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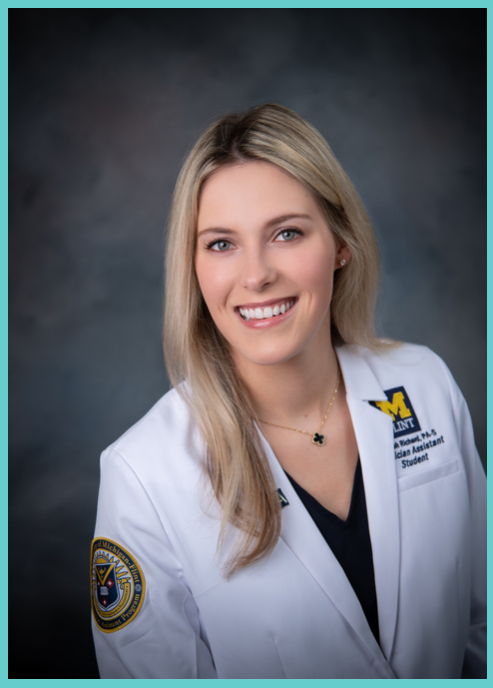
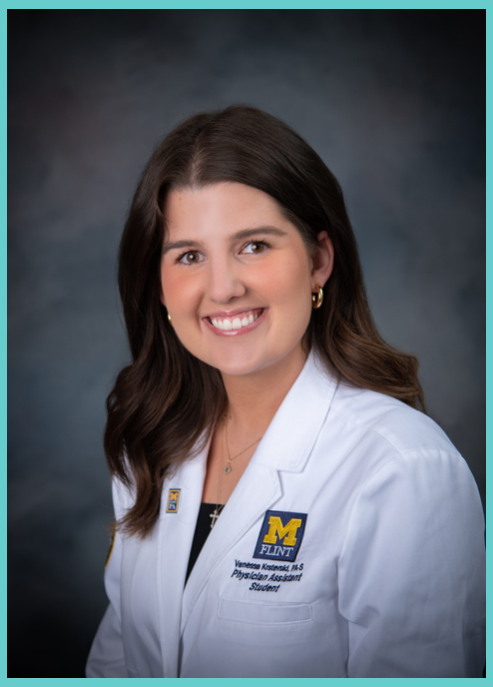
Your Voice. Your Profession.
MICHIGAN PA





The future of MAPA: PA students make history

EDITOR'S CORNER

Dear Michigan PAs,

I hope this edition of the MichiganPA Newsletter finds you in the middle of a fun filled holiday season filled with friends, family, and cheer. MAPA has had a groundbreaking year of legislative initiatives and a record breaking fall conference. It is my hope that the momentum continues into 2024 and results in positive outcomes when it comes to legislative and other patient led initiatives. No matter what, I know that 2023 has made me even more proud to be a PA.

As always, MAPA is looking for more passionate PAs to join our team of volunteer leaders. If you are interested please see the committee updates and visit our volunteer page below. In this edition of the Michigan Academy of PAs newsletter we will be previewing our 2024 fall conference, have a moving opinion piece, and share some updates from the academy.

If you would like to be a PA that goes beyond and contribute to MAPA please do so by utilizing one of the following opportunities:

- Submit an article to be included in the newsletter via our **MAPA Newsletter Submission Form**. Possible article types for submissions include:
  - Opinion Pieces
  - Brief Case Reports
  - Essays
  - Original Research
  - Literature Reviews

- Become a MAPA volunteer. **View available opportunities** on the MAPA Volunteer page and review the committee updates within this digital newsletter.

Thanks to all of you for your commitment to our profession.

Kind regards,

Julia M. Burkhardt, MS, PA-C
Editor-In-Chief, Michigan PA Newsletter

FROM THE PRESIDENT

Dear MAPA Members,

The new year is right around the corner and that means a busy, successful year is coming to an end for MAPA! From changing our academy's name to the introduction of our Patient-Led Care package to providing more member options, the Academy has been hard at work for you.

Thanks to the efforts of the CME committee led by CME chair John McGinnity, the Fall Conference was one of the most successful in MAPA history! As part of the conference and MAPA's dedication to giving back to the communities we serve, we supported Sexual Assault Services as our charity of the year. Sexual Assault Services was created back in 1996 and has become a leading agency in the State of Michigan working with victims, raising awareness, and doing community outreach in Southwest Michigan (Kalamazoo, Calhoun, and VanBuren County). They offer a 24-hour crisis line, SANE exams, victim and survivor advocacy, a children's counseling center, counseling services, animal-assisted therapy with Chewy (Black Lab), and educational programs. They partner with local law enforcement to provide these services to those affected by these crimes. Although they provide services to all victims of sexual assault, they specialize in helping the victim of sexual assault which are children. With your generous support, MAPA was able to provide over $12,000 in donations to them and this has ensured their ability to provide no-cost services to those in the community.

Legislatively, there has never been a more important time to be involved in MAPA. The legislative environment of the state has had much turnover in the last election cycle with many new senators, representatives, and pieces of legislation being considered. Although the session has ended through the calendar year, committees for the House and Senate are continuing to meet and the Legislative committee, led by Ron Stavale, is continuing to advocate for our bills and to protect your rights. We appreciate our Michigan PA program's hosting legislators on their campuses to increase exposure to the profession and our training.

