



Society of Physician Assistants in Otorhinolaryngology-Head & Neck Surgery

# THE VANGUARD



## President's Message

*By Kristi Gidley, PA-C, MSHA*

As many of you know, October 6-12 marked 2021 PA Week. Let me take this opportunity to thank each of you for the hard-work, resilience, determination and exceptional patient care you have provided this year. While we all looked forward to 2021, it has proven to be just as challenging as 2020 on many fronts.

Despite these challenges, the SPAO Board and Committee members are preparing for an in-person ENT for the PA-C conference in Denver, CO 3/15-19/2021. There are many ways to get involved and I encourage you to do so! The CME Committee has various roles to fill and workshops need proctors. This is a GREAT way to get to know your colleagues and have a lot of fun along the way. Please reach out to board members or committee chairs with any questions.

We are starting to see the leaves change color here in the South. It always amazes me how one day the typical green horizon is painted with deep hues of red, orange, and yellow. It happens so quickly! I hope that each of you will take time to notice what is happening around you – whether it be the fall foliage or perhaps a co-worker who is having a rough day, a respiratory therapist who is utterly burned out or a family member who needs a moment of your time.

This awareness may simply require us to enjoy a beautiful fall day, or it may require us to extend words of kindness or

*(continued on page 5)*

## IN THIS ISSUE



Hall of Presidents 2



SPAO-HNS Turns 30 3



Opioid Prescribing for Analgesia After Common Otolaryngology Operations 6



ENT for the PA-C Conference 2022 9

Join SPAO and receive  
*The Vanguard* quarterly newsletter!  
[entpa.org/member\\_application/](http://entpa.org/member_application/)

**THE VANGUARD**

5101 Monument Avenue  
Richmond, VA 23230

# SPAO-HNS Hall of Presidents



**Kristi Gidley**  
2021-2023



**Jose C. Mercado**  
2019-2021



**Jennifer Brooks**  
2015-2017



**Jeff Fichera**  
2017-2019



**Jason Fowler**  
2013-2015



**Marla Moore**  
2011-2013



**Jose C. Mercado**  
2009-2011



**Melvin D. Brown**  
2007-2009



**Michelle Mardegian**  
2005-2007



**Ann Walters**  
2003-2005



**Marie T. Gilbert**  
2001-2003



**Debra S. Munsell**  
1997-2001



**Carrol F. Poppin**  
1994-1996



**Ronald A. Fox**  
1991-1994





# SPAO-HNS Turns 30

*Jose C. Mercado, PA-C, MMS, DFAAPA, CPAAPA*

How quickly time has passed. It was only the other day when a handful of physician assistants (PA) gathered during an American Academy of Otolaryngology-Head & Neck Surgery Foundation (AAO-HNSF) meeting in Kansas City in 1990 to discuss their similar interests working in otorhinolaryngology/head & neck surgery. They thought it was really cool that there were other PAs working in ENT and decided to meet again the following year in San Diego 1991. The word quickly spread and when there were enough interested PAs the group applied for recognition with American Academy of Physician Assistants (AAPA) as a specialty caucus and The Society of Physician Assistants in Otorhinolaryngology/Head & Neck Surgery (SPAO-HNS) was formed 1991.

- The first president of the society was **Ron Fox**. Ron was an Army Veteran who had already been working in ENT for 17 years when he decided to get a list of PAs working in ENT from AAPA and invite them to meet in person during the AAO-HNSF Meeting in Kansas City.
- **Carrol F. Poppin** served as the first Secretary and later as the second President of SPAO-HNS. He petitioned the American Academy of Otolaryngology/Head & Neck Surgery Foundation for recognition and to establish recognition and begin collaboration. Then EVP, Dr. Jerome Goldstein saw the potential of our group and quickly established ties.
- **Debbie Munsell** (Forman) began serving SPAO as CME Chair and organizing talks during the early years. She proudly served the longest term as President. She also saw the benefit of including student members and established a student category for membership making Jose Mercado the first student member in 1999.
- **Marie Gilbert** wore many hats during her tenure with SPAO serving as President and Newsletter Editor, CME Chair and as AAO Liaison. She went on to co-found the Student Scholarship Program with Jose Mercado. She was the backbone of our CME Committee serving as Program Chair first for many years.
- **Ann Walters** worked tirelessly as president to make sure we PAs were properly utilized and provided educational lectures at AAO-HNSF annual meetings. These lectures later grew to include PA coding and billing to ensure physician supervisors understood proper compensation.
- One of **Michelle Mardigan's** accomplishments as President was to establish transparency in SPAO's activities. She set the goal to revise and update SPAO bylaws and publishing of job descriptions.
- Our Premier Allergy, Asthma, ENT Conference was conducted during **Melvin Brown's** presidency at Wild Horse Pass Resort in Arizona. Four years later it was rebranded as ENT for the PA-C.
- **Jose Mercado** designed and maintained SPAO's website serving as Webmaster from inception until 2018. He served as Director at Large, Diversity Chair and Scholarship Chair before serving his first term as President in 2009. He was also instrumental in planning and presenting the Premier Allergy, Asthma, ENT Conference and later the founding Workshop Director for the ENT for the PA-C Conference. He created, planned and helped lead all workshops until 2016.
- **Marla Moore** served as President from 2011 to 2013.

