



Society of Physician Assistants in Otorhinolaryngology-Head & Neck Surgery

THE VANGUARD



President's Message

By Kristi Gidley, PA-C, MSHA

Summer will quickly change to fall, but I hope each of you are enjoying the warmer, longer days. In our house, the kids are out for summer, which means a more relaxed pace. I find myself hitting snooze a time or two extra as there are less people to get up and get moving and places to be. I know it won't last long but am enjoying it while I can.

I am honored to assume the role of President for SPAO and to serve the Board of Directors and our members. I graduated from the University of Alabama – Birmingham (UAB) Surgical PA Program in 1999. My first PA job was working in a solo, private practice Neurosurgery office in Birmingham, Alabama. After ten years, I moved to Otolaryngology – Head and Neck Surgery at UAB School of Medicine and that is where I currently practice. In 2015, I moved into the Executive Administrator role for our department while still maintaining a clinical head and neck oncology practice.

Serving in SPAO has been fun and rewarding. I have previously served as Director at Large for SPAO as well as Liaison to AAO-HNSF and AAPA from 2016 to 2020. I consider it a privilege to serve alongside so many talented people. If you are a long-standing member or are relatively new to SPAO, I encourage you to find ways to get involved. In this newsletter, you will be introduced to the 2021-2023 Board of Directors. Please familiarize yourself with these leaders and the job descriptions.

(continued on page 9)

IN THIS ISSUE



Meet our New Board Members 2



Case Study: Acute Otitis Externa 6



PA Title Change Update 8



ENT for the PA-C Conference 2022 9

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entpa.org/member_application/

THE VANGUARD

5101 Monument Avenue
Richmond, VA 23230

Meet Our New Board Members

The Board of Directors have played a vital role in working to achieve the forward motion of our organization. SPAO is pleased to welcome and introduce the following board members:



Kristi Bidley, PA-C, MSHA

President

Kristi joined the Department of Otolaryngology at UAB in 2010 and now serves as the Executive Administrator for the department. Kristi received her undergraduate degree from Emory University and graduated from the UAB Surgical Physician Assistant Program in 1999. She received her master's degree in Health Administration from the UAB School of Health Related Professions in August 2017. She has over 20 years of experience as a surgical physician assistant (PA). Her clinical practice is in Head and Neck Oncology.

President - General Responsibilities

- Coordinate agendas for all Board of Directors Meetings
- Mentor the President Elect
- Keep membership informed of programs and of information pertinent to them through various means of communication
- Define and monitor the goals and objectives of SPAO
- Appoint all standing committees and designate their chairs, with majority approval of the board
- Serve in an advisory capacity to the Board of Directors' Committees
- Represent SPAO with outside organizations and the media
- Attend applicable AAPA Meetings



Howard Ritz, PA-C

President-Elect

Howard graduated from Thomas Jefferson University PA program in 1996 and worked in Family Medicine, Internal Medicine, and Allergy/Clinical Immunology. In 2014 he found a home in ENT and attended his first ENT for the PA-C Conference. He was so impressed by the conference, attendees, and board members that he decided to contribute his time to help the organization. He first became involved in writing CME questions for the lectures, provided elbow support in the workshops, and now leads the Vertigo Workshop. On the administrative side, he has served as Secretary for SPAO from 2019-2021.

President-Elect - General Responsibilities

- Automatically succeed the preceding President as President of the organization
- Submit a written quarterly report two weeks prior to each Board of Directors meeting
- Provide a written summary report two weeks prior to the end of term on the activities and accomplishments of the office and recommendations for the next year
- Seek new potential leaders
- The President Elect, in the absence of the President shall assume the duties of the President

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Board of Directors *(continued)*



Kimberly Lakhan, DHSc, MPAS, PA-C, DFAAPA

Treasurer

Kimberly has been a PA otolaryngologist for 23 years and counting. She has served SPAO in a number of different ways over the years, from Newsletter Editor to HOD Delegate to Director-at-large, and now treasurer. She has a doctorate of Health Science in Global Health and is chair/program director of The College of St. Scholastica's PA Medicine Program in Duluth, MN. She

continues to practice ENT one day a week.