FROM THE PRESIDENT

Although the year is coming to an end, our efforts to continue to make Michigan the best state for PA practice are not. Thank you to each and every one of you for the part you play- clinically, educationally, legislatively, or administratively- in truly showing what a PA can do each and every day.

Happy Holidays,

Ashley

Ashley Malliett DMSc, MPAS, PA-C
President, MAPA

PAs Go Beyond

What does it mean to go beyond?

Quality medical care goes beyond prescriptions and procedures. It's a commitment to putting patients first and appreciating what makes you one of a kind.

PAs go beyond by communicating clearly, collaborating closely, and advocating tirelessly. In every healthcare situation we approach, PAs go the extra mile to get results.

With our unique blend of medical expertise and compassionate care, PAs put the human connection in healthcare.

Read more at AAPA

MAPA 2023 - ON DEMAND RECORDINGS AVAILABLE

Registration is Open!

Register Today

Register now to access the on-demand recordings from our successful 2023 Fall Conference. By watching the recordings and completing the individual and overall evaluations you can earn up to 34 AAPA Category 1 CME Credits.

Members - $420 | Nonmembers - $610
Premium Members - Complimentary

If you've previously registered for the 2023 Fall conference, **do not register again,** these are included in your original registration.

Please note that you should only claim credit for sessions you did not already claim for the live conference. NCCPA will not let you log credits for the same conference twice.

Online registration is available until 9/30/2024.

Questions?
Contact JFrinzi@MichiganPA.org

MEET MAPA'S FIRST STUDENT BOARD MEMBER

Name and Credentials: Katy Rabine, PA-S2
Position: MAPA Board of Directors Student Member
PA Program: Grand Valley State University

What inspired you to become involved in professional leadership and advocacy?

I somewhat fell into advocacy. I was nominated as one of GVSU's AAPA/MAPA chairs, and I was focused on that role. When MAPA offered for three students from each program to go to Capitol Summit, I volunteered for my program. During my time advocating in Lansing, I realized how important it was. After that I decided to submit an essay to join MAPA at LAS in Washington, D.C., and I was lucky enough to be chosen. From there, I have just continued trying to be involved in the important work MAPA is doing for the PA profession!

How do you balance your professional leadership and advocacy work while being full time PA students?

Balancing leadership, advocacy, and being a full time student has definitely been a challenge at times, but I just do what I can when I have time. School is the priority, which MAPA has completely supported, so when school gets busier I shift my focus to that and continue with my other responsibilities once it calms down again. I also have amazing friends in my cohort to study with which helps me get through school.

What are your top goals during your time on the MAPA board of directors?

My primary goal is to work with all of the PA programs in Michigan. I want to work with the programs to establish this role into something that will help all students. I am also excited to work with others on MAPA's Board of Directors to find ways to encourage more student involvement and continuing membership after graduating.

What advice would you give to students who are considering getting involved?

I would tell students that want to get involved to reach out! MAPA is always open to help, and it is such a great organization to be a part of. I know it can seem overwhelming with how busy school gets, but any involvement is a great help!

Is there anything else that you would want our readers to know?

I am very excited to be on MAPA's Board of Directors. Thank you to my fellow student representatives for voting me into this role!

U of M Flint Students Make History Presenting at the Fall 2023 CME Conference

This fall University of Michigan-Flint PA students Brittany Douglas, Vanessa Krstevski, and Hannah Richard made history by being the first current PA students to present at a MAPA CME conference. Their presentation was well attended by both students and practicing PAs alike and focused on the leadership and advocacy process that is integral to breaking down barriers to PA practice. The students were gracious enough to share some of their motivation and inspiration with our readers.

What inspired your presentation at the 2023 MAPA conference?

We became inspired to present at the 2023 MAPA conference once we realized the importance of political advocacy. As students, there were many political topics and legislative issues that we did not initially understand or had very little knowledge of. We were motivated to educate other students and practicing PAs who may have a similar deficit of appreciation for political involvement and to encourage them to become engaged. In an effort to reach a great deal of students, educators , and practicing PAs, we contacted MAPA executives to figure out the logistics of students presenting at the annual CME conference. They responded that they had never had an inquiry by students before and were excited and supportive of increasing student engagement.

What inspired you to become involved in professional leadership and advocacy?

As medical providers, we continuously strive to seek improvements to laws and policies that improve affordability, accessibility, and ultimately better care for our patients. After becoming apprised of the importance of political advocacy, we were motivated to inspire others. Our work together has been focused on three pillars; Knowledge, Advocacy, and Involvement. First, to simplify the political process and how the legislative system works. Next, to share current relevant information regarding legislative bills and their implications for the PA profession and the care we provide. Lastly, on HOW to become involved themselves. Such as helping on a committee, developing a presentation to classmates, inviting a Senator to visit their PA program, or even as simply as donating to support the Physician Associate Political Action Committee (PAMPAC). Having our finger on the pulse of our state and nationwide issues, we kept our class apprised and provided exposure to legislative events. We would be remiss if we did not mention the intrigue that was formed from an introductory presentation by Ron Stavale, Thadd Gormas, and Michelle Petropoulos that was given to our cohort the winter of 2022. By sparking early interest in political advocacy, PA students will become more literate in current issues facing their future practice and their ability to care for patients.