*(continued next page)*

# SPAO-HNS Turns 30 *(continued)*

- **Jason Fowler** was a recipient of SPAO's student scholarship and later became Scholarship Chair. He was a prolific author and encouraged our members to submit articles for publication before becoming SPAO President.
- **Jeff Fichera** served from 2015 to 2017. Jeff was very diplomatic in his handling of AAO-HNSF's offer to become a Section of AAO-HNSF. It would have meant giving up our identity and relationship with AAPA.
- **Jennifer Brooks** served as President from 2017-2019.
- During **Jose Mercado's** second term as President, SPAO had to deal with a world wide Covid-19 Pandemic. SPAO had to cancel 2019 conference and shift to a virtual meeting in 2020.
- **Kristi Gidley** had been an active member for many years before taking on the responsibilities as AAPA Liaison to AAO-HNS. She continued to present at AAO-HNSF annual meeting on behalf of SPAO.
- **Howard Ritz** is patiently waiting in the sidelines as President-Elect set to take office.

I reached out to all of our previous presidents and asked them what some of their fondest memories, greatest challenges and or accomplishments were and here is what they said.



**Marie Gilbert** remembers when “Ron Fox asked me to join this handful of ENT PAs when I met him at a Boards recert course. He said there were only 12 of us at that time.”

“Years later, when I was encouraged by Deb to run for SPAO president, the group was small and getting smaller. We were literally failing, really. We were struggling with a decision of whether to let SPAO suffer a quiet demise or to fight to keep it going financially and logistically.

Our strongest sense was that its intention to educate and offer collegiality in our small specialty was too important to abandon. We focused on ways to strengthen and expand for our members. With the years and work that followed we have become the group to go to for that collegiality and education. As for me personally, SPAO meetings became a treasured family reunion to look forward to every year. I hope it has brought the same treasure to others.”

*(continued on next page)*

## Get Social with SPAO-HNS



[Facebook.com/SPAOHNS](https://www.facebook.com/SPAOHNS)



[Instagram.com/socpasinent](https://www.instagram.com/socpasinent)



[Linkedin.com/groups/5189758](https://www.linkedin.com/groups/5189758)

# SPAO-HNS Turns 30 *(continued)*



**Michelle Mardegian** fondly remembers when “Deb nominated me way back when I had been CME chair- that was really where I felt I maybe made a difference. SPAO, as a constitute group of AAPA, we were able to arrange an entire day of ENT CME at that year’s AAPA Conference in Boston. It really worked out well. Marie Gilbert and Ann Walters were BIG influences there. As president I was able to secure some monies from a pharmaceutical company that I believe was, at the time, the most we had received.”

“Also, that year at the AAO-HNSF Meeting in LA, I arranged for Michael Seidman MD (he’s in FL now) to speak at our SPAO evening meeting for CME credit. I remember being in Toronto about that time and making membership increase the focus.”



**Jennifer Brooks** had a very personal recollection of her time as president. “I had one of my students selected by the society for the scholarship. This promotes awareness of the scholarship and our society. Also, I hoped the student would be more active in the society in the future.”

---

## President’s Message *(continued from page 1)*

encouragement or be generous with our time. Whatever it is, I hope the act of slowing down and being aware fills our hearts with gratitude. Thanksgiving is around the corner which means 2021 is almost over. We can focus on all the hard things that followed us into 2021 or we can look forward to the possibilities of another year. Membership, and/or Newsletter.

Membership is an investment and one we hope you will embrace and maximize by getting involved! Let us know what’s important to you—what are your burning questions, practice and educational needs? We have members from all across the country in varying practice locations—academia, private practice, VA—so let us know how we can help and serve you.

Lastly, I encourage you to make plans to attend the ENT for the PA-C conference in 2022. The CME committee is already working hard to put together a fabulous educational event IN PERSON! It’s been a long time since we have seen each other face-to-face and I am personally looking forward to it. We will share the dates once finalized but until then, join me in the anticipation of gathering together and learning from some of the best and brightest in our field.