Treasurer - General Responsibilities

- Assist SPAO manager in preparation of annual budget
- Work with the SPAO manager to review financial documents (monthly account reconciliations, year-end statements, etc.)
- Sign tax documents prepared by management company for submission to IRS
- Oversee all payments approved by the SPAO Board of Directors and record all receipts of those payments



Pamela Lambert, M.S., PA-C

Secretary

Pamela has over 9 years of experience in Head/Neck Surgery, Otolaryngology, and Aesthetic Medicine. She graduated with distinction from the New York College of Osteopathic Medicine at the New York Institute of Technology, where she earned her Master's in Science degree in Physician Assistant Studies in 2009. She has founded Northside Aesthetics in Indiana and also

practices full time at Northside ENT. Pamela is also involved in Physician Assistant education and has dedicated over 7 years serving as adjunct faculty and assistant clinical professor at several PA programs. When not engaged in patient care, she spends time with her husband Nick, and their two dogs Lilly & Ascher. She enjoys traveling and being outdoors.

Secretary - General Responsibilities

- Compile, review and distribute board meeting minutes
- Submit a written quarterly report one week prior to each board meeting
- Attend all board and membership meetings
- Attend leadership retreats/strategic planning sessions
- Timeliness in completing projects
- Minute taking skills
- Communication skills

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Board of Directors *(continued)*



Laura Kirk, MSPAS, PA-C, DFAAPA

Director at Large

Laura is the Assistant Director of Advanced Practice Providers (APPs), Ambulatory Services for the University of Texas Southwestern Medical Center. She maintains a clinical practice in otology, supports optimization of APP interdisciplinary practice, facilitates communication skills practice for clinicians and health system leaders, and serves on patient experience and provider training workgroups. Laura has attained faculty designation in the Academy of Communication in Healthcare and serves on the ACH board and executive committee. Laura also serves as a co-director of the annual SPAO CME meeting.



Farida Hussain, PA-C

Director at Large

Farida has been practicing in the field of Head and Neck Surgery for the past 8 years in the Orlando/Winter Park area. Her focus is in Otolaryngology. She received a Master of Medical Science degree in Physician Assistant studies (High Honors) from Nova South Western University of Health Sciences. In her free time, she enjoys spending time with her family and friends, going to the beach and watching movies.



Jocelyn Jones, PA-C

Director at Large

Jocelyn has been practicing in Otolaryngology for 6 years and thoroughly enjoys the combination of clinic and surgery. She provides care in a general ENT practice and sees patients 0-100. In addition to ENT responsibilities, she also has an aesthetic practice. Jocelyn is a Kentucky native and lives in the Louisville area with her husband and daughter.

Director at Large - General Responsibilities

- Serve as a liaison between the Board of Directors and the constituency
- Serve and/or chair ad hoc committees as assigned
- Assist fellow officers as needed
- Serve as an information resource and membership recruitment liaison for assigned region(s)

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Board of Directors *(continued)*



Matthew Stephen, PA-C

Membership Committee

General Responsibilities

- Recruit, retain and promote membership in SPAO-HNS
- Greet new/renewing members via email
- Track membership
- Oversee membership application processing (manager processes membership and deposits dues and sends financial report to the treasurer on a monthly basis)
- Maintains records of recipients



Alexis Britton, PA-C

Newsletter Committee

Alexis has served patients in Otolaryngology for 9 years. She received a Master of Science in Physician Assistant studies from Western University of Health Sciences. She has had a personal goal of specializing in ENT from the start of her medical education. Alexis has attended the SPAO-HNS conference annually for the past 7 years and has shared admiration for how the number of

PA attendees continue to grow. In addition to working as a full time ENT PA, she currently holds a position as an Assistant Medical Director in a large private practice.

General Responsibilities

- Solicit and collect articles for newsletter
- Edit article for publication
- Forward articles and approve layout with SPAO manager



Case Study: Acute Otitis Externa

B. Farida Hussain, PA-C

CASE:

A 36 y/o male was in his usual state of health until about 5 days ago following a trip to the beach. He admits to significant water exposure while swimming and states that he was hit in the side of his head by multiple waves. Later that night, he began with right ear pain that was at first intermittent and rated a 2/10, but as time progressed, became more constant and throbbing, increasing to a 9/10. He had associated right side hearing loss, yellow foul-smelling drainage and felt as if his ear was swollen. His past medical history is only significant for recurrent ear infections as a child, s/p one set of PE tubes. He denies history of diabetes, known immunocompromised state, vertigo, facial palsy, or prior treatment.