STUDENTS MAKE CONFERENCE HISTORY

How do you balance your professional leadership and advocacy work while being full time PA students?

It all boils down to what is important to you and what you choose to spend your time doing. Everyone in the program All three of us have been balancing studying, clinicals, family or friend events, and political advocacy. As a student attending a conference there are ways to carve out time to study while at conferences. It is also important to keep in mind that you are making important connections and learning about your profession while attending leadership events. The key is to plan and be flexible. Though between the three of us, this year we have attended one national conference, one statewide conference, a statewide legislative event, a national legislative conference, and a national fellowship, we still find time to study and attend clinical rotations.

Advice for those interested in professional leadership and advocacy?

Our advice would be to take the first step now, not when you feel ready, because you will never feel completely ready. This is a learn as you go process, as laws and regulations are forever changing. All you need is passion and background knowledge and you are good to start your journey.

Is there anything else that you would want our readers to know?

We ask our readers to consider; What could our profession look like if there was more engagement, better enrollment in MAPA, more funding to the PAC, and more individuals involved in advocacy. Might we already be recognized as mental health providers? The excitement this statement gives us for the advancement of patient care and increased access to mental health services is what propels us to advocate for our profession.

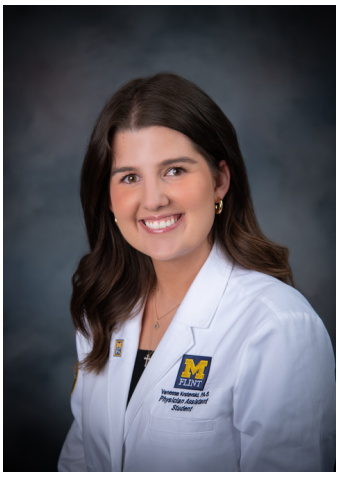
We encourage PA programs to consider inclusion of legislative topics, motivating students to attend state and national conferences, and providing appropriate education and opportunities surrounding political advocacy involvement.

Meet The Students

Brittany Douglas CST, MS, PA-S2

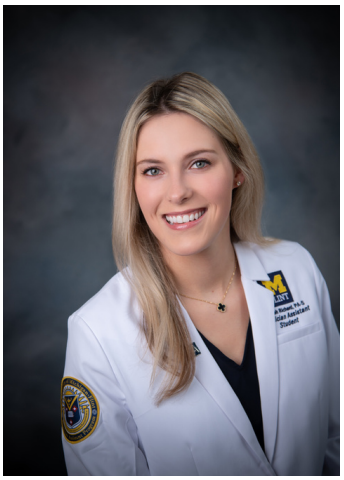
Brittany is the President of the Class of 2024 at the University of Michigan - Flint, a student representative for the American Association of Surgical Physician Assistants (AASPA), and a Physician Assistant Education Association (PAEA) Health Policy Fellow. She has over 12 years of experience as a Certified Surgical Technologist, a Bachelors of Science in Molecular Biology and Biotechnology and a Masters Degree in Biology with a concentration in Biomedicine. She hopes to expand in her leadership skills and to inspire others to become involved in political advocacy.

Vanessa Krstevski PA-S2



Vanessa is the student AAPA representative for the class of 2024. She graduated with her Bachelor of Science in Health Sciences from Oakland University in 2020 while she worked as a medical assistant in primary care. Earlier this year, she attended the AAPA National Conference where she was able to see the impact of advocacy for better patient outcomes and the PA profession. She is eager to make a difference in healthcare not only at the patient level, but the legislative level as well.

Hannah Richard PA-S2



Hannah is the student MAPA representative for the class of 2024. She graduated from Grand Valley State University in 2019 and has a background working in women's health. Hannah has attended several legislative events that have given her an inside look into the benefits of student awareness, involvement, and advocacy regarding the PA political climate. Through her experience with grassroots advocacy, Hannah's goal is to keep Michigan the best state to practice as a PA.

Legislative Visits

PA program visits give students a front row seat to the legislative process

Students and faculty at U of Detroit Mercy and Grand Valley State University's PA programs were recently given a chance to become involved in the legislative process by hosting visits with their legislative representatives.

Michigan House Speaker Pro Tempore Laurie Pohutsky visited the program in December along with members of the MAPA legislative team who encouraged students to become active now stating that it is their time to lead.

State Representative Carol Glanville visited the GVSU PA Medicine program encouraging the current PA students to work in psychiatry and become advocates for their patients.

Speak at MAPA 2024 - Share your Expertise and Knowledge

MAPA is now accepting proposals to speak at the 2024 Fall CME Conference, which returns to the Grand Traverse Resort & Spa, October 10-12!

MAPA CME programs feature a variety of practice related topics. Previous presentations have included clinical pearls, latest cutting-edge procedures and treatment options, and professional development.

Top reasons to present at MAPA 2024:

- Give back and share your expertise with your fellow Michigan PAs and PA students
- Earn CME for development of and presenting your lecture
- Receive a speaker honorarium ($250) if permitted
- Stay one night at the resort free of charge
- Connect with over 700 attendees at the conference

Give back to your profession and expand your professional portfolio!