Blessings and warm regards,  
Kristi Gidley, PA-C, MSHA

# Clinical Practice Guideline: Opioid Prescribing for Analgesia After Common Otolaryngology Operations

*From the AAO-HNS Bulletin, April 2020 - Vol.39, No.3*

Opioid use disorder (OUD), which includes misuse, abuse, and overdose of opioids, is an epidemic in the United States.

Adapted from the April 2021 Supplement to *Otolaryngology–Head and Neck Surgery*. Read the clinical practice guideline (CPG) at [otojournal.org](http://otojournal.org).

Opioid use disorder (OUD), which includes misuse, abuse, and overdose of opioids, is an epidemic in the United States. According to data from the National Survey on Drug Use and Health, more than six million people ages 12 or older misuse prescription pain relievers every year in the United States.<sup>1</sup> Additionally, studies have shown that there is a significant risk of chronic opioid use even when used as short-term treatment for pain.<sup>2</sup>

“As otolaryngology-head and neck surgeons, we can help reduce the risk of OUD among our patients and their families. This CPG focuses on multimodal analgesia and judicious use of opioids for common otolaryngology procedures,” said **Samantha Anne, MD, MS**, Chair of the Guideline Development Group (GDG). **James “Whit” Mims, MD**, served as Assistant Chair, and **David E. Tunkel, MD**, and **Richard M. Rosenfeld, MD, MPH, MBA**, served as Methodologists.

The purpose of this specialty-specific guideline is to provide evidence-informed recommendations on postoperative management for pain in common otolaryngologic surgical procedures, with a focus on opioids.

In addition, it allows identification of quality improvement opportunities in postoperative pain management of common otolaryngologic surgical procedures. Employing the key action statements from this CPG can help to reduce the variation in care across the specialty and improve postoperative pain control while reducing the risk of OUD.

“Many times opioids are prescribed in large quantities for procedures that are associated with mild to moderate pain, such as parathyroidectomy, thyroidectomy, and otologic surgeries. The number of opioids prescribed for these procedures can be reduced, especially if appropriate multimodal analgesia is used,” says Dr. Anne. “The guideline also emphasizes the importance of counseling patients and identifying patient- and procedure-related factors that can inform shared decision-making.”

The guideline addresses assessment of patients for OUD risk factors, counseling on pain expectations, and identifying factors that can impact pain duration and/or severity. It also discusses the use of multimodal analgesia as first-line treatment and responsible use of opioids. Lastly, safe disposal of unused opioids is discussed.

The guideline reviews the healthcare burden caused by OUD. It highlights research on opioid prescribing and misuse in the U.S. as well as the mortality attributed to opioid overdoses. Additionally, it presents data on overprescribing of opioids for postoperative pain and the diversion of unused opioid medication.

## Guideline Key Action Statements (KASs)

### KAS 1: Expected Pain (recommendation)

Prior to surgery, clinicians should advise patients and others involved in the postoperative care about the expected duration and severity of pain.

### KAS 2: Modifying Factors (recommendation)

Prior to surgery, clinicians should gather information specific to the patient that modifies severity and/or duration of pain.

# Clinical Practice Guideline: Opioid Prescribing for Analgesia After Common Otolaryngology Operations

*(continued)*

## **KAS 3A: Risk Factors for Opioid Use Disorder (strong recommendation)**

Prior to surgery, clinicians should identify risk factors for OUD when analgesia using opioids is anticipated.

## **KAS 3B: Patients at Risk for Opioid Use Disorder (recommendation)**

In patients at risk for OUD, clinicians should evaluate the need to modify the analgesia plan.

## **KAS 4: Shared Decision Making (recommendation)**

Clinicians should promote shared decision making by informing patients of the benefits and risks of postoperative pain treatments that include nonopioid analgesics, opioid analgesics, and nonpharmacologic interventions.

## **KAS 5: Multimodal Therapy (recommendation)**

Clinicians should develop a multimodal treatment plan for managing postoperative pain.

## **KAS 6: Nonopioid Analgesia (strong recommendation)**

Clinicians should advocate for nonopioid medications as first-line management of pain after otolaryngologic surgery.

## **KAS 7: Opioid Prescribing (recommendation)**

When treating postoperative pain with opioids, clinicians should limit therapy to the lowest effective dose and the shortest duration.

## **KAS 8A: Patient Feedback (recommendation)**

Clinicians should instruct patients and caregivers how to communicate if pain is not controlled or if medication side effects occur.