On examination, he is afebrile, and appears in pain. Ear examination shows purulent yellow otorrhea in the ear canal and a culture was obtained. Auricle is without edema or erythema, but there is some tragal tenderness on manipulation. The ear canal was debrided under binocular microscopy and underlying ear canal was mildly erythematous and edematous. TM was intact without perforation. No granulation tissue seen.

QUESTIONS:

1. What are the most common pathogens involved in AOE?
 - a. Streptococcus and Staphylococcus aureus
 - b. Staphylococcus epidermis and Aspergillus
 - c. Pseudomonas aeruginosa and Staphylococcus aureus
 - d. Pseudomonas aeruginosa and E. coli
2. What is the treatment of choice for AOE?
 - a. Oral antibiotics
 - b. Topical antibiotics
 - c. Ear debridement under binocular microscopy
 - d. Ear debridement under binocular microscopy and topical antibiotics

3. If this patient were immunocompromised, what would be in your differential diagnosis?

- a. Malignant otitis externa
- b. Fungal otitis externa
- c. Acute otitis media
- d. Tympanic membrane rupture

GENERAL CHARACTERISTICS:

- Acute otitis externa (AOE) aka “swimmer’s ear” is a diffuse inflammatory disease process of the external ear canal, which may also involve the auricle.
- AOE generally has a rapid onset with severe pain.
- Nearly 98% of AOE in North America is bacterial.
- The most common pathogens are Pseudomonas aeruginosa and Staphylococcus aureus.
- Ootomycosis (fungal OE) is less common. This may present as fluffy white debris, speckled with black dots.
- AOE is more common in regions with warmer climates, increased humidity, and increased water exposure.
- Topical antimicrobials are beneficial and these in conjunction with aural toilet are the mainstay of treatment, whereas oral antibiotics have a limited use.
- Bacterial resistance is less likely a concern with topical treatment due to the high local concentration of the medications in the ear canal.
- An infection that is not getting better may signal a fungal OE.
- In immunocompromised patients, infections that are not getting better or continue to spread with granulation tissue present in ear canal – evaluate for malignant otitis externa (MOE)
- Malignant otitis externa (MOE) is a life threatening serious infection of the ear canal and temporal bone. Infection can spread to surrounding bony,

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Case Study: Acute Otitis Externa *(continued)*

soft tissue, nerve structures, and can progress to osteomyelitis.

- Most patients with MOE have some sort of immunosuppressed state (diabetes, HIV/AIDS, chemotherapy etc.)
- Treatment is systemic anti-microbial with or without surgery.

CLINICAL ASSESSMENT:

History

- Symptoms include otalgia, itching, aural fullness with or without hearing loss, jaw pain, tenderness of the tragus/pinna, ear drainage, pain with chewing

Physical Examination

- Signs include diffuse ear canal edema, erythema, or both with or without otorrhea; TM erythema, cellulitis of the pinna or adjacent skin

DIAGNOSIS:

- History and physical
- Otoscopy
- Pneumatic otoscopy
- Binocular microscopy
- Cultures
- Audiometry (in some cases)
- Imaging studies (in some cases)

TREATMENT:

- Aural toilet (ear debridement)
- Antibiotic drops
- Steroid drops
- Ear canal wick (in some cases with severe ear canal edema)

PREVENTION:

- Water precautions
- Avoiding overusing drops
- Address underlying dermatitis
- Specific preventative measures for those with a history of diabetes or other immunocompromised state

CONCLUSION:

This patient presented with otalgia, foul-smelling otorrhea, and a sensation of ear swelling following water exposure at the beach. Exam was significant for yellow purulent drainage in the EAC with mild tragal tenderness, mild ear canal erythema and edema. Work up should include otoscopy and binocular microscopy, cultures if debris or otorrhea present, and ear canal debridement. Be vigilant when inspecting for granulation tissue and TM perforations. Knowing the most common pathogens, start empiric therapy with antimicrobials pending culture results. Close follow up is needed to ensure improvement in symptoms and examination findings.

ANSWERS:

1. c
2. d
3. a

References:

Clinical Practice Guideline: Acute Otitis Externa Update
American Academy of Otolaryngology - Head and Neck Surgery

Richard M. Rosenfeld, MD, MPH, Seth R. Schwartz, MD, MPH, C. Ron Cannon, MD, ...