Questions? Contact Julie Frinzi, MAPA Meetings Director

Submit Your Proposal Today

Physician Assistant and Nursing Students Improve Teamwork in an Interprofessional Simulation-Based Learning Experience

By: Lindsay Kalinowski M.S., PA-C, Holly Hopkins, DNP, CNM, Linda Myler, DNP, RN, CHSE- A, CNE, Kathleen Seurynck, DNP, RN, CHSE, CNE, Jessica Stamatis M.S., PA-C,

Abstract:
Interprofessional education is a focus for Eastern Michigan University (EMU) healthcare programs because it prepares the future workforce for collaborative interactions that improve patient outcomes1. Attitudes in valuing other disciplines, appreciation of interprofessional collaboration, and beliefs in one's ability to work with others are known elements of Interprofessional (IP) teamwork 1,2. Physician assistant (PA) and nursing students worked in IP teams in simulations managing postpartum complications, and elements of IP teamwork were assessed in this observational study. Participants described enhanced perception of their role, appreciation of the IP approach, and increased comfort being a team member. Investigators concluded teamwork improved among healthcare professional students across disciplines as a result of this experience.

Introduction
Negative health outcomes for postpartum patients are rising in the United States. Severe maternal complications during delivery and death rates are increasing compared to rates from other countries with similar socioeconomic status. Healthy People 2030 monitors the disease burden with data metrics on the objectives, “Reduce Maternal Deaths – MICH-04” and “Reduce severe maternal complications identified during delivery hospitalizations – MICH-05”. The most recent data shows severe maternal complications are identified in 88.2 per 100,000 delivery hospitalizations (2020), and the maternal deaths occur in 32.9 per 100,000 live births (2021). (4,5) Postpartum hemorrhage is a major cause of severe complications associated with significant morbidity and mortality. (6)

Postpartum hemorrhage is linked to another negative health outcome, postpartum depression. Postpartum depression is a high priority public health issue in the United States. The objective, “increase the proportion of women who get screened for postpartum depression — MICH-D01,” is in developmental stages, where a baseline of disease burden is being established. (7) The objective necessitates qualified professionals to identify postpartum depression, and the plan of care may involve a variety of healthcare disciplines. An interprofessional approach to improve health outcomes calls for increased screening and training in collaborative team practice. Thus, an educational gap exists. Investigators describe a model where educators prepare nursing and physician assistant students for collaborative learning in the identification and treatment of postpartum depression.

Interprofessional practice has been identified as a strategy to improve health outcomes1 and has been a focus of simulation-based research. (8) Pairing two simulations of separate postpartum complications has not been reported in the interprofessional literature. There is a lack of evidence on the effect of this method on interprofessional attitudes, values, and beliefs.

EMU School of Nursing and School of Physician Assistant Studies are uniquely positioned to produce graduates who are ready for interprofessional practice because educators have access to robust resources. They have access to a high fidelity simulation center with trained technicians and standardized patients. Additionally, there are existing interdisciplinary relationships among faculty which facilitates collaboration and planning of IP events. This increases opportunity for student engagement in an interprofessional learning environment. The University supports IP education and recently established the Center of Interprofessional Education, Research, and Practice.

Educators facilitated a multicomponent intervention on postpartum complications that included a skills station, and simulations on postpartum hemorrhage and postpartum depression. The purpose of the event was to promote interprofessional teamwork in managing postpartum complications.

This was an observational study where the investigational method was the interprofessional simulation-based learning event. The subject of research were participants' attitudes, values, and beliefs post intervention. This study evaluated the research question, "among PA and nursing students, would the educational event affect attitudes, values, and beliefs fundamental to interprofessional teamwork?"

Ethical Considerations

The study received approval from the University Human Subjects Review Committee at Eastern Michigan University (Internal Board Review). Informed consent was obtained from students in both programs. The study investigators were trained on Human Research Ethics.

Methods

Orientation to the Event

Participants and trained facilitators first met in a large classroom to welcome participants and orient them to the event. Students were seated in pre-assigned interprofessional groups. Facilitators introduced themselves, their profession, role at Eastern Michigan University, and area of clinical practice. Roles were clarified: facilitators, students, simulation participants, and simulation observers. Norms and expectations were set along with discussion on realism, fiction contracts and confidentiality. The schedule for the day was reviewed: skills station, postpartum hemorrhage simulation, postpartum depression simulation, and small group discussions. Logistics were reviewed: simulation staff assisted with flow around the simulation center, and small group facilitators rotated with students during the entire event. Students assigned roles of simulation participants and observers for each simulation within their small groups.

Key Elements Common to the Skills Station and Simulations

The entire event was three hours and was run twice over two days to accommodate all participants. The orientation to the event was 15 minutes. The skills station was 30 minutes. Simulation pre-briefs were five minutes. Room orientations and small group discussions were 10 minutes. The postpartum hemorrhage simulation was 20 minutes and the postpartum depression simulation was 10 minutes. Each simulation had a 15 min debrief. Participants were permitted to complete the simulation once with no repeats. The skills station, pre-briefs, debriefs, small group sessions, portrayal of the patient and support person were scripted, and summaries are available upon request. The plus delta debrief method was used.