## **KAS 8B: Stopping Pain Medications (recommendation)**

Clinicians should educate patients to stop opioids when pain is controlled with nonopioids and stop all analgesics when pain has resolved.

## **KAS 9: Storage and Disposal of Opioids (strong recommendation)**

Clinicians should recommend that patients (or their caregivers) store prescribed opioids securely and dispose of unused opioids through take-back programs or another accepted method.

## **KAS 10: Assessment of Pain Control with Opioids (recommendation)**

Clinicians should inquire, within 30 days of surgery, whether the patient has stopped using opioids, has disposed of unused opioids, and was satisfied with the pain management plan.

The GDG included 16 members representing otolaryngology-head and neck surgery generalists and subspecialists, pain management, nursing, and consumers. The CPG is intended for otolaryngologists who perform surgery and clinicians who manage pain after surgical procedures. The target patients for the guideline are any patients treated for anticipated or reported pain within the first 30 days after undergoing common otolaryngologic procedures.

The Opioid Prescribing for Analgesia After Common Otolaryngology Operations CPG was created using the methods listed in the AAO-HNSF

“Clinical Practice Guideline Development Manual, Third Edition.” (<https://journals.sagepub.com/doi/full/10.1177/0194599812467004>)

*(continued on next page)*

# Clinical Practice Guideline: Opioid Prescribing for Analgesia After Common Otolaryngology Operations

*(continued)*

The full guideline and other resources are available at [www.entnet.org/opioidscpg](http://www.entnet.org/opioidscpg) and in *Otolaryngology–Head and Neck Surgery* as published at [www.otojournal.org](http://www.otojournal.org).

## Guideline authors:

Samantha Anne, MD, MS (Chair); James W. Mims, MD (Assistant Chair); David E. Tunkel, MD (Methodologist); Richard M. Rosenfeld, MD, MPH, MBA (Methodologist); David S. Boiesoneau, MD; Michael J. Brenner, MD; John D. Cramer, MD; David Dickerson, MD; Sandra A. Finestone, PsyD; Adam J. Folbe, MD, MS; Deepa J. Galaiya, MD; Anna H. Messner, MD; Allison Paisley, CRNP; Ahmad R. Sedaghat, MD, PhD; Kerstin M. Stenson, MD; Angela K. Sturm, MD; Erin M. Lambie, MS, MPH; Nui Dhepyasuwan, MEd; and Taskin M. Monjur

## Endorsed by:

American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS), American Broncho-Esophagological Association (ABEA), American Head and Neck Society (AHNS), American Neurotology Society (ANS), American Otological Society (AOS), American Rhinologic Society (ARS), American Society of Pediatric Otolaryngology (ASPO), Society of Otorhinolaryngology and Head-Neck Nurses (SOHN), The Triological Society

## Disclaimer:

This guideline is not intended as the sole source of guidance in prescribing opioids and/or analgesics for common otolaryngologic procedures. Rather, it is designed to assist clinicians by providing an evidence-informed framework for decision-making strategies. The guideline is not intended to replace clinical judgment or establish a protocol for management for all individuals with pain after otolaryngologic surgery and may not provide the only appropriate approach to managing postoperative pain. As medical knowledge expands, and technology advances, clinical indicators and guidelines are promoted as conditional and provisional propos-

als of what is recommended under specific conditions but are not absolute. Guidelines are not mandates. They 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-HNSF 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.

## References:

1. Center for Behavioral Health Statistics and Quality. Results from the 2014 National Survey on Drug Use and Health. Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services. <https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs2014/NSDUH-DetTabs2014.pdf>. Published 2014. Accessed December 8, 2019.
2. Lawal OD, Gold J, Murthy A, et al. Rate and Risk Factors Associated With Prolonged Opioid Use After Surgery: A Systematic Review and Meta-analysis. *JAMA Netw Open*. 2020;3(6):e207367.



# SAVE THE DATE!

MARCH 15-19, 2022



**DENVER, CO**



This event hosted by  
University of Colorado

**OTOLARYNGOLOGY**



**CME EVENT**

Tuesday, March 15 - **OR Simulation Lab**

Wednesday, March 16 - **Workshops**

Thursday, March 17 - **Core and Advanced Lecture Tracks & Workshops**

Friday, March 18 - **Core and Advanced Lecture Tracks**

Saturday, March 19 - **Core and Advanced Lecture Tracks**

This program is not yet approved for CME credit. Conference organizers plan to request 46 hours total of AAPA Category 1CME credit from OR simulation lab, hands-on workshops, and all lectures from the Physician Assistant Review Panel. Total number of approved credits yet to be determined.

**entforthepac.org**