First Published February 3, 2014 Research Article Find in PubMed

<https://doi.org/10.1177/0194599813517083>

<https://journals.sagepub.com/doi/full/10.1177/0194599813517083#i56>

<https://journals.sagepub.com/doi/full/10.1177/0194599813517083#i56>

New guidelines from April 2021

<https://www.ncbi.nlm.nih.gov/books/NBK556138/>

Malignant Otitis Externa

Mahmoud S. Al Aaraj; Cecylia Kelley.

Author Information

Last Update: December 28, 2020.



PA Title Change Investigation Update

Matthew Stroud, PA-C, HOD Chair

This past May, many PAs met in the representative body associated with the AAPA, the House of Delegates, as normal (aside from this meeting remaining virtual-remote). However, at this meeting one topic was discussed that was of greater interest than usual to those all across the profession.

This is the issue of potential title change (following recent title change investigation). This had been debated many times in the House and outside of the House by members and other PAs, however only very recently was an outside study performed- 2018-2020, by the firm WPP/Landor.

Data was reviewed and they gave recommendations on whether or not a change would be in the best interest of the profession. The firm found that a title change was advisable, and pared down a long list of potential names to Medical Care Practitioner and Physician Associate, the first of which was actually given greater preference by the firm.

The issue was further discussed by PAs in the year following the firm's results being made available, and most recently, in May 2021, the HOD voted to proceed with a new title affirmation of Physician Associate. The reasons for this were diverse among delegates and all PAs alike.

One rationale, probably the most common among PAs, was that this title best fits our current role within the healthcare team, while not altering our most commonly used, abbreviated title of "PA." The title also was deemed to be best fit for allowing for current goals for advancement of the profession. Another item that served as a strong support for transitioning to Physician Associate was the reminder that this was actually the title from the profession's inception, provided by our physician founder Dr. Eugene Stead, as the first PA program began in 1965 at Duke University.

Shortly following the initial birth of the profession, however, the title was changed to Physician Assistant for essentially political reasons which the AAPA could not withstand as a very new organization so many years ago. The current, modern effort and decision by the

HOD was really just a return of our profession to its initial title, which most leaders in the profession as well as all PAs surveyed, including a majority of survey respondents from our SPAO-HNS organization, supported.

Following the vote for this change however, it is important to consider that there is an appropriate timeframe and protocol for a transition. The current recommendations from the AAPA are that **PAs should**

not yet refer to themselves using the title Physician Associate either to patients or to present themselves in any formal way other than to provide information on the above events as needed. There will be a timeline for state by state and organizational changes that are now planned to last approximately five years while the organizational and legal aspects of the change are addressed. Being patient will be an important part of the process. In the meantime, many resources are available from the AAPA regarding information on the change and will be updated regularly.

More information can be found on this decision at aapa.org/title-change.



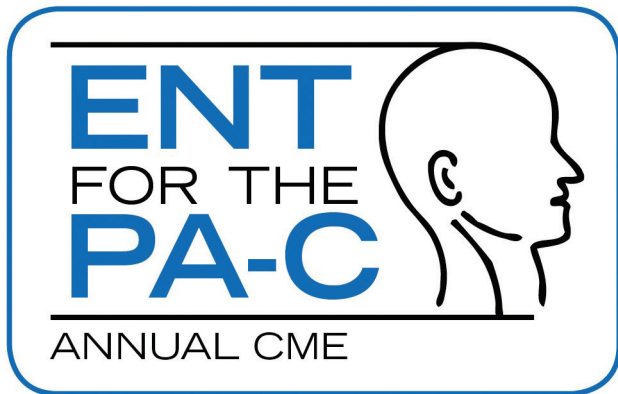
President's Message *(continued from page 1)*

Feel free to reach out to any of us with questions. We would love to find ways to get you involved on various committees such as AAPA House of Delegates, CME/Annual Meeting, Scholarship, 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



2021 Done, 2022 to Come!

The 2021 ENT for the PA-C virtual conference was a tremendous success. Thank you to the University of California, San Francisco Department of Otolaryngology-Head & Neck Surgery and to all who attended.

The CME Committee did a phenomenal job to ensure the virtual conference would provide APPs with nothing short of next level education.

SPAO is excited to announce the ENT for the PA-C 2022 conference will be in-person in the beautiful city of Denver, Colorado. The conference will be hosted by the University of Colorado. (Dates and further details to follow.)

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