The event was held at a high fidelity simulation center with trained simulation technicians, staff, and standardized patients. Two simulation rooms, three small group rooms and a large classroom were used. Trained simulation technicians provided audiovisual support. Facilitators were faculty from the PA and nursing programs. PA faculty were didactic and simulation instructors. Nursing faculty were simulation instructors, clinical educators, and didactic instructors. The facilitators were experienced in clinical practice, education, and simulation-based training. They participated in facilitator roles during the entire event: skills station, simulations, led pre briefs, and debriefs. There were three facilitators from nursing and one from the PA program. Three facilitators have participated before, and one small group facilitator was new to the experience. All facilitators were female.

Pilot testing was performed where facilitators, standardized patients, simulation staff, and simulation technicians met and reviewed the entire schedule for the event. This was considered a “dry run” to prepare for the event with participants. Additionally, simulations were conducted with the standardized patients and facilitators acted as participants. Each simulation was conducted once. The dry run was approximately two hours. The event itself had been run three previous times with interprofessional teams since 2020 in either virtual platforms or in-person.

Standardized patients were oriented and trained by the simulation center. They received additional feedback from facilitators at the dry run. Their sex was female, and they were compliant with roles.
The students participated and/or observed one time and repetitions were not permitted. The same simulation was run a total of eight times over two days to provide opportunity for all learners. There was no clinical variation between repetitions. The predefined standards for performance were the goals and objectives of each simulation. Students were assessed by a reflection paper on their interprofessional experience.

Prior to the event, participant groups were assigned in interprofessional groups of 7-8 that had a similar distribution of PA and nursing students. The selections were random to reduce risk of bias. Blinding was not possible in this study.

Data was collected via pre/post intervention questionnaire using the Interprofessional Socialization Valuing Scale - Item Set A (ISVS-9A) (3) and three short-answer style questions. The pre and post tests were administered anonymously via an online learning management system.

The non-simulation interventions included pre-learning that was assigned weeks before the event. Students watched videos and read articles in the learning management system used by the University. The pre-learning topics included the postpartum assessment, pathophysiology and management of postpartum hemorrhage, peripartum mental health and community resources. Participants were asked to read objectives, expectations, and review the event schedule. During the event, participants engaged in small group discussions on professional roles and plan of care.

The event was integrated into the didactic phase of the PA curriculum and junior year of nursing curriculum.

Debriefing was conducted in the large classroom after each clinical scenario. A total of 4 facilitators were present. The debrief was led by two facilitators who observed the simulations. Facilitators' specialties were labor and delivery and emergency medicine. Topics included the simulation objectives, clinical scenario, risk factors, risk reduction, interventions, and communication. Video clips of participants were played on a large screen to discuss variations in team dynamics between groups.

Estimated Blood Loss (EBL) vs Quantitative Blood Loss (QBL) Skills Station

Participants were verbally and visually oriented to the skills station. As a large group, the station was verbally described, and once in small groups, participants were shown a display table. The table included simulated blood-soaked hospital items including blue pads and patient gowns. A scale, nitrile gloves, and visual aids of estimated blood loss were included. Pen and paper were provided to participants. The orientation to the skills station took 5 minutes, and the remaining 25 minutes were a demonstration and discussion.

In the demonstration, participants first used the EBL method to determine blood loss using the display of simulated blood-soaked hospital items and a visual aid. Next, participants used the QBL method and weighed the same items. Facilitators led a discussion on the difference in accuracy of EBL vs QBL, the value of evidence based practice, and how QBL improved patient outcomes. Participants were told this skill would be used in the simulation of postpartum hemorrhage. The students rotated through two skill stations with different display tables. Participants practiced measuring QBL four times total. The station was run a total of four times over two days to accommodate all participants.

Postpartum Hemorrhage Simulation

Participants and facilitators met in the large classroom for a verbal pre-brief. Goals and objectives were stated and displayed on a large classroom screen. The clinical scenario was discussed. Participants were given paper copies of their participant brief that were specific to their profession. The verbal pre-brief was 5 minutes long.

Next, participants were brought into the simulation environment staged as inpatient rooms where trained simulation technicians and facilitators oriented them to the space. Participants were shown and able to interact with equipment. The room orientation was 10 minutes long. Both the pre-brief and room orientation had opportunities for participants to ask questions.

The equipment in the simulation rooms included monitor cords (Sp02, BP, Temp), patient wristband, straight catheterization kit, a catheter task trainer on an adjustable table and additional table for supplies. The make and model of the task trainer was the Laerdal Interchangeable Catheterization and Enema Task Trainer (Item Number 375-21001). The model functionality allows simulated steps of straight catheterization to empty a simulated distended bladder. An inpatient hospital bed, chair at bedside, and IV pole, a nasal cannula, a non-rebreather mask, and hospital phone were available in the room. Additional supplies included extra washcloths, towels, and blankets, blue pads, large q tips, chlorhexidine swabs, and a baby scale. Medication administration supplies included blunt tip needles, alcohol wipes, flushes, 3mL/5mL/10mL syringes, and a primed/spiked 500mL NS bag with 30 units of Oxytocin (Pitocin).

The SP materials included a patient gown, a belly prop, and a simulated IV in the right forearm. A red silicone pad made by simulation technicians represented blood loss on the patient bed and was placed below the SP. The patient was covered with a blanket so participants were not able to see the blood loss initially.

