innovative approaches to treatment and case management.
- SPAO-HNS maintains a website dedicated to PAs practicing in ENT with valuable resources for career advancement.

It's Time to See PAs As Healthcare and Executive Leaders

By Beth Smolko, MMS, PA-C, originally published on the *Barton Blog*.

If you are a PA, you know there is a glass ceiling. It's been broken by a few, but remains in place for others. Leadership roles are hard to come by — but why? Are PAs less qualified to be healthcare leaders? The answer is more complicated than you probably imagine.

PAs Need Not Apply…

This morning, I searched for healthcare leadership jobs near Washington, D.C., a region replete with medical research institutions, government healthcare agencies, and biotechnology companies. The medical director and medical science liaison positions were limited to MDs and PharmDs. The clinical director and practice administrator roles highlighted nursing degrees and RN licensing. Of the first 25 jobs I reviewed, none of them mentioned PAs.

One example: A PA's managing physician advised her to apply for a leadership role for which he felt she would be a good fit. The PA did so, only to be told that the hospital would only consider an NP for the job because the letters "PA" were not in the requisition. The PA's ability to contribute at that level, along with her experience and training, was not a factor.

The requisition being worded without "PA" was the sole consideration preventing the PA — or any PAs at all — from being considered by the hospital's HR department.

PA Qualifications

The PA profession features outstanding medical education in both didactic and clinical training. Our excellent care in all specialties has been well-documented.

However, PA governance falls to medical boards that do not always support advancing PAs into leadership roles. Very few states offer regulation for PAs by PAs (i.e., PA boards of medicine). This has led many PAs to take a heads-down approach to prevent physician-led legislative backlash that could mean tighter regulations or a more restrictive scope of practice.

Many PAs are happy to collect their paychecks and not rock the boat. This means not challenging the status quo and not looking for opportunities to grow professionally. PAs have historically accepted a master's degree as the terminal degree for their profession, even though they take as many or more graduate credits as some doctoral programs.

Unfortunately, PAs who seek a clinical doctorate to demonstrate their knowledge and contributions to medicine are often denigrated by their own peers. A common phrase on PA forums is: "If you wanted to be a doctor, you should have gone to

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It's Time to See PAs As Healthcare and Executive Leaders (continued)

medical school." Statements like these just aren't forward-thinking.

PAs seeking leadership opportunities are sometimes viewed as overstepping their abilities. On the contrary, PAs' backgrounds often include roles in business, technology, and public health that would make them exceptional leaders in many different areas of medicine.

NPs Are Not the Enemy

Our nursing colleagues have fared much better when it comes to landing leadership positions. You will see nurses at all levels of hospital administration. When comparing these two professions, we must take a step back and ask why one profession has been so much more successful.

Nurses are well-trained, and there's plenty of evidence showing the effectiveness of their care. They are regulated by nursing boards and often have a heads-up approach to where they belong in the hierarchy of medicine. They seek out a terminal degree, the DNP, that supports this position, and they actively pursue leadership roles. Their education supports research, which further buoys their prominence and recognition as leaders. They also have the department of nursing's support in hospital settings; there is generally no equivalent for their PA colleagues.

I attended an AANP leadership conference in the past. Something that struck me was how they spoke with one voice and had an agreed-upon, unified vision for their profession. They are getting what they have fought for, legislatively and in public forums. In order for PAs to move ahead as leaders, we too need to find that singular voice and vision and carve out their own leadership path.

Where Do We Go Next?

How do PAs move forward and work together to develop future leadership opportunities?

Perhaps we should start by providing PA students with management- and leadership-focused courses during end-of-rotation sessions. We can advocate for establishing PA boards of medicine so we can regulate our own profession. Full Practice Responsibility should be considered a path forward for the future of the PA profession; when we all work at the top of our license, we contribute more fully to the healthcare team. Developing and promoting an optional clinical doctorate degree that more accurately reflects the PA level of graduate education may help influence future employment decisions and lead to PAs being viewed as equals in the boardroom and other areas. **But these longer-term solutions will require us to come together as a profession to debate and reach a consensus.**

For more immediate assistance, the AAPA has developed the Center for Healthcare Leadership and Management (CHLM) to help educate PA employers and to support the increased movement of PAs into leadership positions. This resource educates hospital systems and recruiters about PAs' contributions to the healthcare team and how PAs can best be utilized from surgical suite to C-suite. The CHLM also hosts development opportunities for PAs who want to become healthcare leaders.

For PAs seeking leadership roles, look for ways

Clinical Practice Guidelines: Earwax (continued)

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Disclaimer

The clinical practice guideline is provided for information and educational purposes only. It is not intended as a sole source of guidance in managing cerumen impaction. Rather, it is designed to assist clinicians by providing an evidence-based framework for decision-making strategies. The guideline is not intended to replace clinical judgment or establish a protocol for all individuals with this condition and may not provide the only appropriate approach to diagnosing and managing this program of care. As medical knowledge expands and technology advances, clinical indicators and guidelines are promoted as conditional and provisional proposals of what is recommended under specific conditions, but they are not absolute. Guidelines are not mandates; these do not and should not purport to be a legal standard of care. The responsible physician, in light of all circumstances presented by the individual patient, must determine the appropriate treatment. Adherence to these guidelines will not ensure successful patient outcomes in every situation. The AAO-HNS, Inc emphasizes that these clinical guidelines should not be deemed to include all proper treatment decisions or methods of care or to exclude other treatment decisions or methods of care reasonably directed to obtaining the same results.

THE VANGUARD

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