There were four learning objectives for the simulation:

1. Communicate information with patients, families, community members, and health team members in a manner that is understandable, avoiding discipline-specific terminology when possible
2. Perform a focused postpartum assessment
3. Identify and treat postpartum hemorrhage secondary to uterine atony
4. Discuss the benefits and risks of estimating and quantifying blood loss

The simulation was conducted in groups. The interprofessional team included PA and nursing students. Adjuncts included the most recent patient chart note, a list of standing orders, admission labs in the patient chart, and a list of pre-written postpartum hemorrhage stat orders. The stat orders prompted participants to assess vital signs, take a focused history, examine the patient, and weigh simulated blood loss, perform straight catheterization pelvic task trainer, perform fundal massage, and administer Oxytocin.

The simulation adapted to interprofessional communication using prompts from the standardized patient and support person. For example, when participants did not talk the patient through the straight catheterization procedure, the standardized patient would ask for the procedure to be explained to them. Additionally, in the absence of communication, the support person would ask for an explanation of what was happening.

The degree of difficulty was high for simulation participants because they completed multiple tasks simultaneously during a simulated medical emergency.

Postpartum Depression Simulation

Facilitators and participants reconvened in the large classroom to prepare for the postpartum depression simulation. Participants had a verbal pre-brief, were provided copies of participant briefs specific to their profession, and a simulation room orientation. The same simulation rooms were used and were staged to resemble an outpatient office. The equipment required were three office chairs and a hospital phone.

There were three learning objectives:

1. Communicate information with patients, families, and health team members in a manner that is understandable, avoiding discipline-specific terminology when possible
2. Identify and treat postpartum mental health complications
3. Perform a focused mental health interview and assessment

The simulation was conducted in pairs of one nursing and one PA participant. Adjuncts included a scored Edinburgh Postnatal Depression Scale (EPDS) that indicates treatment for postpartum depression. The most recent history and physical from the medical chart was an additional adjunct. Participants interpreted the Edinburgh Postnatal Depression Scale (EPDS) results, interviewed a standardized patient portraying signs and symptoms of postpartum depression, and collaboratively discussed a treatment plan.

The duration of the simulation was 10 minutes. The first frame involved identification and initial interview of a patient with postpartum depression. In the second frame, the patient becomes anxious and emotional, and participants discuss treatment options. The third frame was used only when participants did not discuss community resources, and the standardized patient increased intensity of their emotional response. The simulation was adapted to learner needs with standardized patient prompts to discuss symptoms, treatments, and support.

The level of difficulty for simulation participants was low because the simulated scenario patient was stable, and there were few tasks required of participants. Simulation-specific themes in the debrief included continuity of care, validation of patient experience, patient education, referral, and community resources.

Results

Participants were selectively recruited. Students in the School of Physician Assistant Studies and School of Nursing were invited to the event. Sixty students participated, with equal representation from the PA and nursing schools.

Study participants had several simulation experiences which familiarized them to the teaching method, experiential learning, and physical location prior to this simulation. The PA students had 22, and the nursing students had eight to ten. Of the 60 participants, 83% identified as a woman (n = 50), 15% identified as a man (n=9), and 2% selected “prefer not to reply” (n=1). Qualitative results were assessed by the cohort of 60 students.

Qualitative data showed students enjoyed learning about each other’s professional roles, exchanging ideas, and became more comfortable interacting on an interdisciplinary team. Participants described increased awareness and understanding of being an IP team member.

In response to the question, “What are two things you liked about the event?”, participants said:

- “Getting to work with other healthcare professionals to reach a common goal, it made the simulation more “real." I also enjoyed watching the nursing students play out their roles in patient care; it was nice seeing a simulation from another profession's perspective.“
- “1. I loved working with the nursing students. 2. Being able to actually see how my role as PA can fit in with the treatment of a patient with other medical providers puts things in perspective.”
- “I loved actually being in a simulation with the physician assistants and actually working together and I loved the big group debrief after the simulations”
- “It was nice to interact with the nursing students and kind of see what their role is in a healthcare team and see how providers and nurses would work together in real life.”
- “I liked this simulation and the ideas nursing students and PA students shared!”
- “Interacting with PAs and getting more comfortable with postpartum situations”
- “Figuring out how the pieces of the medical team work together. “
- “I enjoyed being able to work with the nurses because it showed us how we would be working as a team in real life. It also gave me a better idea of what the role of a nurse actually is which was very helpful.”
- “1) I enjoyed working together with other professionals within my field (i.e. the nursing students) as it helped develop IP skills that will be necessary throughout my career. 2) I also enjoyed the simulations themselves! They were well thought-out, especially given our current skill sets and knowledge - a nice introduction to clinical scenarios that have the potential to turn life-threatening very quickly. The SIMs weren't overwhelming and provided an overall excellent educational experience.”

There were no adverse events or unintended harm.

Discussion

Students found the event a valuable learning experience. The most frequent theme described by participants was an enhanced perception of roles and responsibilities on an IP team. All elements of interprofessional socialization were represented in the qualitative data collected. This event was effective for improving interdisciplinary teamwork among PA and nursing students, and is a model in training future healthcare professionals for IP practice.

There were limitations to the physical environment that influenced the fidelity of the postpartum hemorrhage simulation and artificial aspects were necessary. Since straight catheterization is an invasive procedure, a task trainer was used for the procedural skill alongside the SP in the simulation environment. Physiologic responses of SPs could not be replicated. Since unstable vital signs were integral to the simulation objectives, these were displayed on bedside monitors. Meanwhile, the SPs portrayed the symptoms of postpartum hemorrhage. Despite limitations, simulation objectives were met.

Not all attendees could be a simulation participant because of schedule limitations. However, those in the observing role gain and apply knowledge in similar situations, and observers are known to experience deliberate thinking in debrief sessions which contributes to meaningful learning. (10) This concept was explained to attendees during the orientation.

Other simulation best practices were followed. Content experts, simulation trained educators, and pilot tests ensured conceptual fidelity. Sociological fidelity was of particular importance because realism was influenced by IP team interactions. A sense of collegiality was created, which is known to promote teamwork. (9) In similar situations, observations of this study may be transferable to IP simulation experiences. Generalizability is difficult to establish with qualitative results.

A summary of the study protocol may be available upon request. Reporting guidelines for simulation-based research were followed. (11) There were no sources of funding. All simulation supplies and equipment were provided by the simulation center. Training for standardized patients and technicians were coordinated by simulation center staff. The simulation task trainer brand was Laerdal Medical.

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REGION UPDATES

REGION 1 REPRESENTATIVE
Jodi McCollum PA-C
Marquette, MI

Hello Region 1!

Happy Holidays. I hope you are able to enjoy some time with family, friends and loved ones during the holiday season. There are a lot of things happening within the state and I encourage you to continue to stay active with MAPA to stay up on state changes and events.

If you have any specific issues you would like me to address please reach out to me at jodi.mccollum@lifepointhealth.net. Thank you for all you do for our communities, family, friends and profession. Enjoy the upcoming snow!

Sincerely,

Jodi McCollum PA-C

REGION 3 REPRESENTATIVE
Susanna Storeng, DMSc, PA-C, DFAAPA
Mount Pleasant, MI

Hello Region 3,

Ron Stavale and I had the pleasure to meet with the Central Michigan University PA clinical year class of 2024 in November to discuss PAs, Policy and Advocacy. It's always so fun to discuss advocacy, especially to do so with the students and PAs in their early career. We had a great time and can't wait to go back. Thanks, CMU!

Exciting plans for the new year, I'm working with a pharma rep to bring a dinner to our region. The goal will be to make this a more centralized location such as Midland. Will plan on making this in January sometime. Stay tuned for more information.

Feel free to reach out if you're looking for a job I have a number of contacts and would love to connect you. If you have a question or just want to say hey, please give me a shout.

Kindness always,
Susanna

Susanna Storeng, DMSc, PA-C, DFAAPA

REGION UPDATES

REGION 5 REPRESENTATIVE
Garrett Smigelski, PA-C
Lansing, MI

Hello Region 5,

I hosted my first dinner as Region Representative last week and it was great to socialize and network with everyone who attended! I look forward to similar future events for our region.

Aside from regional dinners, additionally have been working with Thadd Gormas and Ron Stavale on the legislative committee to gain support for the Patient-Led Care package of bills. Although the state congress has adjourned for 2023, the committees will still be meeting. We are seeking any PAs that would be in the area that would be open to meeting with their state representative and/or state senator. If you have any interest please email me for more information.

I hope you all are enjoying the holiday season with friends and family.

Best Regards,
Garrett Smigelski, M.S., PA-C

REGION 6 REPRESENTATIVE
Cristina Bustamante, MSBS, PA-C
Troy, MI

Hello Region 6 MAPA members,

As the end of the year approaches, I want to sincerely thank you for your participation in our region events and for your attendance at the 2023 MAPA Fall Conference. These events are not possible without your interest and we appreciate the time you take out of your busy schedules to attend. Please pay attention to your inbox for more information on upcoming Region 6 educational dinners and other events.

In 2024, I am looking forward to connecting with you at our Capitol Summit in May and the Fall Conference in October. Wishing you and your families a joyful and peaceful holiday season.

As always, please reach out if you have any questions, comments, or concerns.

Sincerely,
Cristina Bustamante

Patient-Led Care Introduced in the House of Representatives

By: Ron Stavale PA-C, Legislative Committee Chair

Michigan Academy of Physician Associates executive board leaders and advocates with Representative Carrie Rheingans during Patient Led Care Press Conference

MAPA has drafted four bills which have been introduced in the Michigan House of Representatives in 2023. The bills respond to Michigan PAs requesting MAPAs assistance to provide care for their patients. Remembering that PAs are generalists and changes in the law that may benefit a hospitalist or a surgery PA could also benefit that same PA who later on in their career decides to open a family medicine practice or have a side hustle in aesthetic medicine.

The bills were presented in October at a House press conference in Lansing as the **Patient-Led Care package**. The bills are House Bills 5114, 5115, 5116, and 5117; summarized below.

Follow the links in **MAPA's Title Update Press Release** to get more information on each of the bills in the package and stay tuned to the **MichiganPA Legislative page**.

LEGISLATIVE UPDATES

House Bill 5114 – Mental Health Code

Sponsored by Representative Carrie Rheingans

For those of you who were at our fall conference, Representative Rheingans presented her vision for the future of healthcare in Michigan. She informed PAs how important it is to contact their legislators when these bills come up for a vote. This bill, formerly Senate Bill 191 in the last legislative session, is what we refer to as our Mental Health Code inclusion bill. PAs provide mental health care in psychiatric and family practice settings. However, PAs are not technically considered Mental Health Providers in Michigan statute.

Our patients experience needless delays when in crisis needing urgent care and devastating consequence.It is hard to understand why these barriers exist for the patient care we are educated and trained to provide.

“Patient-led care is a huge priority of mine, and I am very excited to introduce this legislation alongside my colleagues from both sides of the aisle. These bills will make a difference in the lives of Michigan patients and the providers they trust. ” -State Rep. Carrie Rheingans

House Bill 5115 – PA Delegation

Sponsored by Representative Donavan McKinney

House Bill 5115 would allow for PAs to delegate care like every other licensed health profession. When the PA profession was acknowledged by then Governor Miliken in 1976 the language in the public health code described PAs as being a ‘subfield’ of the practice of medicine. We, as a subfield of medicine, cannot delegate “acts, tasks or functions” because PAs were delegated the practice of medicine. We updated the law in 2016 so PAs no longer practice medicine under supervision or delegation of a physician. However, PAs remain the only licensed health profession prohibited from delegating and supervising care.

We have a duty to our patients to ensure the education and training of our MAs colleagues. Every Medical Assistant (MA) practices under delegation and supervision because they are not licensed. It is not within our authority to delegate this care but too often nobody else on our team is taking up that responsibility.

LEGISLATIVE UPDATE

House Bill 5116

Sponsored by Representative Reggie Miller

Updating our professional title to 'associate' instead of 'assistant' was sponsored by Representative Reggie Miller. Our President Ashley Malliett so eloquently said at the first ever MAPA Press Conference "PAs are not assisting physicians, we are assisting patients." Look no further than the other healthcare professionals who use the title of 'assistant'.

The physical and occupational therapists assess a patient's condition and develop an individualized plan of care that the physical and occupational therapy assistants then assist the therapist in that plan of care. The pharmacy assistant and medical assistant, who is frequently confused with PAs in advertising positions, assist the pharmacist and medical providers with some tasks but also some clerical duties. PAs are not assisting physicians unless they are first assisting (which physicians also do) when assisting a surgeon.

If you ever happen to look closely at any of your PA licenses (State or Controlled Substance) you will see the infamous Physician's Assistant as your title. While this may be something that doesn't bother you until you look at it, there are very few, if any, of the 7,500+ PAs in Michigan displaying the 's on their lab coat or name badge. So why is that? That is because the apostrophe implies ownership and physicians simply do not own PAs! I don't think that there is a PA in the State who would accept that implication unless they didn't have a choice. But now we may have a choice! We could rid ourselves of the 's!

"My introduced bill will update PA professionals with a title they deserve, physician associate. After the COVID-19 pandemic, we know all too well what it's like with not enough patient support. PAs are more than assistants and patient trust will more quickly be established with a title that fits their worth and their abilities." - State Rep. Reggie Miller

Even though MAPA has changed our organizational title to Michigan Academy of Physician Associates HB 5116 must pass to change the law before we are able to use it in a professional setting.

LEGISLATIVE UPDATE

House Bill 5117 - Multistate PA License Compact

Sponsored by Representative Curtis Vanderwall

This bill would allow Michigan PAs to care for patients in every participating state without multiple state licenses.PAs close to Michigan borders will be able to care for their patients who happen to live across the state line. These patients often face challenges with virtual appointments, continuum of care and even prescriptions caused by multi state jurisdictions. MAPA has received many calls from Michigan PAs attempting to care for their Ohio, Indiana or Wisconsin patients. Wisconsin PAs have shared with us their challenges caring for Michigan residents in the U.P..

Physicians already have a multistate licensing compact which is the model for the proposed PA compact. Wisoncon's Governor signed their PA Compact bill into law this month! Ohio's PA Compact bill has recently passed the Ohio Senate. The national publication Becker's just named Michigan as potential to be among the first seven states needed to authorize the PA Compact in the U.S..

"Joining the PA licensure compact will be a win for the State. Not only will it clarify our licensing regulations, it will also send a clear message that Michigan is open for business. We want to attract healthcare professionals to Michigan and joining this compact will further encourage people to come." -State Rep. Curt VanderWall

MAPA President Ashley Malliett makes a statement regarding the Patient Led Care Package at the Press Conference

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SAVE THE DATE FOR MAPA EVENTS

Date	Event
January 8, 2024	MAPA Board of Directors Call - 7 pm
March 16, 2024	MAPA Board of Directors Meeting - 8 am
May to June	MAPA Elections
May 7, 2024	Capitol Summit
June 15, 2024	MAPA Board of Directors Meeting - 8 am
October 10 - 12	MAPA 2024 Fall CME Conference, Traverse City
October 10	MAPA Board of Directors Meeting - 10 am

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Get your Physician Associate T-Shirt Today!

Support Michigan PAs by contributing to the Michigan PA Political Action Committee. 100% of your donation empowers PAs to advocate for policies that enhance patient care and advance the PA profession.

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